

Introduction

The European Mental Health Action Plan (2013) states that mental disorders are one of the greatest public health challenges in Europe in terms of prevalence, burden of disease and disability. The World Health Organization (WHO) ranks depression as one of the ten global diseases entailing the greatest loss of life quality and years of life (WHO, 2013; Üstün, Ayuso-Mateos, Chatterji, Mathers, & Murray, 2004). Worldwide, 10–20% of children and adolescents are affected by mental health problems (Kieling et al., 2011). According to the Youth Studies in Norway, which addresses mental health problems, the prevalence has increased since 2010, with 20 per cent of the child and adolescent population reporting more depression and anxiety (Norwegian Institute of Public Health, 2014). When mental health problems start during adolescence, they represent a considerable burden and are one of the main causes of disability among young people (Gore et al., 2011; United Nations, 2014). The onset of depression in adolescence is found to be linked to a risk of further episodes in adulthood (Maughan & Kim-Cohen, 2005). Mental disorders such as depression and anxiety are also strongly associated with behavioural problems and may limit academic achievement and social relations in the case of young people (Bremberg & Dalman, 2015).

In Norway, health care is organized at three main levels: national/state, health regions and municipalities. Primary care is provided as part of municipal public services with nursing homes and home-based services such as the mental health service. The school health services focus on health promotion and prevention. General practitioners (GPs) are also located in the municipalities and act as gatekeepers, referring patients to more complex care (Ringard, Sagan, Sperre Saunes, & Lindahl, 2013). In Norway, the school nurse meets all pupils in schools, and their focus is on health promotion and preventing disease among children, adolescents and their families (Ministry of Education and Research, 2005b). School nurses

are registered nurses with a one-year postgraduate education in public health nursing. They are located in the municipalities at public health centres, health centres for adolescents and in school health services. The school nursing education programme is facing challenges in the growing complexity of public health (Dahl, Andrews, & Clancy, 2014), and it is evident that mental health problems among young people are one such challenge (Prymachuk, Graham, Haddad, & Tylee, 2012).

According to the Studies of Youth in Norway, the prevalence of depression and anxiety has increased, especially in girls (The Norwegian Institute for Public Health, 2010). In Norway, overall use of psychotropic drugs has also increased in both boys and girls (aged 15–16) in the period from 2006–2010 (Steffenak, Larsson, Nordström, Skurtveit, & Hartz, 2012). Several studies highlight gender differences, with girls reporting more mental distress (Svedberg, Eriksson, & Boman, 2013). They are more vulnerable to stress, report lower self-esteem, a higher state of depression and anxiety, and a lower sense of coherence than boys (Moksnes & Espnes, 2013; Moksnes, Espnes, & Haugan, 2014). Nordfjærn, Flemmen, and Dahl (2012) found that boys report more behavioural problems.

Background

Every municipality in Norway is obliged to have a school health service to care for the health of children of school age and young people as stated in the Public Health Act (The Norwegian Ministry of Health and Care Services, 2012). Schools are one area for promoting the health and wellbeing of the pupils. School nurses are expected to possess knowledge about both physical and mental health concerns, in addition to being knowledgeable about existing community resources. School nurses are at the forefront of care for children and adolescents, identifying pupils struggling with physical, mental, psychosocial, or emotional issues.

Although mental health and mental health problems are one of many subjects in the Public health nurse education (school nurse), it is not a key subject. The main focus in the curriculum is on the child's physical and mental development and health, with less emphasis on mental health disorders (Ministry of Education and Research, 2005a). In 2006, a national survey was conducted in Norway to map out the competencies of school nurses (public health nurses). The survey shows that school nurses are more satisfied with the competence they have in primary prevention work/health promotion, than with their competence in the field of mental health (Wessel Andersson H., Osborg Ose S., & Norvoll R., 2006). This lack of confidence regarding mental health issues is also described in UK studies (Haddad, Butler, & Tylee, 2010; Prymachuk et al., 2012; Ravenna & Cleaver, 2016).

The Norwegian Directorate of Health (2016) has recommended the following norms per full-time school nurse position: 550 pupils in lower secondary school, and 800 pupils in upper secondary school (The Norwegian Directorate of Health, 2016). These norms were found to be fulfilled at only 12.6 % of the schools in Norway, and great disparities were found between the counties (Waldum-Grevbo & Haugland, 2015). In recent years, some studies in Norway have focused on mental health in children and their families from the perspective of public health nurses (school nurses) (Moen, Hedelin, & Hall-Lord, 2014), including their perception of psychotropic drug use among adolescents (Steffenak, Nordström, Hartz, & Wilde-Larsson, 2015).

