

**BABEŞ-BOLYAI UNIVERSITY OF SCIENCE
KOLOZSVÁR
FACULTY OF SOCIOLOGY AND SOCIAL WORK
DOCTORAL SCHOOL IN SOCIOLOGY**

**A STUDY OF MENTAL HEALTH EMPLOYMENT AMONG
HUNGARIAN SOCIAL ORGANISATIONS IN
TRANSYLVANIA**

DOCTORAL THESIS

Fodor (Kolumbán) Rita

STONES

Supervisor: PROF. DR. ALBERT-LŐRINCZ ENIKŐ

2024

Table of contents of the doctoral thesis

1. Conceptual models underpinning the research	3
2. Organisation of social services in Romania.....	4
3. Policies, methods and organisation of employment in the world and in Romania.....	33
4. Results of previous research.....	48
4.1. Social network research in Romania and Transylvania.....	48
4.2. International research on mental health employment.....	53
5. Study of social services in Transylvania - First research phase ... Error! Bookmark not defined.	
5.1. Presentation of the research process and methodology	70
6. Analysis of the social field in Transylvania - First research phase	72
6.1. The embeddedness of social services in Transylvania	79
6.2. The presence of mental health employment in social services in Transylvania	99
6.3. Employment of different client groups	104
7. Mental health employment - Second research phase	107
7.1. Description of the research process and methodology.....	110
8. Conducting mental health workshops for professionals from Transylvania	110
8.1 General characteristics of employment types among the surveyed helpers	115
8.2. Characteristics of mental health employment from planning to feedback	129
8.3. Difficulties, needs and resources of support professionals	138
8.4. Implementation of collaborations among support professionals	153
9. Embedding our research results in the interpretative framework of conceptual models.....	158
9.1 Interpretation of employment by helping professionals based on the conceptual model of mental health employment.....	167
9.2. Interpretation of our research findings based on Bourdieu's field theory.....	174
10. Discussion. Interpreting our research results in the light of international and national research	167
11. Summary. Answers to research questions. Answering hypotheses.....	174
12. Summary conclusions of the research. Novelty of the research, lessons and recommendations	184
Literature used	187
Annexes	195

Brief description of the research

The doctoral thesis examines the services provided by Hungarian non-profit organisations with social activities in Transylvania, with the aim of assessing the employment and activities carried out for mental health purposes. Previous research (see. See. Trancă, 2020, Lazar, Lightfoot, Iovu and Dégi, 2021, Kiss 2010, Dániel, 2014, 2018), we can see how the network of social organisations is organised and developed in Romania and in different regions. However, little is known about the methods used to provide assistance. The novelty of this research is that it examines social organisations at the service level, focusing on the experiences of helpers in carrying out employment. This gives us a deeper picture of the day-to-day work of helpers, their collaborative practices with a focus on the delivery of employment throughout.

Our research consists of two phases: 284 social services were surveyed, operated by 71 social organisations, mostly in Harghita, Covasna and Mures counties, with a smaller number in Cluj county and Brasov county. 84.5% of the services contacted participated in the survey and answered our questions. The results of our research shed light on the embeddedness of social services in municipalities, the presence of mental health employment and the clientele to which it is most applied. The second phase of the research aimed to deepen the results of the first phase. 17 semi-structured interviews were conducted with support professionals who carry out mental health employment on a weekly basis. The results of our second research will show how the delivery of the employments evolves from the planning process to feedback. What types of employment are used by facilitators. We will find out what difficulties they face and what resources they have at their disposal. We can also see what forms of cooperation the facilitators mention in their responses.

Keywords: mental health employment, social services, helping professionals, social care system, cooperation between helpers

Chapter 1 of the thesis *presents the conceptual models that underpin the research*. In order to theoretically ground our research, we need sociological and social pedagogical conceptual frameworks that can be applied to the description of social services and to the interaction of helping professionals. We build the basis of our research around three theoretical models. The sociological framework chosen is Bourdieu's (1992) field theory, which allows us to easily capture the essence of the social sphere, its flexible and dynamic nature, its actors, its sub-fields and the differences between them. The interpretation of the social field as a sub-field of society is therefore in line with the Bourdieu interpretation.

Furthermore, our research is based on two social pedagogical models, the Dynamic Interpersonal (Kabdebon, 2020) and Whittington's (2003) Inter-model. The former describes collaborations in human relationships, the latter specifically addresses the types of collaborations between helping professionals (social workers). The Dynamic Interpersonal Model is based on the sociocybernetics model (Honti, Bőr 2013), which focuses on interpersonal relationships. Kabdebon (2019) revises and complements this with the coordination mechanisms of Kornai (1983), which gives the Honti (2013) model a new dynamic. Kabdebon (2019) does not only rethink Honti's (2013) model at the conceptual level, but also revises and revises its essential meaning. Kabdebon (2019) introduces the term interaction as an important concept, which refers to the fact that in any relationship the parties involved are present and interact with each other in some way. In doing so, he sought to represent the person in an acting, interactive way. In the present research, we apply Kabdebon's (2020) concept and meaning of interaction in our research, examining how cooperative, controlled, competitive, and aggressive types of interaction appear in the responses of the facilitators we interviewed. The quality of

the encounter of the different interaction types is determined by the existence of trust and the dynamics of the co-ordinated and subordinated relationships. Our research questions are based on the assumption that the starting point for helping professionals is in the cooperative interaction type, which is a co-ordinate relationship based on trust. This starting point is reinforced by Whittington's (2003) Inter-model, which explicitly defines interaction types between helpers. The basis and purpose of the Inter-model is to enable facilitators to achieve better professional quality in their work, while keeping the client as the focus at all times. Interaction should take place at four levels to increase effectiveness. These are: interpersonal cooperation (a.), interprofessional cooperation, interprofessional cooperation (b.), interdisciplinary cooperation (c.), and interservice cooperation (d.). In our research, we will examine how these four forms of cooperation can be implemented in the practice of the helping profession, in what context and how they appear, and whether their existence is related to the organisation of employment and influences its performance. Starting from the social pedagogical models described above, we have created a conceptual model of the Conduct of Mental Health Occupations. One of the pillars of the model is collaborative interaction as defined by Kabdebon (2019). We did not include the types of controlled, competitive and aggressive interaction in our model, because of our assumption that the client-worker relationship during the employment period should be characterized by cooperative interaction. This contributes most optimally to the fulfilment of the goals of the helper and the mental health goals of the employment. It is therefore our understanding that employment with mental health goals can be conceived at this level of interaction. To explain cooperative interaction, we draw from Whittington's (2003) Inter-model to highlight four types of interaction between persons. For employment to be successful in many cases, all four types of interaction must function optimally. In our model, we identify the background factors that promote the success of mental health employment in any relationship between facilitators. Thus, in the helper-client relationship, we identify openness (1), goal setting (2), the creation of a mental health space (3), and the occupational competencies of the helping professionals (3) as background factors. In the helper-helper relationship, we identify mutual respect (1), shared thinking (2), and appropriate information exchange (3) as background factors. Background factors between helpers and service managers are the creation of conditions for employment (1) and the recognition of the importance of employment (2). In many cases, employment is facilitated by volunteers and external persons. The background factors in such employment should be mutual respect (1), preparation of the clients for the arrival of the external person (2) and the presence of the person as a member of the group during the employment (3).

Chapter 2 *examines the characteristics of the organisation of social services in Romania, as well as the characteristics, methods and policies of mental health employment. The possible types of social services (71 types in total) are defined by the nomenclature formulated in the Decision 867/2015 . The organisation of employment is the responsibility of the following services: residential homes for the elderly and day care centres for the elderly, residential homes for disabled persons and day care centres for disabled persons, children's homes, sheltered homes for mothers and children, residential institutions for young people in difficulty, sheltered homes for victims of domestic violence, residential and day care centres for addicts, day care centres for homeless persons. The occupations of the persons providing employment are defined by the Classification of Occupations in Romania (Clasificarea Ocupațiilor din România-COR). Occupational therapists (terapeut ocupational COR - 263419) assess the mental health and behaviour of persons in individual or group work and organise activities accordingly. Their aim is to improve the adaptability of the person, to promote his or her development at social, educational or occupational level. The activities develop a variety of skills, be it motor skills, functional skills, social interaction skills, and improve performance and the ability to maintain contact with the environment.*

The implementation of the activities involves the instructions and insights of the professional as well as the participation of the client. The process should be holistic, taking into account the individual, his/her marital status, human and other resources, openness, individual interactions, physical condition and relationship with his/her environment. This process can be individual or group based with the aim of maintaining health and personal well-being. The process of intervention is divided into three parts: planning, implementation and evaluation (Bryan, Amy, Theodore, 2017). Support professionals can use a variety of tools and methods to deliver the interventions. To classify these, we use the division of Maria D. Pasca and Elisabeth Banga (2016), which distinguishes seven types of mental health employment. These are occupational therapy (1), occupations involving music (2), occupations based on visual arts (3), occupations based on storytelling (4), occupations based on physical activity (5), occupations based on theatre methods (6), and occupations using play as a tool. In the following, we will examine which types of employment are typical and how they can be used in facilitation processes.

