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What do we know about mental health in adolescence, and how do we enhance it?

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Abstract

As a nurse one of my main tasks is to communicate and provide patients with health information. During this master's program I have become further interested in health literacy, and its potential in health promotion. Furthermore, my interest for mental health and how the foundation of mental health is created, led me into the theme of this project. Given this background, the aim of this thesis is to raise awareness and enhance knowledge about what creates positive mental health in adolescence. This Master's thesis consists of two parts. The first section presents a literature review exploring factors influencing adolescents' mental health positively. The second part is a qualitative empirical study exploring Norwegian adolescents experience with positive mental health, where positive mental health factors are examined and placed within a scale measuring knowledge about mental health promotion.

Article I: The purpose of this review is to explore the factors promoting mental health in adolescence. This review provides a brief introduction to health promotion and mental health literacy, and connects this to the three basic psychological needs within Self-Determination Theory (SDT), which will function as the theoretical framework for this article. There appears to be a various of factors promoting mental health in adolescence within an ecological context, where social support appears evident at every level. The three psychological needs appear to coincide with the findings, where SDT offers an explanation to why these factors are of importance. In addition, the need for adding a health promoting component to mental health literacy is highlighted.

Article II: The study's primary object is to explore which elements of positive mental health adolescents are aware of, and believe are important in promoting their mental health. The adolescents will discuss a scale meant to measure youths' knowledge of mental health promotion. This phenomenological study includes focus group interviews with 21 Norwegian adolescents, aged 16 to 19 years old. To analyse the material of this study Systematic Text Condensation was used. The findings of this study revealed 'mental health' to be difficult to define, where mostly negative associations were mentioned. Social support from family and friends, and a sense of self-worth were essential determinants for the youths' mental health. Regarding the scale, the adolescents' perceptions of important factors for mental well-being seem to concur with the basic psychological need for: competence, autonomy and relatedness. This study combines Health Promoting aspects and a theory within Positive Psychology. By bringing these disciplines together, a broader understanding of mental health in adolescence might be fostered.

Sammendrag

Som sykepleier er en av mine oppgaver å formidle helseinformasjon. I løpet av masterstudiet har jeg blitt ytterligere interessert i helse kompetanse, og dens potensiale innen helsefremming. Videre har mitt engasjement for psykisk helse, og hvordan grunnlaget for mental helse kan skapes tidlig i livet, ledet meg inn mot temaet i denne oppgaven. Med dette som bakgrunn ønsker jeg å bidra til bevisstgjøring og økt kunnskap om hva det er som skaper god mental helse hos ungdom. Masteroppgaven består av to deler. Den første delen presenterer en gjennomgang av litteratur som belyser faktorer som påvirker ungdoms mentale helse i positiv retning. Den andre delen er en kvalitativ empirisk studie med fokus på hva norsk ungdom opplever som fremmende faktorer for deres psykisk helse, hvor faktorer som fremmer psykisk helse er undersøkt og satt inn i en skala ment å måle ungdoms psykisk helsekompetanse.

Artikkel I: Formålet med denne gjennomgangsstudien er å utforske hvilke faktorer som fremmer psykisk helse i ungdomsårene. Artikkelen gir en kort innføring i helsefremmende aspekter, mental helse kompetanse, og kobler dette til de tre grunnleggende psykologiske behov innen selvbestemmelsesteorien, som sammen fungere som et teoretisk rammeverk for denne artikkelen. Satt i en helhetlig sammenheng virker det til å være en rekke faktorer som fremmer psykisk helse i ungdomsårene, hvor betydningen av sosial støtte og samhold gjør seg gjeldende på flere områder. De tre grunnleggende psykologiske behovene for autonomi, kompetanse og tilhørighet ser ut til å sammenfalle med funnene, hvor selvbestemmelsesteorien gir en forklaring på hvorfor mentale helsefremmende faktorer er av betydning. Artikkelen belyser også behovet for å tillegge mental helse kompetanse en helsefremmende komponent.