School nurses represent a low-threshold service that in principle should reach out to all children and adolescents, giving the nurses a unique opportunity to be a resource in mental health issues. To be this resource, they have to feel confident in working with mental health issues when this may influence the quality of their delivery of services to the child and youth population. To the

best of our knowledge, there are no studies in a Norwegian context focusing on school nurses' involvement and attitude towards working with young people with mental health problems.

The aim of the study was to explore school nurses' experiences with and attitudes towards working with young people with mental health problem in the school health services.

METHOD

Design

A qualitative, explorative study was performed, based on open-ended questions in a cross-sectional study of school nurses' experiences with and attitudes towards working with young people with mental health problems. The result from the cross-sectional study is reported elsewhere (Author, 2017). Information about the study and a request for participants were e-mailed to school nurse managers in municipalities in Norway. The managers provided e-mail addresses, and an information letter was sent with the questionnaire using the Questback platform to a sample of school nurses matching the following inclusion criteria: working as a school nurse in the school health services with children and adolescents between the ages of 11 and 18 years. The participants approved participation by responding to the questionnaire, and three reminders were sent over a period of three weeks.

Participants

The study population consisted of 703 school nurses throughout Norway. In total, 284 school nurses participated. The open-ended questions were answered by 157 to 212 participants.

Data collection

The data collection took place from January 2016 to February 2016. The questionnaire was sent by e-mail to the participants and the answers returned by e-mail using the Questback platform. Three reminders were sent, approximately two weeks apart.

Questionnaire

The questionnaire consisted of background questions on sex, education, work experience as a school nurse and time spent working with mental health issues, and the Depression Attitude Questionnaire (DAQ) developed by Botega, Mann, Blizard, and Wilkinson (1992) and further developed to apply to school nurses and their work with adolescents by Haddad, Butler, and Tylee (2010). The questionnaire is a 20-item self-report questionnaire to measure the school nurse's attitudes to working with pupils with depression. In addition, three open-ended questions were analysed in this study: 1. What experiences do you have of working with mental health in school? 2. What training and topics do you think might be of importance when working with mental health issues? 3. What factors are of importance when working with mental health in schools?

Analysis

A manifest qualitative content analysis inspired by Elo and Kyngäs (2008) three phases (2004) was used to describe the school nurse's experiences.

These three main phases of content analysis are: *the preparation phase* including the school nurses written answers about their experiences (unit of analysis) which varied from a few sentences to one page of written notes, in total 11 610 typewritten words. The first author prepared the manuscript and both researchers independently read the whole text several times. The text was analysed using manifest analysis capturing the most obvious meanings of the text. *The organization phase*: codes were written in the margin while reading the text in order to

describe all aspects of the content (open coding). The codes were then discussed in order to start the initial grouping of these codes. The next step was to generate mutually exclusive sub-categories, and different generic categories emerged. These sub-categories and generic categories were labelled. To ensure that a meaning unit was placed in the correct generic category, the researchers went back to the written answers and this process was repeated several times.

The reporting phase: the categories are described and short excerpts from the written answers were reported in order to show the richness of the data.

Research ethics

Ethical guidelines for nursing research were followed regarding integrity, confidentiality and the voluntariness of the participants (Northern Nurses' Federation, 2007). Participants were given written information about the study and agreed to participate by answering the questionnaire. Approval was given by the Data Protection Official (NSD) Ref: 45366.

FINDINGS

All of the participants were female; mean age was 46.12 years (range 27 to 67 years). All of them worked in schools with adolescents between the age of 11 and 18 years and the great majority had further education as a school nurse, while 30 % had education as a mental health nurse in addition. Mental health nursing (in Norway) is a one-year course of further education at an advanced level, focusing on mental health. It includes assessment and interventions for people suffering from mental disorders, and the consequences for the individual, family and network. More than 60 percent of the school nurses spent more than 50 percent of their time

working on mental health issues. Their work experience as a school nurse varied from 0 to 41 years, and the size of the municipalities where they worked differed, reflecting the variation in size of Norwegian county municipalities.