In chapter 3, we present *the policies, methods and organisation of employment in the world and in Romanian practice*. Active participation increases daily activity and thus increases the sense of well-being. Expediency, organisation and flexibility in employment are important. In general, it should not be compulsory for any client, but should be attractive and enticing. A well-functioning employment often has a therapeutic effect, bringing about positive changes in the daily life of the person employed. In any employment process, regularity, consistency and predictability are important, and for clients living in institutions, these activities can provide a structure to their time (nursing homes, residential homes for the disabled, rehab centres, etc.). The success of an occupation is also determined by the person who helps, and the result of patient work, with plenty of encouragement, recognition and appreciation. The combined aim of the different forms of employment is to actively involve the person in an activity with the aim of developing their skills, enhancing their performance and providing them with an experience. It also prevents the onset of depressive states and isolation. Strengthen the experience of belonging to a community (Berszán, 2014).

Chapter 4 of the thesis presents *research on social safety nets and the impact of mental health employment in Romania*. There is a large body of research in Romania and internationally that examines the social care system, focusing on its structure, its state and its participants. In the following, we present a summary table of research findings that provide a comparative and interpretative framework for our current research.

Table 1
Comparison of results from previous research

Research ers	Research topic, date and time	Population studied	Research tools	Results
Ruuskan en, Ruoppil a	Effects of physical activity-related employment on older persons, 1995	1244 elderly person	comparison of pre- and post-tests	-more frequent involvement of men. -exercise had a positive effect on well-being and reduced the presence of depressive symptoms in older people
College of Occupat ional Therapis	Survey of work experience of employment professionals, 1998	137 support professi onals	questionnaire research	- the most common is the use of individual counselling. - 91% of helpers need training on employment

ts-

United
Kingdo
m

Maud and mtsi .	Community-based employment among people with dementia and their carers , 2001- 2005	135 people over 65 with dementi a and their carers	mental health group sessions; intervention and control group; effectiveness measurement	- group work lasting five to seven weeks can also improve the daily functioning of people with dementia. Significant differences in both interpersonal cooperation and individual effectiveness (P=0.001).
Gene Cohen et al .	The impact of arts employment on older people 2001-2006	300 elderly people, average age 80	study of intervention and control groups	-people who take part in regular arts activities are in better physical and mental health. The results were still noticeable after two years
Lucy Goldstei n	Art tools used by social workers in the helping process, 2007	10 social workers skilled in artistic practices	In-depth interviewing, using the snowball method	- facilitators who use art tools feel comfortable and their clients report back positively. Lower levels of stress present
Budai and Puli	Study of cooperation among social workers, 2007	112 support professi onals	15 structured, 10 in-depth and 6 focus group interviews	- it is not evidence and professional practice to consciously apply the forms of cooperation defined in the Inter-model
Peishan Yang	Impact of arts employment on older people, 2010-2011	1833 elderly people	examination of intervention and control groups	- 88.3% of participants said that they felt that their coordination of movement had improved and that they could use it in everyday life
Freilich and Shectma nn	Investigating arts support for children with learning difficulties, 2010	94 children, in two groups	expert observation	-Children in art therapy sessions responded better to everyday stumbling blocks
Diana Coholic	The impact of mindfulness and art activities on the self- esteem of disadvantaged children, 2011	31 children and 18 adults	Qualitative methods - in- depth interview analysis	- using arts-related activities with disadvantaged children can boost self-confidence and increase self-esteem.

Ji Hyun Lee	Examining the effectiveness of art tools in self-help groups for mothers of children with disabilities 2017	44 mother	use of pre- and post-tests in a control group study	Projective drawing, painting feelings and emotions reduces stress levels for mothers of children with disabilities.
Luminița Chivu	Local business and social services in Romania, 2019	3559 social services	Territorial analysis	-The number of social services is lower than justified by the number of people at risk
Riera and Cardona	Cooperation between social workers working with families, 2020	121 social workers	questionnaire research	- 47.1% of helpers do not receive supervision
Loredana Marcela Trancă	Exploring the goals of social workers working with children in western Romania, 2020	22 social workers	semi-structured interviews	-the difficulty for facilitators of interdisciplinary and interprofessional cooperation. Burdensome administration, lack of time
Lazar, Lightfoot, Iovu and Dégi	The rebirth of social work in Romania, 2021	1057 social worker	online questionnaire	-low wages for helpers -affects the intention to leave the career
Moula, Powell and Krakou	Effects of using art tools on children with mild behaviour problems, 2022	52, children aged 7-10	conducting interviews, qualitative analysis	-The artistic tools helped children to express more complex feelings and thus not only verbal expression
Constantin Genoveca	Survey of vulnerable groups in Romania, 2023	3182 administrative area	focus group interviews	-The most vulnerable are the elderly, followed by the poor -differences between rural and urban areas
Haraz Svetlana, Ghilaș Maria	Interaction of factors determining the social vulnerability of children at risk, 2023	experts and children's studies (8 people)	focus group interviews	-detecting the lack of cooperation -the importance of applying a holistic approach

Source: own editing

We have seen that various studies in Romania have shown that the social care system is not able to meet the needs justified by the number of people at risk (see. Genoveca 2023, Lazar, Lightfoot, Iovu and Dégi 2021, Trancă 2020, Chivu 2019). In the present research we focus on social services in Transylvania and examine the delivery of mental health employment in these services. We see in the results of international research that the use of different artistic tools can make a real difference to the mental health of clients. Also, we will show how helpers perceive collaboration and what research shows about the aspects of social services in Romania that we are investigating. The research outlined above

provided an insight into the success of the methods and techniques used by helping professionals. Before moving on to the methods and process of our research and its results, it is important to clarify the concepts that we consider important in understanding this research.

Chapter 5 describes the *methods, target group and topic of the research*. The hypotheses are then presented, building on previous research. The phasing of the research will be made clear. In our research, we combine quantitative and qualitative methods along the two main research objectives. Thus, the research can be divided into two distinct phases, based on the two methods. In the first stage, a telephone questionnaire will be filled in with representatives of social services, followed by a visit to the professionals, where a semi-structured interview analysis will be carried out. We then deepened our research by conducting semi-structured interviews with helping professionals. The research process is illustrated in summary figure 13. In presenting both parts of the research, a consistent scheme is used, with a detailed description of the methods used, the sample and the research process. During the telephone questionnaire, we contacted a total of 284 social services, operated by 71 social organisations, mostly in the counties of Harghita, Covasna and Mures, with a smaller number in the counties of Cluj-Napoca and Brasov. The survey was conducted between October 2019 and June 2020. 84.5% of the services contacted participated in the survey and answered our questions. 6.5 percent of the services did not want to participate in the survey and a further 9 percent were not reached after repeated inquiries.

The questionnaire research uses a quantitative method. Our measurement tool was a twelve-question questionnaire asking about the exact type of service, the number of staff and support professionals and their qualifications. We also asked about the target group of the service, the number of clients and its main activities. Since the focus of our research is on the provision of mental health services, we also looked at the types of services and the way they are provided. For the latter, we expected textual, self-written answers which were transcribed during the interviews and subsequently processed. This gave us an insight into how the representatives of the services formulate their own mental health activities, which they consider to be relevant at all. Answers were obtained as to the proportion of employment with a mental health purpose or whether there is an aspiration to do so. During the research, we assured participants of anonymity and that the data would be processed in groups. During the telephone interviews, the answers to the questions were immediately recorded in a pre-prepared table. This helped to accurately record the data and the information obtained and to process it later.

Chapter 6 presents *the results of our first research* and the testing of our hypotheses. In our first research, we investigate the Hungarian social network in Transylvania, focusing on three main themes. Firstly, we will examine the spatial distribution of services (1), followed by the presence of mental health employment (2), and the characteristics of employment for different client groups. These three themes are approached along the following hypotheses.

From previous research, we know that social services in Romania are not uniformly distributed in rural and urban settings (Lazar, Lightfoot, Iovu and Dégi- 2021, Constantin Genoveca- 2023, Dániel-2018). *In the first hypothesis of the* present research, we assume that this difference is not only in the frequency of services, but also in their type, the number of helpers employed in the services and the nature of their employment. The presence of mental health employment in social services in Transylvania

The Nomenclature of Social Services (Decision 867/2015) provides for both physical and psychological care, including the organisation of these two types of specialised employment. According to the Decision, all social organisations - residential or day care - must provide physical and mental care

and, for these specialised services, employ qualified support professionals. In *our second hypothesis*, we assume, on the one hand, that mental health occupations are present in the services we study, both residential and day occupations.

Research on the effectiveness and methods of various mental health employment practices also shows that effective employment is carried out by qualified helpers (psychologists, social workers, mental health professionals, etc.) and that a variety of tools and methods are used in carrying out these practices (Ruskanen, Ruoppila-1995, College of Occupational Therapists-1998, Maud et al.- 2005, Gene Cohen et al.-2006, Freilich and Shectmann- 2010, Lucy Goldstein 2007, Peishan Yang 2011, Diana Coholic 2011, Ji Hyun Lee 2017). **2.b. In our second hypothesis**, we further assume that employment in social services in Transylvania is also carried out by trained helping professionals and that their presence influences the quality of employment.

Based on the research on social services in Romania, we know that most social services target children and their families (see Lazar, Lightfoot, Iovu and Dégi -2021, Luminița Chivu -2019). From here, *in our third hypothesis*, we assume that the organisations we study also pay more attention to employment for children. The presence of a skilled helper is more frequent in mental health services targeting children than in services working with adults and other client groups (disabled, elderly).