Artikkel II: Studien tar sikte på å utforske hvilke elementer av positiv mental helse ungdom er seg bevisst, og mener kan fremme egen psykisk helse. Ungdommene ble presentert for en skala som er utviklet for å måle psykisk helsefremmende kompetanse. Det ble gjennomført seks fokusgruppe-intervjuer med tilsammen 21 norske ungdommer i alderen 16 til 19 år. Disse danner det empiriske grunnlaget for studien. Dette er en fenomenologisk studie hvor systematisk tekstkondensering er brukt for å analysere datamaterialet. Resultatene viser at det var utfordrende for ungdommene å definere begrepet "psykisk helse", hvor flere negative assosiasjoner ble trukket frem. Sosial støtte fra familie og venner og en følelse av egenverdi, var faktorer ungdommene la vekt på som psykisk helsefremmende. Ungdommenes oppfatninger av viktige faktorer for psykisk helsefremmende kunnskap virker til å stemme overens med de grunnleggende psykologiske behov for kompetanse, autonomi og tilhørighet. I denne studien kombineres helsefremmende aspekter med en teori innen positiv psykologi, som sammen er ment å bidra til en bredere forståelse av hva det er som fremmer psykisk helse i ungdomsårene.

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Article I

Promoting mental health in Adolescence: Enhancing knowledge about mental health promoting factors.

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Abstract

Mental disorders are one of the greatest health challenges facing the European region. Although it is an increasing issue, little is known about mental health compared to physical health challenges such as cardiovascular disease and cancer. In order to meet the mental health challenge that we're faced with, we need increased knowledge and awareness of this issue. Mental health disorders are often developed during people's childhood or adolescent years, making this a critical period to lay the foundation for positive mental health. It is therefore important not only to understand how to develop positive mental health, but also understand what this development entails. This review article aims to explore which factors that promotes mental health in adolescence, and connects these factors to a theoretical foundation explaining why these factors are of importance. This review also wishes to highlight the need for adding a health promoting component to mental health literacy.

Introduction

Mental health disorders are one of the greatest public health challenges in the European region. 25% of all Europeans will develop one or more mental- and behavioural disorders during their lifetime (WHO, 2015). Mental disorders are often developed in childhood or during the adolescent years, where psychiatric disorders continue into adulthood along with the development of serious comorbidities such as substance abuse, high-risk behaviours, obesity, anorexia, diabetes and aggression (Howard & Mallakh, 2010). Since the foundation for good mental health is laid in the early years, society as a whole could benefit from investing in promotion of mental health prior to adulthood (Braddick et al., 2009).

Adolescence is described as a period of gradual transition between childhood and adulthood. It is a developing period characterised by multiple changes in virtually every aspect of an individual's life, calling for new psychological adaptations (Moksnes, Espnes & Lillefjell, 2012). Despite of the recognition of the importance of mental health promotion for adolescents, mental health remains a neglected public health issue (Barry et al., 2013). Several theories have been used in order to explain positive youth development and mental wellbeing. A theory offering an explanation on what creates a healthy youth development is Self-Determination Theory (Hui & Tsang, 2012). This macro-theory builds on the importance of human motivation, personality development, and wellbeing, and suggests that satisfaction of the innate psychological needs for autonomy, competence and relatedness predicts positive development (Ryan, 2009).

This year marks the 30th anniversary of the Ottawa Charter for Health Promotion. The Charter called for a "new public health", which takes its starting point from where health is created, and wished to empower people and to address the determinants of health (Mittelmark, 2017). In modern health societies, health has expanded far beyond the health-care system itself, making almost every aspect of our lives faced with questions and decisions about health. Therefore, having the ability to make sound health decisions in the context of everyday life is becoming increasingly important. In this context, it is a growing realisation that health literacy will become one of the central life skills needed in modern health societies (Kickbusch, 2008). Enhancing people's mental health literacy has mainly been focused on pathological and preventive measures (Thieme et al., 2015). And in spite of many efforts to improve young people's mental health through interventions, defining what promotes mental health in adolescence still remains a difficult task (McGorry, Bates & Birchwood, 2013). This paper

wishes to explore the positive sides to youth development, and investigate which factors affect adolescents' mental health positively.

Research question & Aim of this paper
This paper aims to give an overview over existing knowledge about which factors promote mental health among adolescents. In addition, it aims to explore whether these factors concur with the basic psychological needs for competence, autonomy and relatedness. The main questions to investigate are:

- *Which factors promote mental health among adolescents according to prior research?*
- *Can Self-Determination theory contribute to investigate what promotes mental health in adolescence?*
- *Can mental health literacy contribute to enhance mental health in adolescence?*

In the following section, the theoretical framework will be presented, followed by the results with the search strategy. Based on the World Health Organisations (WHO) definition of mental health, this paper wishes to highlight the importance of awareness and knowledge about mental health promoting determinants in adolescence. Health promotion, with its focus on mental health will be used to explain the importance of health knowledge. Furthermore, the factors that occur to promote positive mental health in adolescence will be presented, along with a clarification to why Self-Determination Theory (SDT) can function as a theoretical explanation on what promotes positive youth development. The relevance of SDT will be discussed, along with the definition of mental health, and why a mental health promoting dimension should be added to the mental health literacy definition.