The findings consist of three generic categories with two subcategories each. See Table 1

Perception of their role and experiences with mental health

The school nurses acknowledge the important role they play in working with adolescents and focusing on their mental health. They highlight the importance of being available for these young people in order to gain their confidence.

Children and adolescents' needs and strengths

It is important to note what one school nurse wrote: *“In general, the majority of pupils are doing well, with a high degree of satisfaction with school and with their teachers”*

The school nurses stress that although most of the adolescents are coping well, many girls in particular struggle with poor self-esteem, anxiety and depression. Furthermore, more boys are contacting school nurses due to difficulties such as drug addiction, sleep problems and also suicidal thoughts. Self-harming, eating and behavioural disorders were also major areas of concern for both girls and boys.

The youths may also struggle with more interpersonal issues e.g. parental divorce. The school nurses describe the communication between young people and their parents as difficult at times, and young people do not want to involve their parents because they have their own problems to deal with.

In families in which a parent is suffering from a mental illness, the school nurse found that this sometimes affected the children's social and emotional adjustment. Therefore inclusion of the family was highlighted. Furthermore, many young people experience bullying that affects their mental health and the school day. They also have to cope with demands to be successful especially in relation to their grades but also socially with peers. With regard to this, one nurse wrote: *“Using resources to ensure that children and adolescents can handle the stress and pressure that really is a part of life.”*

Several of the school nurses highlight the importance of a satisfactory follow-up in school since this may reduce the possible reinforcement of psychological difficulties. Minor problems such as problems with peers, sleep problems and feelings of sadness, could be detected at an early stage and might be solved with support from the school nurse.

To be available for the children and the adolescents

The school nurses highlighted the importance of being available for children and adolescents. It was important to have an open door so the pupils got used to and were familiar with the school nurse.

They believe that if more resources were devoted to the prevention of mental health problems in primary school, this would yield positive results in adolescence. *“One of the barriers for being available is my part-time position and workload.”* Another school nurse with a 20% job position wrote: *“...only 5% of the day is about working with mental health issues, the remaining 15% is all about routine”.*

Some reported they did not even have an appropriate workspace. As one nurse said “...*poorly adapted facilities, sitting in a storage room with no access to data. I must do all the documentation when I return to the Public Health Clinic*”.

The school nurses working at more than one school reported not only the negative attitudes of the school staff towards the role of the school nurse but also that staff acted negatively towards work on mental health issues. The focus on this varied and in many cases was reported to be random and dependent on individuals.

Perception of their professional competence

School nurses described common problems such as a lack of confidence and unmet training needs concerning mental health issues. They ask for tools designed to support them in their work with pupils suffering from mental health problems.

Confidence in mental health work

Lack of confidence in working with mental health issues was reported on both group level and individual level in the prevention and promotion of mental health.

A lack of confidence and unmet training needs concerning mental health problems were common. One school nurse raises this question; “*Many school nurses choose further education. Is this because their education is not sufficient to face the challenges presented by children and adolescents?*” Another concluded: “*I see it as a good ballast to have an education in mental health nursing in addition to being a school nurse*”.

One issue raised was a lack of continuity in their work leading to a lack of training and confidence when working with mental health problems.

Different types of further education and training in relation to such issues were highlighted as positive. They pointed out that this did not necessarily mean further education as a mental health nurse, but also that brief courses were considered helpful in dealing with the mental health problems of adolescents.

Needs for education and training

The school nurses described it as important to have available assessment tools and interventions but they also ask for suitable tools.

An accessible and updated knowledge base (web based) in key areas in respect of mental health issues was requested. In addition, various types of interventions were described, for example depression mastery courses. Others mentioned training in motivational interviews for use in conversations aimed at strengthening pupils' self-esteem and enabling them to better face the challenges. One school nurse wrote the following: *"It is difficult for some adolescents to put into words what they think is difficult, so we need some tools to help them verbalize."*

The need for professional supervision from an experienced specialist in mental health care was also described. One person reported: *"There is a need for supervision of external specialists; working together with other school nurses would help me in my everyday work"*.

Experiences with collaboration

The school nurse requested more available inter- and multidisciplinary cooperation. Stricter requirements concerning collaboration between the school staff and the school nurse, as well as the GP, are crucial in the follow-up of pupils with mental health problems.

Interdisciplinary Collaboration

The opinion was voiced that if the school nurse was employed at school, the situation would be more predictable for everyone, and this could possibly contribute to them becoming a natural part of the workforce.