Analysing the responses and taking into account the nomenclature of social services, a total of 24 types of services were identified. Table 2 shows the types of social services responded to, sorted by their frequency of occurrence. These services are the subject of our subsequent analysis. The majority of social services (36.7 per cent) are home care services and day care centres for disadvantaged children (20.8 per cent). Day care centres for people with disabilities (7.5%), Roma inclusion programmes (4.6%), services managing food parcels (4.2%), family-type children's homes (2.9%), family support services (2.9%), residential care homes (2.6%), etc. The total number of staff employed in the services surveyed is 622, of which 146 are in the helping professions (social worker, psychologist, special needs teacher). This represents about a quarter of the total number of staff (23.47%). The following section describes the clientele of social services.

Chapter 6.1 discusses the embeddedness of social services in settlements and thus answers the hypotheses of our first hypothesis. As we hypothesised *in our first hypothesis*, differences between services can be found not only in the frequency of services, but also in their type, the number of helpers employed in the services and the nature of their employment.

In our studies, our first hypothesis was confirmed, as our results reflected previous research (see. Lazar, Lightfoot, Iovu and Dégi- 2021, Constantin Genoveca- 2023, Dániel- 2018) and again highlight that social services are not equally distributed in rural and urban settings ($\chi^2 (1, n=240) = 188.171, p<0.001$). We have seen that day care for the elderly and disabled, as well as for disadvantaged children, is most prevalent in large cities, while early development, addiction and family programmes are concentrated in small towns. Home care services are particularly embedded in rural areas. In terms of the presence of employment, we have also seen that some types of employment are most specific to services in urban settings. These include craft activities, activities involving drawing, music and movement. Regarding the presence of helping professionals, we also found that there is a significant difference between the different types of services ($F (2, n = 240) = 3.653, p = 0.029$). On average, services in the county centre (mean 1.9) employ the most helping professionals, followed by services in small towns (mean 1.61) and then rural services (mean 0.96). In the following, we examine how mental health employment is represented among the services surveyed and in which types of services it is most commonly employed.

In chapter 6.2, we look at the presence of mental health-related employment. The nomenclature of social services (Decision 867/2015) provides for both physical and mental care, including the organisation of these two types of specialised employment. According to the Decision, all social services - residential or day care - must provide physical and mental care and, for these specialised services, employ qualified support professionals. We have two assumptions in this respect (2a, 2b).

2.a. In our second hypothesis, we assume that mental health employment is present in the services we study, both residential and day employment.

Research on the effectiveness and methods of various mental health employment practices also shows that effective employment is carried out by qualified helpers (psychologists, social workers, mental health professionals, etc.) and that a variety of tools and methods are used in carrying out these practices (Ruskanen, Ruoppila-1995, College of Occupational Therapists-1998, Maud et al.- 2005, Gene Cohen et al.-2006, Freilich and Shectmann- 2010, Lucy Goldstein 2007, Peishan Yang 201, Diana Coholic 2011, Ji Hyun Lee 2017).

2.b. In our second hypothesis, we further assume that employment in social services in Transylvania is also carried out by trained helping professionals and that their presence influences the quality of employment.

Our survey showed that 32% of services have mental health employment/activities carried out by trained professionals (mental health professionals, social workers, psychologists). 12.5% of services have aspirations but are not carried out by professionals. In these services, this activity is carried out by a teacher, a priest or another person trained in a non-assistance profession. This suggests that there are no or few suitably qualified professionals in these services. The difference between the services is significant (χ^2 (2, n = 240) = 154.228, $p < 0.001$) in terms of the presence of occupations. Our result is not surprising as the services are too broad and have different profiles. There are services where mental health employment is provided by full-time qualified helpers. These include drug prevention programmes, day care for the disabled, early intervention services, residential care homes for the elderly. The presence of a skilled helper was most pronounced in residential services (85.7%), with a slightly lower proportion (74.1%) in day employment services. Differences between services across the four groups (residential, day, respite, home health care) were also found to be significant (χ^2 (6, n = 240) = 124.273, $p < 0.001$).

Our results suggest that the more support professionals working in services and the lower the number of clients, the more likely we are to find mental health employment. The second part of our hypothesis, that employment in social services in Transylvania is carried out by trained helping professionals and that their presence and the number of clients they have influences the employment they carry out, was confirmed. Mental health activities are present in 44% of social services, of which 32% are carried out by qualified helpers. Furthermore, we can say that services with fewer clients have a presence of employment carried out by qualified professionals. However, it should be stressed that there are some types of services where, although the number of clients is low, the employment is not always carried out by professionals. This is more pronounced in day care for disadvantaged children.

In chapter 6.3, we will look at the employment of different client groups in order to answer our third hypothesis.

Research on social services in Romania shows that most social services are targeted at children and their families (see Lazar, Lightfoot, Iovu and Dégi -2021, Luminița Chivu -2019).

Starting from here, *our third hypothesis* assumes that the organisations we study also pay more attention to employment for children. The presence of a qualified helper is more common in mental health services for children than in services for adults and other client groups (disabled, elderly).

We can see that mental health employment is not carried out exclusively by trained support professionals for all client groups. Mental health employment is most present in services targeting 0-3 year olds (100% of services), people with disabilities (70.6% of services), families (70%). We have seen that there is no explicit mental health activity in social services that deal with young school children and children in grades 5-8. In social services targeting these client groups, there are fewer support professionals, sometimes teachers, but in most cases untrained people do this work. Older people are the largest client group among social services. Only 32% of older people in contact with services belong to services where qualified helpers are employed. This can be partly explained by the type of services, as a significant proportion of services targeting older persons are covered by patient care services. Looking at residential care services, we see that mental health employment is also widespread in nursing homes, carried out by qualified helpers with the help of volunteers. In the light of the above, we can say that our third hypothesis is only partially confirmed, as there is indeed a difference in the employment of different client groups, but our claim that social services for children are more intensively occupied by skilled helpers is only partially confirmed. Services targeting preschool and pre-school children are more characterised by the fact that employment is carried out by non-qualified helpers, while employment of children aged 0-3 is carried out by qualified helpers. In addition, in the case of children with disabilities, families, addicts and orphans, mental health services are provided by qualified helpers.

The results of our first survey show that among the services surveyed, we identified 24 types of services, of which almost half (44%) are mental health employment. In only 32% of services are these employments carried out by qualified support professionals. The embeddedness of social services in different municipalities is not equally distributed. Services for people with disabilities are specifically located in large cities, as are day care services for older people. Roma inclusion services are concentrated in small towns. Rural-centred services are day care centres for disadvantaged children and home care services. We have also seen a higher proportion of support professionals in metropolitan and urban settings. Rural services have on average less than one support worker. In terms of employment, we can say that we identified 16 types of employment in social services, most of which are concentrated in residential and day care services. The most common forms of employment are craft activities, music and drawing activities, as well as individual and group supportive discussions and theme work. In summary, the number of clients and the number of professionals involved in the services influences the presence of mental health occupations. Services with on average fewer clients and more professionals are more likely to have mental health employment. Looking at the client population, we found that in many cases, employment of children (grades 5-8) is carried out by non-professional helpers. We now turn to the results of our second study, which aims to deepen the findings of our quantitative research by exploring the everyday practice of carrying out these employments through semi-structured interviews with helping professionals.

Chapter 7 of the thesis presents the second research phase, *which aims to deepen our previous knowledge of the everyday practice of mental health employment* by examining the way of employment, the circumstances of its implementation and the cooperation habits of the helpers through the lens of the helpers. To explore all this, we used semi-structured interview research with helping professionals who carry out mental health employment in the course of their work.

Our research findings are organised along the following themes:

1. General characteristics of employment types among the surveyed helpers
2. Mental health employment from planning to feedback
3. Difficulties and resources of helping professionals

4. The implementation of cooperation among support professionals and its impact on the delivery of employment

The first phase of the research provided the basis for the selection of the interviewees for the second part. Figure 18 illustrates the process of selecting our interviewees. From the social services that responded (n=240), we selected those services with mental health employment or aspirations to do so (n=182). We then further narrowed down the number of services and selected those where employment is provided by qualified helpers (n=104). We then selected services where mental health employment occurs on a weekly basis and uses at least three of the types of employment mapped (n=70). We then used a method of expert selection to select services where we returned to conduct semi-structured interviews (n=17).