Theoretical Framework

Definition of mental health
According to the World Health Organisation *"There can be no health without mental health"* (Howard & Mallakh, 2010). Throughout this paper mental health will follow WHO's definition of health, where mental health is an integral and essential component, and is seen as more than just the absence of mental disorders or disabilities. Health is by the WHO defined as a state of complete physical, mental and social-well-being and not merely the absence of disease or infirmity (WHO, 2013). Furthermore, WHO's definition of mental health will be used, where the positive dimension of mental health is stressed:

"Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses in life, can work productively and fruitfully, and is able to make a contribution to her or his community"

(WHO, 2014 b, p. 12).

Promoting mental health through knowledge

In 1986 the Ottawa Charter for Health Promotion reinforced the health promotion movement by introducing strategies that expanded the concept of determinants of health, to include environmental challenges and people's empowerment (WHO, 1986). By providing information, education for health, and enhancing life skills, personal and social development are supported in a health promoting way. This is meant to increase the options available for people to exercise more control over their own health and over their environments, and to make choices conducive to health (Kickbusch & Gleicher, 2012). In order to maintain good health, knowledge about health is considered as important. Within the field of health promotion, health literacy is a relatively new concept (WHO, 2013). Health literacy can be seen as the ability to make good health decisions in everyday life- at home, in the local community, at the workplace, in the health care sector, while doing grocery shopping and in politics. It is seen as an important empowerment strategy which increases most people's control over their own health, their ability to find information, and the ability to take responsibility (Kickbusch, Wait & Maag, 2015). One approach to health literacy arises from the field of public health and health promotion, where health literacy is viewed as an outcome and 'asset' of activities to increase capacity for health action at the personal-, social- and environmental levels (Nutbeam, 2008). The reason why literacy skills are emphasised, is that a functional health literacy enables people to better develop their knowledge and improve the potential to achieve personal goals, and through this, to participate more fully in society (Nutbeam, 2009). The term 'mental health literacy' was created by Jorm et al. (1997) as an extension of the concept of health literacy. Regarded as the golden standard definition of mental health literacy (MHL) is *"the knowledge and beliefs about mental disorders which aid their recognition, management and prevention"* (Jorm et al. 2000, p. 396). A population-based study by Lam (2014) investigating the relationship between mental health literacy and mental health status, indicates that mental health literacy is a potential factor which could have an impact on the mental health status of adolescents. Therefore, enhancing the mental health literacy level could be considered an

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important preventive measure of mental health problems among young people (Lam, 2014). Knowledge about mental health among laypeople have shown to be limited, this includes recognition of symptoms and knowledge of treatment and assistance, but also knowledge about what promotes mental health and wellbeing (Sørensen et al., 2015; Jorm et al., 2006). This highlights the importance of increasing knowledge and awareness about factors that promote mental health among adolescents, in order for them to function optimally.

Determinants of adolescents' mental health
There are numerous factors that affect adolescents' health, which in turn has an impact on their lives at different levels. Ecological contexts extend the consideration from focusing on personal levels, to awareness and sensitisation against contextual characteristics and systemic consideration such as the families, schools and communities (Bronfenbrenner & Morris, 2006). Ecological models may contribute to understand the many determinants that may affect mental health outcomes during adolescence. These models position adolescents in the context of their families and peers, teachers and service providers, social values and national policies. All these different actors, relationships and exposures, which interact and influence the choices that adolescents make, their aspirations and their actions, ultimately affecting their health and development (WHO, 2014 a).

Figure 1. Ecological Model of Health Determinants

Promoting a positive youth development

In recent years there has been a fundamental shift in the focus of psychological research, with increased attention directed toward positive psychology. The positive psychology movement has brought increased attention to the importance of building positive characteristics and promoting strengths, as a means to promote outcomes in adolescents (Shogren et al., 2006). The outcome that is considered in this paper is positive mental health, where the focus is on which factors facilitate and promote mental health in adolescence.