Some of the school nurses highlighted the need for requirements regarding teachers' collaboration. Some find this collaboration too random and dependent on the teachers' knowledge of and interest in the mental health of the pupil in question. It is difficult for the school nurse to convince teachers that the time the pupil spent with the school nurse was well invested, and that this may prevent problems going forward. More collaboration across units/schools and increased collaboration with the specialist health service are requested. One nurse said *"Should have more time for an exchange of knowledge and experiences in the work with pupils suffering from mental health problems."*

When it comes to the need for cooperation with specialists, geographical distance is described as a barrier, and also that some municipalities lack resources e.g. psychologists. One barrier reported was: *"We have no psychologist in the municipality and the Child and Adolescent Psychiatric Outpatient Services are far away from here."*

As one nurse wrote regarding collaboration: *"We often work with the same issues separately"*. Others described it as difficult to receive help from specialist health service unless the adolescent presented suicidal thoughts and suffered from severe mental illness, which for some was a paradox since they are encouraged to work with prevention.

Collaboration with the General Practitioner

Collaboration between the GP varies and the school nurse is seldom initiated by the GP even though both are working with the same adolescents. The school nurse does not routinely receive

information after a pupil has received treatment for mental health problems even though the school nurse was the person who contacted the GP in the first place to express concern about the adolescent. One school nurse summarized it as following; *“The consequence of our lack of authorization to send referrals is that we are dependent on the GP. After discharge, we do not get any information.”* Nonetheless, the pupil concerned will be at the school and the school nurse still has a responsibility to follow up.

Discussion

The findings describe school nurses' experience of their roles in relation to working with mental health problems among young people.

The school nurses highlight the importance of being available for the pupils, and sometimes they might be the first person the pupils have dared to speak to about difficult topics in life (Larsson, Björk, Ekebergh, & Sundler, 2014). This trust must be handled with care. Relevant issues may include bullying, conflicts at home or other social or mental health problems. In many cases, the school nurse may be the person who makes a positive difference for the pupils. Not all mental health interventions are complex and only able to be delivered by specialized personnel (World Health Organization, 2016). The school nurses in the school health services must be considered as being among the professionals with the ability to provide early mental health help to young people. Despite this, they face some barriers. In the present study, school nurses stated that they were not necessarily a natural collaborative partner and a resource in school when it comes to the pupil's mental health. The reason for this might also be that they are at school for a limited period of time with many tasks to deal with and less time than the recommended norms (Waldum-Grevbo & Haugland, 2015). This is unfortunate when one knows that stress related to school performance is also reported as strongly associated to depressive symptoms (Moksnes et al., 2016).

School nurses have traditionally focused on children and young people's physical health, for example vaccination, prevention of infectious diseases and physical development and growth (Ministry of Health and Care Services, 2003). This may affect how they are perceived as natural collaborators, and may reduce the potential inherent to their role. In some cases due to the workload they are forced to prioritize the most concrete tasks, such as vaccination and health screening. It may be easier to give priority to these tasks if they feel safer and more competent than when working with mental health problems. The school nurses may not necessarily be good at defining their role; one study found that other professionals in the community asked them to make their service more visible and flexible (Clancy & Svensson, 2009). Other obstacles for collaboration may be that school nurses mostly work alone, reducing opportunities to share reflections and issues with other professionals. Moen et al. (2014) found on the one hand that school nurses did not involve themselves in collaboration when other professionals had an ongoing responsibility for the adolescents, but on the other hand they were aware that when other professionals withdrew, they were left with the responsibility. Steffenak, Nordström, et al. (2015) found that school nurses perceived it as challenging that there was a lack of routines regarding the sharing of information when young people were suffering from mental health problems, especially with regard to collaboration with the specialist health service. Collaboration among health professionals, including school and community mental health service, school nurses, psychiatric specialist health service, the pupil and the family, may be crucial. This can help to improve resource utilization and establish coordinated care that promotes early identification of mental health disorders (Moen et al., 2014). Norwegian regulations require school nurses to have routines for cooperation with GPs, personnel in schools, pedagogic psychological services (PPS) and the psychiatric specialist health service (Ministry of Health and Care Services & 2003). A Norwegian study found that adolescents suffering from mental health problems not necessarily found the

school health services to be easily accessible. Furthermore, the school nurses' office was often hidden in a back entrance and walking through the corridors made pupils feel that they were being observed by others (Steffenak, Wilde-Larsson, Hartz, & Nordström, 2015).