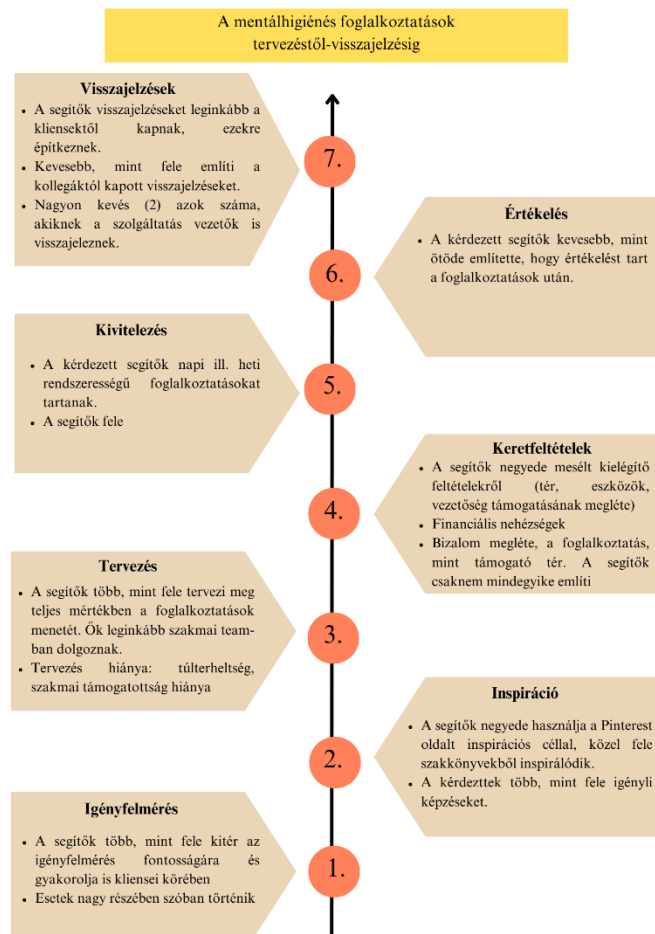
Chapter 7.1 describes *the process and methodology* of the second research phase. In total, 17 semi-structured interviews were conducted in 20 services. This number is different because three of the facilitators interviewed worked in two services at the same time. The interviews were recorded between December 2022 and May 2023. Our aim was to explore in more depth how employment is carried out and to examine the attitudes and cooperation habits of the helpers. An expert selection method was used to select the interview subjects. The selection took into account: the intensity of the presence of mental health employment and the type of service. The interviewees' professional experience ranged from 1 to 30 years, with an average of 11.4 years in the helping profession. The interviewees work in the following types of service: residential care home (2 assistants), afternoon care for the elderly (1 s.), day care for disabled people (4 s.), residential care and afternoon care for children (4 s.), residential and respite programmes and counselling for addicts (2 p.s.), early education and development centre (1 p.s.), Roma inclusion programme (1 p.s.), homeless shelter and shelter for battered women (1 p.s.), counselling services for individuals and families (1 p.s.). Nine of them have a basic qualification as a social worker, five of them also have a qualification in mental health. Two are working as psychologists, two as educators, and one has a qualification as a special needs teacher and one as a social pedagogue.

Chapter 8 examines *the delivery of mental health employment* along three broad themes.

Already in the first phase of the research, it became clear to us that the literature (Pasca and Banga, 2016) and previous research (see. Ruskanen and Ruoppila 1995, College of Occupational Therapists 1998, Maud et al. 2005, Gene Cohen et al. 2006, Freilich and Shectmann 2010, Lucy Goldstein 2007, Peishan Yang 201, Diana Coholic 2011, Ji Hyun Lee 2017), many types of employment types can be found in the Transylvanian social safety net. One of the aims of our first research was to map these types of employment, while our second research aimed to explore them in more depth. Therefore, in our research, we also sought to find out how the interviewed helpers perceive these types of employment and how they are implemented in their everyday work. **In chapter 8.1**, we will examine the characteristics of these types of employment based on the answers of the interviewed helpers. The responses showed that a wide range of employments are used in their everyday work. The most popular activities are craft activities and activities involving drawing. Activities with music and thematic activities with stories and fairy tales appear. As regards the implementation of activities, although many types are used, mental health awareness is less present in the responses. The process of conducting mental health occupations consists of several separable units. These units describe a process, which in the present research was pieced together from the responses of the interviewed facilitators, but also fit with elements of the literature describing the steps in the organisation of occupations (see. Bryan, Amy, Theodore, 2017, Szili Cranes, 2008, Tamás, 2013, Berszán, 2014). The figure below summarises how each step is represented in the responses of the helpers we interviewed.

In chapter 8.2, we examine the *implementation of employment in a process from the planning process through to feedback*. In Figure 1 we see that eight pillars of employment delivery emerge from the facilitators' responses. These pillars accompany the whole process of employment implementation. However, only half of the interviewed facilitators have all the elements of the process. We observed that the whole process is perceived in the responses of helpers who do not feel alone in their work and work in a supportive professional team. It can therefore be said that the presence of a supportive professional environment has a positive impact on the delivery of mental health employment by helping professionals feeling supported not only in their case management but also in the organisation of employment. Facilitators who report a supportive professional environment are more likely to carry out employment more often and to do it in a planned and collaborative way, and to use more tools and methods to carry out employment.

In chapter 8.3 we turn to the *difficulties, resources and needs mentioned by the facilitators*. In analysing the difficulties mentioned by helpers, we found that more than half of helpers cited overwork, lack of an appropriate professional network and poor relationships with service managers as difficulties. These have an impact on the process of delivering employment, particularly in terms of planning, delivery and feedback and evaluation.

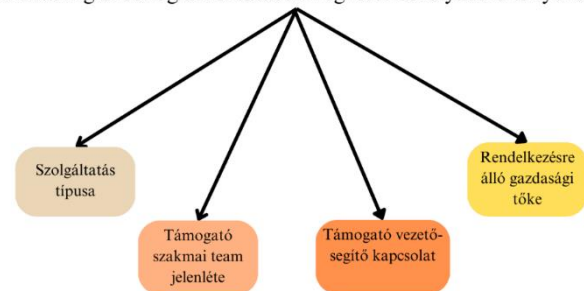


1Figure 1. *The implementation of employment from planning to feedback.*

Source: own editing

In section 8.4 we turn to *an examination of the forms of cooperation mentioned by facilitators*, focusing in particular on their impact on the delivery of employment. The presence of mental health employment is influenced, according to our research, by the type of solution (a.), the presence of a supportive professional environment for professionals (b.) the implementation of a collaborative relationship between the facilitators and the management of the service(c.), and the available economic capital(d.).

Mentálhigiénés foglalkoztatások végzését befolyásoló tényezők



2Figure 1. Source: own editing

Our research also showed that in some types of services (residential and day care) mental health activities are more common than in other types of services (a). In the analysis of

the semi-structured interviews, we found that mental health activities are more common and more widely used in services where more professionals work together and where there is a supportive, professional team (b). In these services, employment is planned and provided with appropriate mental health objectives. In contrast to services where support professionals are alone in their work. In their responses, we found the most common feelings of overload and difficulties resulting from being alone (lack of planning, lack of time) (c). Helpers who reported a partnership with service managers also reported more detailed planned employment with more frequent employment. They also mentioned that service management had a supportive attitude towards employments, knowing and recognising their importance in working with clients. However, those helpers who reported a controlled, sometimes aggressive, relationship are less likely to enjoy management support for employments. These two influencing factors (b and c) are closely linked, as helpers who reported that there is a partnership between service managers and them also mention that professional teams within services work well. Facilitators who reported a collaborative relationship with service managers highlighted the lack of professional teams and their inefficient, formal functioning. Inter-professional collaboration therefore has a positive impact on the delivery of employment. Looking at the monthly capital of services per client, we saw that some types of services have higher economic capital (d). In these services, there are more professionals providing support and employment is more frequent and more varied in terms of type. In addition to the factors influencing the performance of these occupations, it is important to highlight the needs expressed by the helpers, as these needs coincide with the factors outlined above. Three quarters of the facilitators indicated that they would like to build new professional relationships, and they envisage these mainly through workshops, conferences and forums.

In our research, we found that mental health activities are more common in services where more than one support professional works together. As mentioned above, these are typical of services that also provide residential care and day care for people with disabilities. In the analysis of the interviews, we could see that the interpersonal cooperation that appears in Whittington's (2013) Inter model is reflected on several levels in the answers of the interviewed helpers. Helper-client interactions are focused in the responses of the helpers, who prioritise the development of a confidential and supportive relationship with their clients. In the context of employment delivery, in the vast majority of cases, the relationship with clients is the way in which employment is described. Interprofessional cooperation between helping professionals is in the majority of cases carried out within the framework of the service, but the functioning of the interdisciplinary professional team of case managers is reported by less than a quarter of the helping professionals. More typical are spontaneous case discussion circles, which are less organised and *"their purpose is mainly to relieve tension and vent"* (V.4, year 1). We found that helpers who reported supportive professional relationships cited fewer difficulties in their work and in organising employment, and had generally more positive reports and attitudes towards their profession. This is also true of the quality of the relationship between helpers and service managers. More than half of the helpers surveyed report a cooperative relationship, but there are also some responses indicating aggressive and controlled interaction. The helpers who mention the latter two types of interaction in their answers have less than 5 years of professional experience. In their answers, they report more difficulties than their counterparts and a negative, resigned attitude (*"I am disappointed"*, *"I did not expect this"*, *"I am not a professional"*). It can therefore be said that the helpers who report a controlled or aggressive interaction with the management of services

Table 27.

relationship, typically reported by recent graduates.

Impact of the presence of a professional support team on the implementation of employment

Inter-professional cooperation has a positive impact on employment retention, as in services where there is cooperation between different professions (social worker, psychologist, special needs teacher, etc.) in the organisation of employment, the facilitators are better prepared and plan their employment activities according to the needs. From the responses of the facilitators, it became clear to us that there is a strong

	Organising planned weekly activities	Less employment, not planned
Presence of a professional support team	8 case	0 case
Lack of a supportive professional team	1 case	8 case

demand for interdisciplinary or inter-professional cooperation among professionals. Professionals who reported that they were not alone in their work and that the professional community was supportive, reported a wider and more frequent range of employment than those for whom the professional support network was absent or less satisfactory.