Adolescence is defined by WHO as people aged 10- to 19 years. It is a unique period in life, and an important phase of human change, growth and development (WHO, 2015). This is a period when the brain has a remarkable ability to adapt and change. Due to the biological and psychosocial changes that take place during this period, it is an important time to lay the foundation for good health further in life (WHO, 2014 a). *"Healthy youth represent one of any nation's most valuable resources"* (Antaramian, Huebner & Valois, 2008, p. 123). Adolescents represent the future, and in order to create a healthy future population, it is important to explore which factors promote a positive youth development. Research on positive youth development indicates that youth should engage in activities that incorporates three basic psychological needs, namely: autonomy, competence and relatedness. Life events that entail these three features make life events satisfying, by placing strong relative importance on intrinsic aspirations (Sheldon et al., 2001). Furthermore, these aspirations have shown to be positively associated with wellbeing indicators, such as: self-esteem, self-actualization, and have an inverse association with depression and anxiety (Ryan & Deci, 2000 a).

Self Determination Theory

A central theory of what makes life satisfying, is the Self-Determination Theory (SDT). SDT is considered a relevant part of this paper's theoretical framework for its focus on growth, development and definition of wellbeing. Ryan and Deci (2001) define wellbeing as being vital, full functioning and see it as a complementary approach to the hedonic conceptions of 'happiness' (Ryan & Deci, 2001). The theory was developed by the two American psychologists Edward L. Deci and Richard M. Ryan in the 1980's after studying personal psychological growth and development, with focus on internal motivation (Deci & Ryan, 2000 b). According to SDT, young people's contentment with life depends on the extent to which they have the opportunity to meet the three innate psychological needs, namely: competence,

autonomy and relational ties. These needs are independent of each other, but all three should be satisfied in order to ensure optimal youth development (Deci & Ryan, 2002).

- The need for **competence** refers to the feeling of being effective in one's interactions with the surroundings. According to the theory, people seek challenges, which are optimal for their capacities. The feeling of being competent is strongly embedded in positive self-perception, which encourages motivation and further development (Lillemyr, 2007). In this context competence does not solely refer to a skill, but rather a persistently attempt to maintain ones' capacities through activity. It is a sense of felt confidence and effectance in action (Deci & Ryan, 2002). An external factor that may contribute to the feeling of competence and mastery is positive feedback (Deci & Ryan, 2002).

- The need for relational ties or **relatedness** refers to the need to feel connected to others. It refers to having a sense of belongingness with other individuals and with one's community. Humans are by nature social beings, where being caring-, and being cared for by others are seen as an essential need (Ryan & Deci, 2000 b). The basic need for relatedness is concerned with a psychological sense of being together with others in a secure communion (Deci & Ryan, 2002).

- The need for **autonomy** refers to acting from interest and integrated values. It is a sense of self-governance and self-determination, concerning the extent to which people coexist with the forces that influence their behaviour (Deci & Ryan, 2002). Autonomy is by Deci & Ryan (2002), explained as the experience of will and choice in action, and actions being based on the persons own values and interests.

Results

The literature search resulted in 15 included articles (Appendix A). Four of these studies were review articles, seven quantitative studies; divided in four cross-sectional and three longitudinal studies. The remaining four studies included are qualitative, based on focus group discussions and individual interviews.

Search strategy

A literature search was conducted in the period from 1st of March until the 25th of September 2016. The databases used were Psych Net, PubMed and Web of Science. Studies which met the following inclusion criteria: (1) written in English; (2) concerned with positive aspects of

mental health in a western developed country; and (3) the content being relevant regarding mental well-being and mental health promotion among adolescents, were included.

Table 1: Search terms

Population	Issue	Experience
Adolescents	Determinants	Positive mental health
Youth	Perspectives	Mental wellbeing
	Factors	Mental health promotion

Studies focused on specific minorities or marginalised groups within the adolescent population were excluded, because this paper wishes to focus on universal factors that promote mental health within a western context. Another reason for these specific criteria, is to make this review more relevant for the second and empirical part of this paper, where prior literature will be compared to a Norwegian context.