The school nurses in this study regarded collaboration with the GP in particular as a problematic issue; the problem partly related to a lack of feedback from the GP in relation to young people who had received follow-up from the GP based on a referral from the school nurse. Another Norwegian study by Moen et al. (2014) also reported this, and explained that the difficulty in the collaboration was due to the GP having many patients and working in a different location from the school nurse. Despite this, the routines for referral to a specialist are a concern for the school nurse. Neither the specialist health care nor the GP have a duty to request the school nurse's cooperation, even if the school nurse is responsible for the pupil (Steffenak, Nordström, et al., 2015). The children and adolescents are at risk of not getting the help they need if the services are fragmented and communication between the professionals is insufficient. There is a need to improve resource utilization and establish coordinated care that promotes early identification of mental health disorders. Clancy, Gressnes, and Svensson (2013) found that school nurses especially missed collaboration with the mental health professionals. In the present study, this was also recognized; for example challenges such as a lack of psychologists, and long distances to the nearest specialist. This may be one of the reasons why the school nurses feel alone in their work related to adolescents' mental health problems since some also report that they felt less competent and confident in this respect. This is consistent with other studies demonstrating that school nurses report a need for additional training in relation to mental health screening and assessment (Bohnenkamp, Stephan, & Bobo, 2015; Pryjmachuk et al., 2012). A lack of knowledge becomes a barrier to giving young people adequate first aid for mental health problems. Several studies have pointed out that school nurses may feel they do not have

enough knowledge regarding this (Prymachuk et al., 2012; Stephan & Connors, 2013; Wessel Andersson H. et al., 2006). School nurses who also had further education in mental health nursing found this to be helpful. However, one may ask whether their education actually covers the issues that school nurses face in their practice in school related to children and adolescents' mental health problems. Dahl and Clancy (2015) found that school nurses described themselves as being generalists, lacking in-depth knowledge. The study shows that more than 60 percent of the school nurses spend more than half of their working hours dealing with young people struggling with mental health problems. This confirms the need for knowledge and tools for assessment, a topic for further research.

Methodological considerations

Lincoln and Guba (1985) four criteria were used (i.e. Credibility, Dependability, Confirmability and Transferability) to ensure the trustworthiness of the findings. Regarding *credibility* there were clear inclusion criteria to ensure that school nurses who participated were recruited based on working with children and adolescents between 11 and 18 years in the school health services. Furthermore, the open-ended questions allowed the school nurses to more freely describe their experiences. *Dependability* was partly ensured by all the school nurses answering the same open-ended questions. Additionally, quotations were used to strengthen the *confirmability*. Accounts of the analysis processes are described in order to establish an "audit trail" (Lincoln & Guba, 1985; Polit & Beck, 2008). The analysis process was performed individually and discussions in the research group included a mental health nurse and a school nurse. The study is performed in a Norwegian context and its *transferability* must be assessed in the light of awareness that the context of school nurses may differ across countries. Short

excerpts from the written answers were reported in order to show the richness of the data and to support each category.

Conclusion

In the Norwegian context, school nurses must be considered the “best-placed” professionals to provide early mental health help to young people. To become such a resource, they need confidence in their knowledge and skills concerning mental health problems. School nurses need support and supervision to be able to help and strengthen children and adolescents’ mental health. They need appropriate assessment tools, knowledge and adapted interventions. There are no clear national guidelines describing what the role of the school nurse should be in assessing adolescents’ mental health, and these should be put in place in the future.

Relevance to clinical practice

School nurses need to acquire more knowledge about mental health problems among children and adolescents since this is becoming an increasing public health issue. The curriculum of the school nurses’ education need to be reconsidered to achieve this.

'What does this paper contribute to the wider global clinical community?'

- School nurses might be the “best-placed” professionals to prevent and reveal mental health problems
- School nurses provide a low threshold service providing help for adolescents
- The school nurses in the school health services must be considered as being among the professionals with the ability to provide early mental health help to young people

Conflict of interests

The Authors report no conflicts of interest.