Table 27 shows that the presence of a supportive professional community is of paramount importance in the delivery of mental health employment. Helpers who have a partnering, collaborative relationship with service managers and report a supportive collegial relationship report fewer difficulties in carrying out employment and are more likely to talk about their work and their profession as a helper with a positive attitude than helpers who have an aggressive or over-regulated relationship with service management.

Although three quarters of the helpers interviewed are in contact with helpers from other services, the need for cooperation is high. What varies, however, are the forms of collaboration that helpers most desire. This is summarised in the table below.

Table 28

Professional relationships and cooperation needs of helping professionals

Current professional contacts of facilitators	Needs for cooperation
Currently surrounded by a supportive professional community (9th helper)	Training, conferences as opportunities for cooperation, workshops.
Currently part of a formal, less supportive professional team (6 facilitators)	A supportive professional environment, case discussion, confidential interprofessional contacts, training.
Not currently a member of any professional group (2 facilitators)	Case discussions, professional contacts, meetings.

Source: own editing

Table 28 shows that professionals who are currently working in support professional groups are most likely to express a preference for conferences and workshops, and to be interested in the methods and techniques used by professionals working in other services. Professionals working in formal relationships are most interested in confidential professional relationships, but do not necessarily see these as being within the services. Helpers who are not part of a professional team and who work alone require a supportive environment and collaboration to discuss their cases.

In summary, our semi-structured interview research has given us a more nuanced and in-depth picture of employment practices. We have seen that in the delivery of employment there is a particular role for support professional teams of helping professionals, both within and outside services. Consciously guided mental health employment can be more intensive where professionals do not feel alone and are surrounded by a supportive professional environment. The professionals' replies also show that the formulation of mental health objectives is not an evidence-based approach to employment. The proportion of responses and reports where the main objective does not go beyond the idea of "*feeling good together*" is excessive. Thus, professionals seldom formulate as objectives for carrying out occupations the objectives of improving quality of life, the possibility of reflecting on thoughts and emotions, and the possibility of avoiding depressive moods. A deeper mental health approach and goal-setting emerges in services where facilitators work in a professional team to organise employment. Most of the employment principles set out by APTOR can be identified in the responses of helping professionals. Most strongly, trust, honesty and authenticity. Respect, autonomy and confidentiality are also recognisable.

During the interviews, it became clear to us that all the professionals interviewed carry out individual interviews as well as activities with groups. The individual and group discussions and thematic activities are part of the mental health employment in this research. On the one hand, this is justified because the helper-client relationships mentioned in the reports meet the expectations of the mental health facilitation process (see Berszán, 2014, APTOR's principles of employment, Szili 2008, Tamás 2013). On the other hand, it is justified to consider them as part of mental health employment because all the interviewed facilitators mention and refer to them as part of their employment. In addition to individual and group discussions, the most frequent activities carried out by the helpers are craft activities, drawing and music and singing. We have seen that more than half of the interviewed facilitators use games and movement activities. It should be mentioned here that we do not mean physical activities that specifically improve motor skills, but rather activities of an energizing nature that are re-energizing. In residential care services, specialist developmental movement programmes are carried out by kinesi therapists and physiotherapists. Assistive professionals aim to refresh, re-educate and energise through movement activities. We examined the intensity with which the types of occupations formulated by Pasca and Banga (2016) appear in the performance of the occupations mentioned by the interviewees. The most frequently used types of activities are craft occupations, singing music, drawing painting and movement occupations. Less frequent, but in the practice of the facilitators, are activities based on role-playing, activities involving games, and activities involving films and videos. Relaxation activities and animal-assisted therapies are negligible in the everyday practice of the facilitators.

We can therefore say that we have identified a wide range of employment types used by helpers in the network we have studied. We found that these activities are easier for the helpers to carry out, but in many cases it is challenging to formulate a mental health goal and to initiate feedback conversations. We also saw that although helpers talk about using a range of tools, they rarely reflect on the outcomes

of their employment and the feedback they receive from clients. In the following, we will look at the processes that can be inferred from the facilitators' responses regarding the overall organisation and delivery of the employment.

The results of our quantitative research provide new insights into the social field. Interpreted within the framework of Bourdieu's field theory, we have divided the social field into four sub-fields, in terms of the organisation of employment. We have seen that in some subfields employment organised by professionals is present, while in others it is less so. In interpreting our research results, we sought to find out whether there are differences between the services in each subfield. Can we identify privileged services for mental health employment? In examining these, the following aspects were taken into account: type of service, monthly budget used per client, presence of support professionals, frequency of mental health employment, types of employment, and what was said in interviews with support professionals, with particular attention to the presence of professional teams.

We found that in each of the sub-fields there are services working with clients who have a higher financial envelope. We looked at the client-to-helper ratios in these services, and how employment is achieved. We found that services with a higher financial budget for clients have more support workers and also carry out extensive employment on a daily basis. Among the residential services, services for older people stand out as having much greater economic capital than other residential services (children's homes, homeless shelters). It is important to highlight that residential services for older people are among the few social services where the majority of clients (with the exception of places in homes for socially disadvantaged people) receive a financial contribution. Therefore, these services are also a priority in the social field and in the sub-field of residential services. This privileged position is confirmed by the high number of professionals working in these services (mean 3), the wide range of employment and the value of economic capital per client. In the semi-structured interviews, the presence of interdisciplinary professional teams was intensively reported by the assistants working in the nursing homes, and the support of the assistants, both in terms of collegial relations and the relationship between management and professionals, is clearly evident in the responses of these assistants.

We have treated full-time employment services as a separate sub-field, and for these we have also examined whether the types of services in the field include services that occupy a privileged position in terms of the criteria already mentioned. We found that, among the services providing daytime employment, those targeting people with disabilities are in a privileged position compared to other (daytime) services. In fact, they have a higher monthly capital per client (2500 lei compared to 600-800 lei) and, in terms of employment, they have more types of employment, more than one per week. In this sub-field, only helpers working with disabled people reported working in a professional team. Workers in other services (e.g. day care for Roma children, day care for elderly people, day care for disadvantaged children) are alone in the process of working, case management and also in the organisation of employment. In our interviews, we could see that the interviewed helpers face many difficulties in their work. The helpers who reported financial difficulties and a controlled or aggressive relationship between management and themselves are all staff of day care services for Roma and disadvantaged children. Day care centres for disadvantaged children are also characterised by a low number of support staff and employment is typically carried out by other people. It can therefore be said that day care centres, including those targeting people with disabilities, occupy a privileged position in terms of the presence and support of professionals, economic capital and the way in which employment is carried out.

To sum up, economic capital is not equally distributed within the social subfields. Although, as we have seen in the analyses of previous researchers (Tvedt 1997; Ágh 1999; Kiss 2006; Kiss 2010, Dániel 2014), the social field is not characterised by competition and struggle based on the distribution

of capital in the classical Bourdieuan sense. We can also see that there are differences between the participants in the sub-fields. Services for the residential care of the elderly occupy a privileged place, while services for the disabled occupy a privileged place among day care centres. These account for almost half of the economic capital of the sub-field. In the case of residential care services, 49.5 percent of the economic capital is concentrated in services for the elderly, with the remaining nearly 50 percent being shared by other residential care services such as children's homes and shelters for the homeless. In the case of day care services, 57.4 percent of the economic capital is concentrated in services for people with disabilities, the remaining 42.6 percent is shared by day care services working with other target groups (elderly, Roma, disadvantaged children). We can therefore say that services working with specific client groups are marginalised in the social subfields. These are services working with homeless people, Roma and disadvantaged children.

Chapter 9 aims to *explore the similarities between* our research findings and the *conceptual models presented in the theoretical section*. The conceptual model of mental health employment is based on the dichotomy of trust-confidence and cooperation. Cooperation constitutes the horizontal axis of our model and distrust-trust the vertical axis. It is by building relationships between these axes that we can achieve the fullest possible realisation of employment. In the model, we have included background factors whose presence can increase the success of employment. In what follows, we will examine how these background factors emerge from the responses of the helping professionals we interviewed. The model includes 12 background factors. We looked for the presence of these in the helpers' responses, examining those passages where the helpers were explicitly manifested in the context of the end-goal of employment. We found that the interviewed helpers mentioned all of the background factors included in the conceptual model describing mental health employment in their responses. The creation of a therapeutic, safe space and a sense of purpose and usefulness were mentioned most frequently. These background factors appear in the context of the relationship between the facilitators and their clients. This is in line with our previous analyses, since of the types of cooperation described by Whittington's (2003) model, the helper-client relationship appears most strongly in the responses of helpers, and it is therefore understandable that the background factors of helper-client relationships appear most intensively in the context of the performance of the employment. This is followed, in terms of the number of mentions, by the background factors influencing the helper-helper relationship, namely joint thinking (e.g. 9), information sharing (e.g. 4) and mutual respect between helpers (e.g. 3). The conceptual model of employment delivery also highlights the need for successful employment delivery to be based on the joint, mutually supportive work of service managers and helpers, as well as helpers and volunteers. In analysing the relationship between helpers and management, we have seen that more than half of helpers report a collaborative relationship with service managers. In relation to the organisation of employment, only three times do helpers say that the managers of the service recognise the importance of employment and try to provide the necessary framework and conditions for carrying out employment. The presence of volunteers is noticeable in a quarter of the services represented by the interviewed facilitators. Facilitators who work with volunteers stressed the importance of their presence and mentioned in their responses the background factors that are important in working with volunteers to deliver successful employment. These are: the volunteer as a team member (e.g. 3), the preparation of clients for the arrival of volunteers (e.g. 2) and the shared respect between the volunteer and the helping professional (e.g. 1). In summary, all forms of background factors that facilitate employment as formulated in the conceptual model of employment delivery are mentioned in the interviewees' responses. Mental health, creating space and setting appropriate goals are highlighted, followed by joint thinking between professionals about the occupations. The least mentioned factors are the helping professionals' occupational competences, mutual respect between helping professionals.