Table 2. Inclusion & Exclusion criteria

Inclusion	Exclusion
Adolescents- aged 11 to 19 years	Children, adults and older adults
Articles focusing on positive mental health and mental health promotion	Articles related to mental illness or disorders.
English language	Studies involving participants living in a non-western society.
Published after 1999	Articles focused on specific minority or marginalised groups within the adolescent-population.
Peer-reviewed literature	Grey literature

One inclusion criteria for this paper was literature published after the year 1999. The reason for this is the thought that although adolescents have gone through some of the same issues or challenges through time, each generation will experience different challenges which are related

to the time which they live. One exception is however made, this to get a summarised overview of some of the research conducted in the field of mental health promotion among youth before the millennium. In a review of Oliver et al. (2008) all studies included are published before 2000, including 197 empirical studies from the period from 1990 until the year 2000.

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│   database searching     │─────────────│   Articles   │
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│  assessed for eligibility │             │  Full-text   │
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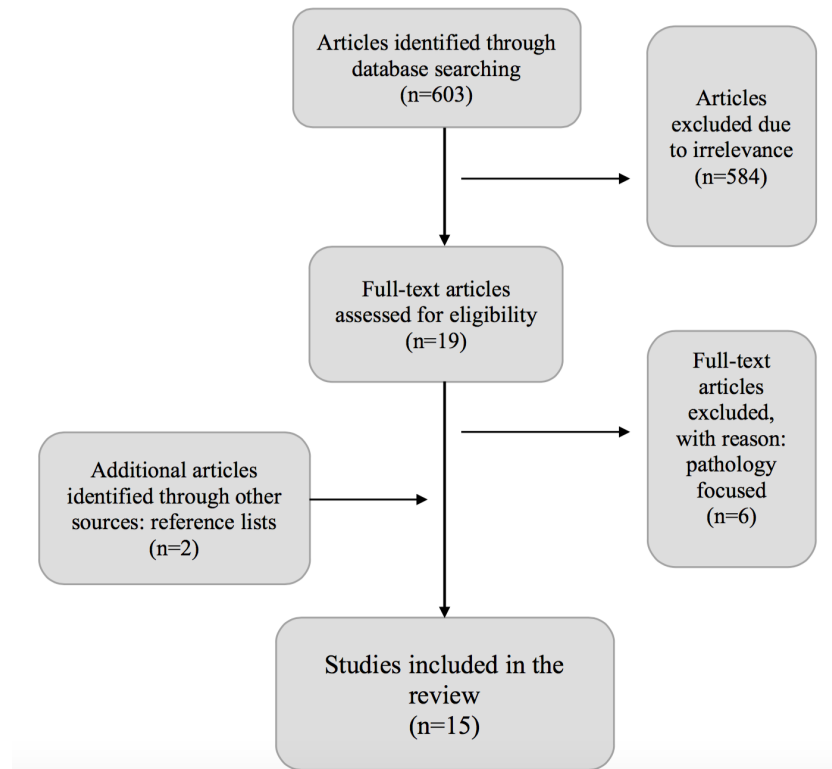
Figure 2. Search Strategy

Main Findings

This paper reveals several positive mental health factors at different levels, and puts the adolescents' mental health promoting aspects within an ecological context. The reason for presenting the findings within an ecological context is to illustrate the complexity of mental health in adolescence, and to get a broad understanding of influential factors. In the end of this section the relevance of SDT compared to the findings is presented.

Social support was mentioned to be crucial for positive mental health by the majority of studies included in this review (Coverdale & Long, 2015; Hall et al., 2015; Landstedt et al., 2009; Johansson et al., 2007; Miller, Wakefield & Sani, 2015; Antaramian, Huebner & Valois, 2008; Petts, 2014; Park, 2004; Winefield et al., 2015; Smart et al. 2007; Best et al., 2014). Social support and a sense of cohesion appear to be evident at all levels within an ecological context.

Important mental health promoting factors for adolescents at the individual level, such as confidence and self-esteem are shaped in interactions with others. Also structured activities, which entailed social interaction, are a strong predictor of life satisfaction among adolescents (Coverdale & Long, 2015; Park, 2004). At the environmental level, positive aspects of social media were linked to perceived social support, with the opportunity of raising self-esteem and the feeling of belongingness (Oliver et al., 2008). The environment in which the youth live in will also affect their attitudes towards mental health. According to the studies included in the literature search, mental health seems to be perceived in negative terms by the majority of adolescents. It also seems that when talking about mental health in general, young people describe their mental health in functional, rather than symptomatic terms (Oliver et al., 2008), and perceive it as an emotional experience (Landstedt et al., 2009; Johansson et al., 2007).