References

Authors. (2017)

- Bohnenkamp, J. H., Stephan, S. H., & Bobo, N. (2015). Supporting student mental health: The role of the school nurse in coordinated school mental health care. *Psychology in the Schools, 52*(7), 714-727.
- Botega N, Mann A, Blizard R and Wilkinson G. General practitioners and depression-first use of the depression attitude questionnaire. *Int J Methods Psychiatr Res. 1992; 2: 169-80.*
- Bremberg, S., & Dalman, C. (2015). Begrepp, mätmetoder och förekomst av psykisk hälsa, psykisk ohälsa och psykiatriska tillstånd hos barn och unga: En kunskapsöversikt. *Stockholm, Sweden: Forte.*
- Clancy, A., Gressnes, T., & Svensson, T. (2013). Public health nursing and interprofessional collaboration in Norwegian municipalities: a questionnaire study. *Scandinavian Journal of Caring Sciences, 27*(3), 659-668.
- Clancy, A., & Svensson, T. (2009). Perceptions of public health nursing practice by municipal health officials in Norway. *Public Health Nursing, 26*(5), 412-420.
- Dahl, B. M., Andrews, T., & Clancy, A. (2014). Contradictory discourses of health promotion and disease prevention in the educational curriculum of Norwegian public health nursing: A critical discourse analysis. *Scandinavian Journal of Social Medicine, 42*(1), 32-37.
doi:doi:10.1177/1403494813502585
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115.
- Gore, F. M., Bloem, P. J., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., . . . Mathers, C. D. (2011). Global burden of disease in young people aged 10–24 years: a systematic analysis. *The Lancet, 377*(9783), 2093-2102.

- Haddad, M., Butler, G. S., & Tylee, A. (2010). School nurses' involvement, attitudes and training needs for mental health work: a UK-wide cross-sectional study. *Journal of Advanced Nursing*, 66(11), 2471-2480. doi:10.1111/j.1365-2648.2010.05432.x
- Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., . . . Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet*, 378(9801), 1515-1525.
- Larsson, M., Björk, M., Ekebergh, M., & Sundler, A. J. (2014). Striving to make a positive difference: school nurses' experiences of promoting the health and well-being of adolescent girls. *The Journal of School Nursing*, 30(5), 358-365.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills: Sage Publications.
- Maughan, B., & Kim-Cohen, J. (2005). Continuities between childhood and adult life. *The British Journal of Psychiatry*, 187(4), 301-303.
- Ministry of Education and Research. (2005a). Curriculum and definition of Public health nurse education.
- Ministry of Education and Research. (2005b). Forskrift til rammeplan for helsesøster [Regulation to the Education of Public Health Nurses]. Available at: <http://www.lovdatta.no/cgi-wift/ldles?doc=/sf/sf/sf-20051201-1381.html> (accessed 10 February 2017).
- Ministry of Health and Care Services. (2003). Municipalities Health Promotion and Prevention in Health Clinics and School Health Services. (Kommunenes helsefremmende og forebyggende arbeid i helsestasjons- og skolehelsetjenesten. Veileder til forskrift av 3. april 2003 nr 450). Oslo 2003, p. 1-68.
- Ministry of Health and Care Services, & (2003). *Municipalities Health Promotion and Prevention in Health Clinics and School Health Services* (Vol. Retrieved from http://www.regjeringen.no/upload/HOD/Dokumenter%20FHA/IS-1154_2619a.pdf). Oslo: Ministry of Health and Care Services.

- Moen, Ø. L., Hedelin, B., & Hall-Lord, M. L. (2014). Public health nurses' conceptions of their role related to families with a child having attention-deficit/hyperactivity disorder. *Scandinavian Journal of Caring Sciences, 28*(3), 515-522.
- Moksnes, U. K., & Espnes, G. A. (2013). Self-esteem and life satisfaction in adolescents—gender and age as potential moderators. *Quality of Life Research, 22*(10), 2921-2928.
- Moksnes, U. K., Espnes, G. A., & Haugan, G. (2014). Stress, sense of coherence and emotional symptoms in adolescents. *Psychology & Health, 29*(1), 32-49.
- Nordfjærn, T., Flemmen, G., & Dahl, H. (2012). Psychosocial factors related to mental distress among Norwegian adolescents. *International Journal of Mental Health Promotion, 14*(3), 151-161.
- Northern Nurses' Federation. (2007). Ethical Guidelines for Nursing Research in the Nordic Countries. Available at: <http://ssn-norden.dk/wp-content/uploads/2016/01/SSNs-etiske-retningslinjer.pdf>.
- Norwegian Institute for Public Health. Mental health among children and adolescents [in Norwegian]. Oslo: Norwegian Institute of Public Health, <http://www.fhi.no/artikler/?id=110703> (2014, accessed 23 Juni 2017). Google Scholar
- Polit, D. F., & Beck, C. T. (2008). *Nursing Research. Generating and Assessing Evidens for Nursing Practice* (8. ed.). Philadelphia: Lippincott Williams & Wilkins.
- Pryjmachuk, S., Graham, T., Haddad, M., & Tylee, A. (2012). School nurses' perspectives on managing mental health problems in children and young people. *Journal of Clinical Nursing, 21*(5-6), 850-859.
- Ravenna, J., & Cleaver, K. (2016). School Nurses' experiences of managing young people with mental health problems: a scoping review. *The Journal of School Nursing, 32*(1), 58-70.
- Ringard, Å., Sagan, A., Sperre Saunes, I., & Lindahl, A. K. (2013). Norway – Health system review,. *Health Systems in Transition*. . Retrieved from <http://www.kunnskapscenteret.no/nyheter/ny-oversikt-over-det-norske-helsesystemet>