In the following, we attempt to interpret our research results in the framework of field theory. Social subfields are characterised by specific properties and different rules from other subfields, and participants move within these rules (Bourdieu 1992). These may be influenced by the profile, clientele and location of the services belonging to the different subfields. The subdivision used is based on our research findings, so the subdivision is determined by the presence of facilitators and the prevalence of mental health activities. Based on our results, we can therefore distinguish four sub-fields. The resulting groups are home health care services (1), residential care services (2), day care services (2) and intermittent services (4). In the following, we will examine the characteristics of the subfields. The subfield of home health care services (1) is considered to be the largest when the number of services or the number of clients per field is taken as a basis. The vast majority of these services are present in rural settings (85.2 %). A characteristic of this subfield is that there are no mental health activities carried out by professionals (which may be understandable given the profile of the services), but the representatives

of the services report that the staff draw on their knowledge and experience to monitor the mental-physical well-being of their clients.

Residential care services (2) represent the smallest part of the social field (8%). The sub-field is characterised by the fact that these services have the highest number of staff and support workers per client. On average, 29.5 clients are served by 19.1 persons, of which 3.1 are trained assistants. The sub-field is characterised by the most intensive organisation of employment, with a varied employment offer. 66.6 percent of residential care homes are located in cities or county centres. The processing of the semi-structured interviews with professionals also revealed to us that the most characteristic feature of this sub-field is that support professionals work and organise employment in interdisciplinary teams. Interdisciplinary and interprofessional collaborations are also most intensive in this field.

Day employment services (3) form the third sub-field, which is characterised by at least as diverse and varied employment as residential services, but with fewer professionals. On average, 26.1 clients are employed by day care services, of which 1.3 are in the helping professions. Mental health is strongly present in these services, but in many cases it is not carried out by a trained helping professional. Typically, activities in afternoon activity centres for children are carried out by unqualified helpers. In the day care centres, the presence of volunteers is intensive, with an average of 2.5 volunteers present in these services.

Intermittent, activating services form another subfield of the social field (4). This includes services that have intermittent contact with their clients, who are mostly young people. They include prevention programmes and training. However, it also includes services that provide social assistance and collect food and clothing from time to time and deliver it to their clients. This sub-field carries out the most diverse and diversified activities. The importance of their presence is undeniable, since at the time of our research they were in daily contact with nearly 850 people. These services have the lowest number of staff (1.5 on average) and the highest number of volunteers, with an average of 3.4 volunteers. Figure 3 shows the sub-fields of the social field we have identified and their main characteristics.

If the number of clients in each subfield is taken as a basis, the largest field is home care. However, when looking at the number of helping professionals, residential care services and day care providers account for the majority of helping professionals.



3Figure 1.2 Characteristics of the subfields of the social field

We have seen that the different subfields differ in terms of mental health employment. In this respect, we can identify two favoured sub-fields, namely residential services and full-time employment services, as these two fields include employment by a wide range of qualified helpers. In the following, we will look at why these fields are concentrated in the mental health activities of skilled helpers. Or, within these sub-fields, are there favoured client groups?

As we have seen in Bourdieu's (1992) theory, the fields are characterised by a struggle for the possession of capitals and special capitals. The functioning of fields

is based on conflicts and struggles. In the social field, struggle and rivalry are manifested in the actors' attempt to convince society of the 'importance' of a given problem situation, thereby acquiring resources and legitimizing the service or problem situation. Here the Bourdieuan (1992) sense of struggle is lost. The social field differs from the social field in that there is no struggle for the possession of economic capital. Rather, cooperation characterises the totality of the field. The basic nature of the social field is not characterised by struggle, but it is assumed that the subfields we have defined do not share economic or symbolic capital equally. This is understandable given the characteristics of the subfields, but we also assume that within some subfields privileged service types and thus client groups can be identified. It is in these services that most economic capital can be mobilised, where trained professionals and thus mental health employment are present.

To find out how the available economic resources are distributed within the social subfields we have broken down, we have taken two paths. First, we looked at the amount of money social services can spend on their clients on a monthly basis. Secondly, we looked at the types of social activities that were supported in the city and county tendering schemes in the 2023 tendering cycle. The social services budget is made up of several sources (public subsidies, tenders, sponsorships, donations, client contributions, etc.). Municipal tenders cover a fraction of the services budget but can give an idea of the type of services for which resources are available.

Within each of the four subfields, we selected several services and looked at the amount of money that could be spent per client per month for each type of service. Services were contacted by telephone and budget information was obtained from their managers. The amount shown in Table 23 includes the total budget of the service including staff salaries, catering and the cost of materials and other infrastructure and energy costs for the organised activity. After the survey, we could see that among the residential care services, residential care homes are able to spend the highest capital on their clients. This is followed by residential children's homes and then homeless shelters. In the case of day employment services, we see that services targeting people with disabilities have an order of magnitude more economic capital than we see for day employment services targeting disadvantaged children, the elderly and Roma.

In the analysis of social services, we found that residential care homes on average employ the highest number of support professionals and are the services with the strongest mental health employment. In these services, all the types of employment identified in the research are present. In the residential services subfield, we interviewed support professionals working with older people, homeless people and children. In our previous results, we have seen that residential care homes for older people have the highest monthly expenditure per client. In our analysis of the interviews, we found that professionals working in nursing homes are more likely to be employed and report the presence of a supportive professional team. They use a wider range of employment types and methods, from craft-based employment to employment based on the visual arts. Self-reflection and reflection on the workplace are also more positively charged for professionals working in residential care homes.

Helpers who work in residential homes for homeless people report little professional support. They feel lonely in their work, and their accounts show signs of frustration or loneliness.

"I often really miss not having somewhere to talk things through (...) there are often very difficult cases (...) And I went up to today to have the funeral to arrange everything. I've been shaking funerals out of my little finger. You know? I had to testify at the police station, it was a difficult case. We didn't get any help in the background." (V. 11. 5 years. s.t.).

To sum up, the capital accumulated in the social field is not equally distributed among the participants in the field. There is a difference in the distribution of capital between sub-fields, but this is understandable if we consider the type of services and the way of working in each sub-field. When comparing services within sub-fields, we find that there are also client groups within residential and day employment services that are marginalised in terms of the distribution of economic capital and the number of professionals providing support. In the case of residential care, the services for the elderly are more concentrated in the social safety net (49.5% of the total capital of the sub-field), with a stronger presence of professionals and mental health activities. Of the residential services, services working with homeless people have the lowest capital per client and are the least likely to have mental health employment, despite the average number of assistants in these services being 2. The difference in economic capital may also be due to the fact that while clients and families of clients in residential care homes pay a monthly fee for the service, services working with homeless people may ask for little financial contribution from their clients. Their operation and maintenance is more dependent on the availability and level of public and other subsidies. This is similar for residential children's homes.

For day employment services, we see that day employment services for people with disabilities have the highest economic capital per capita. For day care services, 57.4 percent of the economic capital is concentrated in services for people with disabilities, the remaining 42.6 percent is shared by day care services for other target groups (elderly, Roma, disadvantaged children). Day care services for disadvantaged children employ the fewest professionals and have the lowest monthly income per client. We also found that day care services for Roma inclusion and day care services for older people have similar budgets, but that there are more professionals working with older people. Our interview research showed that support workers working with Roma or disadvantaged children are not part of a supportive professional team and do not have good relationships with service managers. Difficulties cited include excessive administration, financial problems and lack of time to organise employment.

It can therefore be said that although services within the social subfields have similar objectives and modes of operation, there are still some types of services that are marginalised within the subfields. These are typically services targeting homeless people and disadvantaged children.

In **Chapter 10**, we show *how our research results can be interpreted in the light of international and national research*.

Genoveca's (2023) research investigated which social groups in Romania are the most disadvantaged and how social services are adapted to these groups. They found that the most vulnerable social group is the elderly (34.9%), followed by people living in poor conditions (34.8%). Then come children separated from their parents (16%), adults with disabilities (2.4%). Our research looked at the types of services present in the social safety net in Transylvania, the type of service in most cases predicting the social group it works with. Since Genoveca's (2023) research provides answers at the national level, it is also suitable to compare with the results of our present research. Our research has shown that the majority of social services in Transylvania (36.7 per cent) are home-based patient care services, as well as day care centres for disadvantaged children (20.8 per cent). We can see that services targeting older persons are somewhat adapted to the research findings for vulnerable groups, as their share is also considerably high in the Transylvanian social safety net. According to Genoveca's (2023) research, the second most vulnerable group is persons living in poor circumstances. In total, 33.8% of the services we surveyed target people living in poverty. This group includes day care services targeting disadvantaged children (20.8%), Roma inclusion programmes (7.5%), services distributing benefits and food parcels (4.6%), family support services (2.9%) and services targeting homeless people (1.3%).