Individual level
Self- confidence and coping- strategies
In a study of Coverdale & Long (2015) determinants for creating emotional wellbeing among adolescents were explored. The informants discussed the importance of happiness, ability to cope, being confident and comfortable with 'who you are' and 'fitting in', and being empathic as being key to emotional wellbeing (Coverdale & Long, 2015). Having the courage to do things they want to do and to be able to stand up for themselves and their needs seems to be important for the adolescents. Also being able to interpret every remark in a positive way, not care what people think of you, and trusting themselves were all considered to be important dimensions for wellbeing (Johansson et al., 2007). For young people, confidence was linked to coping and being able to control and manage their range of emotions. Feeling confident and comfortable with one's self, also influenced the adolescents' management of expectations, along with their perception of life challenges (Coverdale & Long, 2015). Adolescents are known to use a number of coping strategies to deal with their feelings, including listening to music, but also by indulging themselves using drugs and drinking alcohol (Oliver et al., 2008). When asked how their mental health could be promoted, helping them to deal with their emotions and daily challenges, and to give them better provision of relevant information and advice, on what to do, rather than focusing on the problem itself, were ideas fronted by the adolescents themselves (Oliver et al., 2008). Other ideas on how to promote their mental health, were respect for their needs, being listened to, heard and understood (Oliver et al. 2008).

Performance and self-esteem

By overcoming challenges and achieving goals set for themselves, the youth enhances self-efficacy and personal growth (Hall et al. 2015). Respect and appreciation through various forms of performance were seen as important. Encouraging success in terms of reassurance and praise were considered by both girls and boys to be important. By encouraging success, their mental health was positively influenced in terms of better self-esteem, self-worth, confidence and happiness. Particularly reassurance from teachers was considered to be of great value. For girls, reassurance and compliments about their attractiveness had a positive impact on their self-esteem and general mental health. However, for boys, compliments of attractiveness appeared to be of less importance (Landstedt, et al, 2009). These findings are consistent with Armstrong et al. (2000) where feeling fit, in relation to body image, appears to be of greater importance and a personal achievement for girls than for boys (Armstrong, Hill & Secker, 2000).

Having responsibilities within their families and their role valued, also increased the adolescents feeling of self-worth (Hall et al., 2015). According to the study, higher levels of positive mental health was experienced with having family responsibilities which increased a sense of competence, self-esteem and positive self-concept (Hall et al., 2015). In a study by Hall et al. (2015), a low degree of responsibility-taking outside of the family was also considered as positive for adolescents' mental health. Limited responsibility-taking in school was linked to not having the constant need to perform well in order to prove that they are good enough (Landstedt et al., 2009). A low-degree of responsibility- taking, was according to the study of Landstedt et al. (2009) linked to confidence, independence and a feeling of relaxation. However, a gender difference was reported. The girls felt they had to prove themselves by taking on more responsibility regarding achievements in school and at home. The boys seemed to have a more relaxed approach to school and other achievements (Landstedt et al., 2009).

Physical determinants

Park (2004) states that life satisfaction is correlated with physical health behaviours such as exercise and sensible eating. Life satisfaction is also associated with a decreased likelihood of smoking and using alcohol or other illegal drugs. A cross-sectional study, conducted in 15 European countries confirms that there is an association between physical activity and positive mental health (Richards et al., 2015). A study by Moljord et al. (2011) explores the link between happiness and activity among adolescents. The study reports that adolescents who participated

in physical activity two to three times a week or more, scored significantly higher on happiness, than those who were physical active one day per week or less (Moljord et al., 2011). Another important physical determinant identified for positive mental health is sleep. According to research done by Brand et al. (2014), mental toughness is related to adolescents sleep quality. Mental toughness was used as a marker for psychological wellbeing, and associated with stress resilience, and related to successful stress management. The research also refers to the bidirectional relation between psychological wellbeing and sleep, where sleep regulation plays a crucial role in both wellbeing and positive development for adolescents (Brand et al., 2014).