- Steffenak, A. K. M., Larsson, B. W., Nordström, G., Skurtveit, S., & Hartz, I. (2012). Increase in psychotropic drug use between 2006 and 2010 among adolescents in Norway: a nationwide prescription database study.
- Steffenak, A. K. M., Nordström, G., Hartz, I., & Wilde-Larsson, B. (2015). Public health nurses' perception of their roles in relation to psychotropic drug use by adolescents: a phenomenographic study. *Journal of Clinical Nursing, 24*(7-8), 970-979.
- Steffenak, A. K. M., Wilde-Larsson, B., Hartz, I., & Nordström, G. (2015). Experience of psychotropic drug use among young people with mental health problems. *Nordic Journal of Nursing Research, 35*(4), 241-248. doi:doi:10.1177/0107408315592805
- Stephan, S. H., & Connors, E. H. (2013). School nurses' perceived prevalence and competence to address student mental health problems. *Advances in School Mental Health Promotion, 6*(3), 174-188.
- Svedberg, P., Eriksson, M., & Boman, E. (2013). Associations between scores of psychosomatic health symptoms and health-related quality of life in children and adolescents. *Health and Quality of Life Outcomes, 11*(1), 176. doi:10.1186/1477-7525-11-176
- The Norwegian Directorate of Health. (2016). Kartlegging av årsverk i helsestasjons- og skolehelsetjenesten. Retrieved from <https://helsedirektoratet.no/publikasjoner/kartlegging-av-arsverk-i-helsestasjons-og-skolehelsetjenesten>
- The Norwegian Institute for Public Health. (2010). The Youth Study In Hedmark.
- The Norwegian Ministry of Health and Care Services, O., Norway. . (2012). Act of Public Health (2012) Folkehelseoven. Lov av 24. juni 2011. . Available at: <http://lovdata.no/dokument/NL/lov/2011-06-24-29?q=folkehelseoven>.
- United Nations. (2014). Mental Health Matters. Social Inclusion of youth with mental health conditions *Division for social policy and development*

Retrieved from <https://www.un.org/development/desa/youth/publications/2014/06/mental-health-matters-social-inclusion-of-youth-with-mental-health-condition/>

Waldum-Grevbo, K. S., & Haugland, T. (2015). A survey of school nurse staffing in the school health services (En kartlegging av helsesøsterbemanningen i skolehelsetjenesten). *Sykepleien Forskning*, 10(4).

Wessel Andersson H., Osborg Ose S., & Norvoll R. (2006). *The public health nurse competencies (Helsesøsters kompetanse)*. Retrieved from Trondheim:
<https://www.sintef.no/globalassets/upload/helse/psykisk-helse/pdf-filer/sammendrag-helsesosters-kompetanse.pdf>

WHO. (2013). The European Mental Health Action Plan 2013-2020. Retrieved from
http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf?ua=1

World Health Organization. (2016). Problem Management Plus (PM+)
Individual psychological help for adults impaired by distress in communities exposed to adversity. *WHO reference number: WHO/MSD/MER/16.2*. Retrieved from
http://www.who.int/mental_health/emergencies/problem_management_plus/en/

Üstün, T. B., Ayuso-Mateos, J. L., Chatterji, S., Mathers, C., & Murray, C. J. (2004). Global burden of depressive disorders in the year 2000. *The British Journal of Psychiatry*, 184(5), 386-392.
doi:<http://dx.doi.org/10.1192/bjp.184.5.386>