The most emphatic conclusion of Gevoveca's (2023) research is that existing social services are not able to meet the needs of the various vulnerable groups in society. Of the social services targeting vulnerable groups identified, 70% operate in rural areas and 30% in urban areas. This spatial distribution is also linked to the research of Lazar, Lightfoot, Iovu and Dégi (2021), which specifically looked at the location of social workers, thereby shedding light on the types of settlements in which the social workers they interviewed work. Their results also confirm the unequal distribution of social services between rural and urban settings. They found that only 11.4 percent of helpers work in rural areas and 88.6 percent in urban areas. The spatial distribution of the social services in Transylvania that we studied is different, with 54.6 percent of services working in rural areas and 45.4 percent in urban settings. As the results of the three studies differ, we have examined which services in the Transylvanian social safety net are specifically rural-centred. These are day care centres for disadvantaged children (66% of them operating in rural areas) and home health care services (85.2% of them operating in rural areas). We also looked at the social organisations that provide the highest proportion of these two types of services among the organisations in Transylvania. We found that 85 percent of home patient care services are covered by Caritas Gyulafehérvár across Transylvania. 52 per cent of afternoon care providers are run by the St. Francis of Deva Foundation and a further 14 per cent are also run by Caritas Gyulafehérvár. It is assumed that the presence of these two large numbers of organisations, mainly operating in Transylvania, shifts the proportion of rural and urban services in our research compared to the averages of national surveys. This also suggests that day care for disadvantaged children and home care services have a higher proportion of social services in Transylvania compared to the results of national surveys.

The distribution of social services by type has been the subject of much research in recent years. In his study, Chivu (2019) mapped 3,559 services, of which 51.4 per cent work with children and their families and 22.6 per cent with older persons. The following comparative table shows the research results of Genoveca (2023), Chivu (2019) and Daniel (2018) compared to our own research results. Dániel's (2018) research looked specifically at social services in Transylvania. We can see that among vulnerable social groups, the group of people living in poverty stands out. At the same time, we can also see that social services have a low proportion of people living in poverty specifically. It should be noted here that our research has shown that the clients of services for children and their families are mostly people living in poor material circumstances. However, we do not have data or adequate knowledge on the proportion of services for families and children working specifically with people in poor circumstances. The number of services working with older people is high in all three surveys.

Table 24

Comparison of Genoveca (2023) with our present research results

	Genoveca (2023)	Daniel (2018)	Chivu (2006 data. pub.2019)	Colombian (2023)
Clients	Proportion of vulnerable social groups in Romania	Sociological characteristics of the Hungarian non-profit social sector in Transylvania	Distribution of social services in Romania	Distribution of types of social services in Transylvania

Older persons	34,90%	45,20%	22,60%	41,40%
People living in poor conditions	34,80%	14,40%	3,10%	8,80%
Children and families	n.a	28,80%	51,40%	27,10%
Children separated from their parents	16%	25%	n.a	2,90%
Adults with disabilities	2,40%	20,10%	14,70%	7,90%
Addiction patients and their families	n.a	5,30%	1,30%	1,30%
Homeless persons	n.a	n.a	1,8	1,30%
Other disadvantaged persons	11,90%	n.a	5,10%	9,30%

Source: own editing

The research by Lazar, Lightfoot, Iovu and Dégi (2021), while focusing on the location and burnout of social workers, also provided insights into aspects such as the income of social workers. The main conclusion of their research is that low wages of social workers affect career dropout and burnout. Low wages of social workers is also one of the main themes of Trancă's (2020) research. In her research, she conducted semi-structured interviews with social workers who, when reporting on their pseudo-typical difficulties, also mentioned low wages as a priority. Low wages were also mentioned by the social workers we interviewed in their answers. We looked at the specialisms in which helpers highlighted their difficulties with wages. We found that all of these helpers work as social workers. This ties in with the findings of the above research and confirms that low pay for social workers in Romania is a general problem. In Trancă's (2020) research, helpers mention several difficulties. The table below summarises the results of the two studies, sorting the difficulties mentioned by the helpers according to their frequency of occurrence.

Table 24

Difficulties of helping professionals in the research of Trancă (2020) and Colombán (2023)

Trancă (2020). Aims and difficulties of social workers (22 semi-structured interviews)	Kolumbán (2022) Mental health employment in social services in Transylvania (17 semi-structured interviews)
1. working with clients (client involvement)	1. lack of interdisciplinary cooperation, lack of a professional environment
2. interprofessional cooperation (between educational institution and social worker)	2. overwork, lack of time, administrative tasks
3. lack of interdisciplinary cooperation	3. lack of supervision
4. overload, high number of clients, administrative	4. low wages

5. low wages

5. poor relations between helpers and management

6. lack of supervision

Source: own editing

The first difficulty mentioned in Trancă's (2020) research is the difficulty of working with clients, but this is not reflected in the responses of the helpers we interviewed. This may be explained by the fact that Trancă (2020) specifically asked social workers working in rural settings with Roma communities in her research. The other difficulties listed above appear in both studies. Overwork of helpers, administrative tasks, cooperation and lack of supervision. In addition, low wages emerge as difficulties in both studies. The difficulties presented are not only mentioned by the helpers working in Romania. Riera and Cardona (2020) carried out their research in Palma and their main conclusion was that the everyday life of the social workers they interviewed (n. 121) was characterised by a constant administrative and case management overload. Of the social workers they interviewed, 47.1% said that they did not receive supervision at work, 28.1% received it once a month. The respondents' network of contacts with other professionals was, in the majority of cases, made up of professional contacts within the service. 52.9% of social workers surveyed organise weekly meetings within the service. The number of occasions when professionals from different services meet is much lower. Table 25 summarises the responses to the same questions from Riera and Cordona's (2020) research and our current research.

Table 25

Comparison of research results from Riera and Cordona (2020) and Colombán (2023)

Riera and Cordona (2020) - Palma	Colombian (2023)
47.1% of social workers do not receive supervision within the service	More than three quarters of the helpers we interviewed do not receive supervision within the service
52.9% of the social workers surveyed organise weekly case meetings within the service.	Less than half of the helpers we interviewed have an organised case meeting.
Almost all of the helpers interviewed report administrative and caseload overload.	More than three quarters of the helpers surveyed report administrative and caseload overload.
High demand for training, monthly supervision (85% of respondents)	More than half of the helpers interviewed need training and meetings to present new ideas and aspects. And three quarters need supervision opportunities.

Source: own editing

Table 25 shows that while almost half (47.1%) of the helpers interviewed by Riera and Cordona (2020) do not receive supervision, the same is true for three quarters of the helpers interviewed by us.

The helpers we interviewed report a lower proportion of organised case discussion sessions than the researchers from the University of Palma. There is also a similarity in terms of feeling overburdened, both in terms of administrative tasks and caseload. Research by Riera and Cordona (2020) shows that almost all (95%) of the helpers interviewed struggle with administrative overload, and that helpers also feel overloaded in terms of caseload. More than three quarters of the helpers we interviewed report similar types of overload. There is a high demand for training and a supportive environment on the part of both of the helping professionals surveyed.

The types and implementation of mental health employment have also been investigated by Craik, Chacksfield, Richards (1998). Although the two studies took place in completely different social contexts and at different times, their key findings and insights are highlighted, as they were similar in several respects. The results of the two studies are summarised in Table 27.

Table 26

Comparison of research results from Craik, Chacksfield, Richards (1998) and Kolumbán (2022)

Craik, Chacksfield, Richards (1998) College of Occupational Therapists	Colombian (2022) Mental health employment in social services in Transylvania
137 services requested	286 services requested
Individual counselling as a mental health method used by 98% of the helpers surveyed	Individual counselling as a mental health method used by 75% of the helpers surveyed
Handicraft activities 59.8%, the second most commonly used method	Handicraft activities 37.1%, the second most commonly used method
Putting multidisciplinary cooperation into practice emerges as a challenge and a gap	Interdisciplinary cooperation is less than half of the services. All the facilitators interviewed would consider it important and necessary to
Demand for training courses that introduce new aspects in the field of employment. 91% of the helpers need it.	More than half of the helpers interviewed need training on innovative ideas and aspects.

Source: own editing

Table 26 shows that the most common method used by the helpers in the research was one-to-one interviews for mental health purposes. This is followed by craft camel activities. Although efforts were seen, however, Craik, Chacksfield, Richards (1998) found that for helpers, multidisciplinary collaboration in the delivery of occupations is a rarely achieved but desired factor. This was also reported by our interviewees and was seen in Trancă's (2020) research study. Half of the facilitators we interviewed say that neither interdisciplinary nor multidisciplinary cooperation in the delivery of employment is achieved. However, where cooperation does take place, facilitators express a need for it. In both studies, there is a high number of facilitators who request training that shows new ways and aspects of employment. While 91% of the helpers surveyed by Craik, Chacksfield and Richards (1998) expressed a need for this, more than half of the helpers we surveyed expressed a need for it.

In terms of cooperation between helpers, we have seen that half of the helpers report that cooperation between helpers takes place in their work. Budai and Puli (2015) studied the collaborations of social workers, interviewing 112 professionals. Similar to our results, they interpreted the results of their study within the framework of Whittington's (2013) model of collaboration. Based on the results of the research, they found that at the time of writing, the conscious use of collaborative forms of collaboration is not yet evidence and not common professional practice. It can be concluded that there are positive examples and practices that are beneficial for social services in the field, but it is not possible to speak of evidence-based collaboration. This can be said for more than half of the facilitators we interviewed. Although all types of collaboration are present in the responses of the facilitators, interprofessional collaboration is still present in services as an example of good practice rather than as good and evidence-based practice.

In conclusion, the results of our research are in line with those of some international and national researchers. We have seen that the spatial distribution of social services in Romania is uneven, with a predominance of services in urban settings. Furthermore, we have seen that social workers experience similar difficulties in their work. The most pronounced difficulties are those related to cooperation, with interprofessional cooperation being the most frequently mentioned by helpers. Helpers mention overwork, lack of time and many administrative tasks as difficulties. In relation to the emergence of occupations, we have seen that the practices and forms of the helpers we interviewed are similar to those assessed by the College of Occupational Therapists. Individual and group case discussions are generally popular tools, followed by craft activities. The use of other artistic means of assistance, such as visual arts, music, dance, etc., is not common practice. Rather, they are specific to certain areas. Interprofessional cooperation between helping professionals is also a feature of few services. In the following, we turn to a summary of our hypotheses and research questions.

In **Chapter 11** we return to answer our hypotheses and research questions and present a summary.

In **Chapter 12**, the summary conclusions of the research are presented, together with its novelty, lessons learned and suggestions for further research. In addition to updating some of our knowledge about the social safety net in Transylvania, our research has shed light on the goals, themes and attitudes of the support professionals working in the safety net with their clients, and how the employment is structured from planning to feedback. This is new in the field of social network research, as we are not aware of any research that has looked in depth at the functioning of services in Transylvania through the lens of helping professionals. In our research, we explored the methods and techniques most commonly used by professionals. We also gained insight into the fact that younger helpers have more difficulties in carrying out employment and specifically need forums to provide reinforcement. This knowledge can be incorporated into the training practice of helping professions by equipping students with a broader knowledge of practices and techniques. More emphasis could be placed on training for mental health employment. It is assumed that this would alleviate the feeling of 'lostness' experienced by young helpers.

During our research, we gained insight into the cooperation habits and attitudes of helping professionals. We learned that half of helpers work in supportive professional environments, and less than a quarter work in controlled or aggressive leader-helper relationships. The need for collaboration is high, with almost all helpers requiring interprofessional relationships.

Our research concludes with recommendations at four levels, which would help to spread mental health employment more widely and allow for a deeper embedding of mental health approaches in social

safety net services. In particular, changes are needed in the human resources of social services. Our research has made it clear to us that the presence of employment is more intensive and professionalised in services where more support professionals work together. We believe it is important that professionals in social services work in professional teams where they have the opportunity to prepare together, develop problem-solving strategies and share administrative and employment tasks. Services that employ a helper should offer their professionals the opportunity to work in a professional team, even in partnership with other services. Secondly, it is important to provide training for staff who, although not qualified as professional helpers, are in daily contact with clients of social services and carry out a large part of the mental health employment tasks. They work mainly in home care services and in day care for disadvantaged children. In their case, it would be useful to organise training courses to help them to carry out their work in a way that is embedded in a mental health approach. This is not a substitute for the presence of trained support workers, but it will provide these service workers with a perspective that will help them in their relationships with their clients. Thirdly, we consider it important to set up training courses, professional forums and the development of professional materials that can provide support workers with tools and make it easier for them to plan, carry out and evaluate mental health interventions. The professional forums would provide an opportunity to exchange experiences, strengthen and hopefully have a positive impact on the day-to-day running of services, particularly in relation to the delivery of mental health employment. In addition, these trainings could deepen mental health awareness. Fourthly, we consider it important to embed more deeply the practical training of mental health employment in the training of support professionals. We envisage this along the lines of teaching practices that have a clear mental health purpose and that can be adapted to a range of settings. It is assumed that if students gain sufficient experience in the field of employment in the course of their training, they will later integrate the known practices more smoothly into their everyday work.

The present research does not address how mental health activities carried out by helping professionals are integrated into the daily lives of clients. Nor does our research provide insight into which types of occupations are actually popular among clients. Although the responses of the facilitators show that in most cases they are adapted to the needs of the clients, it would be useful to ask the clients themselves to get a more complete picture. In our research, we interviewed helpers who regularly carry out employment. This means that we have a deeper knowledge of only a narrow segment of the social field (31.1%) regarding the ways in which employment is carried out. Extending and broadening the research would help to build an even more complete picture of the employment carried out by helping professionals. An extension could be to include in the research helpers who carry out mental health employment on a temporary basis. Or if people who carry out activities and discussions for mental health purposes but do not have a qualification as a helper could be included in the sample. These would nuance the picture of how the employment is carried out.

Bibliography

1. Berszán, L. (2014). *Alkonyidő, Szociális munka idős személyekkel*, Presă Universitară Clujeană. Kolozsvár.
2. Bourdieu, P. (1992). *A mezők logikája*. In: Felkai, G., Némedi D. & Somlai, P., (szerk.) (2000). *Szociológiai Irányzatok a XX. Században*. Budapest (pp 418–430). Új Mandátum Könyvkiadó.
3. Bryan, M. G., Amy, N. & Theodore, W. P. (2018). Occupational Therapy's Role in the Treatment of Children with Autism Spectrum Disorders, *Occupational Therapy Therapeutic and Creative Use of Activity*.
4. Budai, I. & Puli E (2015). Együtműködés a szociális szolgáltatásokban. *Esély*. (1). 32-64.
5. Budai, I. (2009). Az interprofesszionális együttműködés és a szociális munka. *Esély*, (5). 83-114.
6. Dániel, B. (2014). Az Erdélyi magyar nonprofit háttérű szociális szféra szociológiai jellemzői, *Kisebbségek és civil társadalom* (1). 81- 107.
7. Diana, A. C. (2011). Exploring the Feasibility and Benefits of Arts-Based Mindfulness-Based Practices with Young People in Need: Aiming to Improve Aspects of Self-Awareness and Resilience. *Child & Youth Care Forum*.
https://www.researchgate.net/publication/225335916_Exploring_the_Feasibility_and_Benefits_of_Arts-Based_Mindfulness-Based_Practices_with_Young_People_in_Need_Aiming_to_Improve_Aspects_of_Self-Awareness_and_Resilience (2023.02.22.)
8. Gene, C. (2006). *The Creativity and Aging Study*, The Impact of Professionally Conducted Cultural Programs on Older Adults.
9. Genoveca, C. (2023). *The vulnerable groups from romania grupurile vulnerabile din România*, Institutul de Dezvoltare a Societății Informaționale.
https://ibn.idsi.md/sites/default/files/imag_file/232-240_4.pdf. (2023.09.24.)
10. Honti, L., & Bör, R. (2013). *A társas kapcsolatok evolúciós szintjei*. Integrálakadémia. weboldala,
http://integralakademia.hu/data/file/2013/06/03/5_szint_modell_borrobi_gantibence.pdf. (2023.01.21.)
11. Ji, H. L. (2017). *Group Art Therapy and Self-care and Self-care for Mothers of Children with Disabilities*.

https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1049&context=expressive_dissertations (2023. 02. 22.)

12. Kiss, D. (2010). *Romániai magyar nonprofit szervezetek 2009–2010. A szervezetek adatbázisának bemutatása és a nonprofit szektor szociológiai elemzése.* Műhelytanulmányok a Romániai Kisebbségekről. Nemzeti Kisebbségkutató Intézet.
13. Lazar, F., Lightfoot, E., Iovu, M.B. & Dégi, L.Cs. (2021). Back from the Ashes of Communism: The Rebirth of the Social Work Profession in Romania. *British Journal of Social Work.* (51) 340–356.
14. Luminița, C. (2019). Local entrepreneurship and social services in Romania. Territorial analysis. *European Research on Management and Business Economics.* (25) 79-86.
15. Maria, D.P. & Banga, E. (2016). *Terapii ocupaționale și arte combinate,* University Press.
16. Maud, J. L., Graff, J.M., Veronooij-D., Marjolein, T., Joost, D., Willibrord, H. L. H, Marcel, G. M. & Olde, R. (2006). *Community based occupational therapy for patients with dementia and their care givers: randomised controlled trial.* BMJ, <https://www.ncbi.nlm.nih.gov/pubmed/17114212>. (2020.03.24.)
17. Riera, J. A. & Josefa, C. (2020). *Social Work with Families in Special Distress: Collaborative Practices.* Social Sciences.
18. Ruskanen, J. M. & Ruoppila, I. (1995). Well-being among People Aged 65 to 84 Years. *Age and Ageing* (24) 292-298.
19. Terapeut ocupational. Rubinian https://www.rubinian.com/cor_6_ocupatia_detalii.php?id=263419#leg. (2023.02.18.)
20. Trancă, L. M. (2020). The Role of Social Workers and Current Difficulties Faced by Social Workers in the Prevention of School Dropout in Western Romania. *Revista de Asistenți Social.* (9)1. 155-167.