Interpersonal level
The majority of studies included in this literature search have mentioned social cohesion and support as an important determinant for adolescent's mental health. The adolescents that participated in the study of Landstedt et al. (2009) emphasised the importance of being well treated, to be seen by others, and to have somebody to trust. Positive, supportive relations with others based on reciprocity, understanding, trust and respect were seen as important (Landstedt et al., 2009). This was also the case with having supportive interpersonal relationships and positive role models (Hall et al., 2015). Social interactions with others also affect the way adolescents view themselves, where the feeling of being a good person was related to being nice, friendly, considerate and caring for others (Johansson et al., 2007). Caring roles have also shown to have a positive effect in the adolescent's life. Helping and caring for other, like siblings, peers or animals motivated some youth to improve their own self-care (Hall et al., 2015). Being able to understand other people's emotions as well as those of oneself, in terms of developing their empathy, was also mentioned as an important aspect of emotional wellbeing among adolescents (Coverdale & Long, 2015).

Adolescence is known to be a period that many experience as stressful. This highlights the importance of creating a social supportive and stabile environment for young people, which ultimately will optimise their ability to manage stressful life events (Winefield et al., 2015). Therefore, a sense of belonging and commonality appears to be crucial for mental health in adolescence (Winefield et al., 2015). According to Miller, Wakefield & Sani (2015) identification with multiple social groups, such as family, school and friends, was positively associated with adolescents mental wellbeing. Individuals who identify with multiple groups

have more resources and support available to them, than those with fewer group identifications (Miller, Wakefield & Sani, 2015).

Family cohesion and friends
A qualitative study conducted in Sweden, found family to be the most important determinant for adolescents' mental health, closely followed by friends (Johansson et al., 2007). All informants in this study agreed to the importance of having a good family, good dialogues at home and that parents should be nice to each other and happy. Parents should also listen, be supportive, be able to handle problems and have trust in the adolescents (Johansson et al., 2007). Antaramian et al. (2008) found evidence for the importance of family structure and its influence on adolescents' life satisfaction. The structure of the family is seen as a contextual factor related to adolescent life satisfaction. The quality of family relationship appears to be important to adolescents' lives, and not just the amount of time spent with peers. Adolescents from intact families, living with both biological parents reported higher levels of family satisfaction, than adolescents from both single-parent families and reconstituted families (Antaramian et al., 2008). This is consistent with the study by Petts (2014), where psychological wellbeing was associated with attending religious services with parents who were married, while for adolescents raised by single parents, religious attendance was less likely to increase their wellbeing. Although some of the adolescents were not religious themselves, it is believed that religious attendance might increase their feelings of connectedness to both their parents and the larger religious community, which allows youth to feel a greater sense of social support (Petts, 2014). In adolescence, satisfaction with friends and self, take on increasing importance (Park, 2004). Talking to a grown-up was not always considered useful or possible, and some adolescents even felt anxious about talking to adults such as parents and teachers (Oliver et al. 2008). Friends were seen as centrally significant when in need of sharing problems, and having someone to talk to (Armstrong, Hill & Secker, 2000; Oliver et al. 2008). On average the adolescents reported the highest level of satisfaction with friends and self (Antaramian et al., 2008). Close friends and family are seen as preventing feelings of isolation, and making adolescents feel secure, supported and wanted (Armstrong, Hill & Secker, 2000). The positive mental health outcomes of good relations with others were told by the adolescents to be happiness, self confidence and joy (Landstedt, et al, 2009). Spending time engaged in activity with family, and that parents tell, and show their kids that they love them, created more quality time with the family, which are an important source of support for adolescents (Coverdale &

Long, 2015). A parental style with the components: supervision, social support, and promotion of autonomy were also linked to increased life satisfaction among youth (Park, 2004). The study of Winefield et al. (2015) also highlights the importance of the family environment, and the crucial role the family has in promoting social skills and confidence in adolescents as they reach the end of schooldays and move towards new roles in adulthood (Winefield et al., 2015).

Organisational level
Mental health seems to be influenced by a range of personal, social and environmental factors. Seen as important for positive mental health is support from social environments (Hall et al., 2015). Adolescents talked about reducing stigma about the access to help if needed, and raising awareness of help services for mental issues (Coverdale & Long, 2015). In addition to having a trustworthy adult to talk to, the youth wanted adults to provide them with information about issues that worried them, such as sex, drugs and careers. The adolescents also said that adults did not understand what really mattered to young people (Oliver et al. 2008). Therefore, they wanted to be involved in the process of identifying issues of importance for youth. In order to help the adolescents to change negative coping strategies, it was suggested that parents and health professionals should work with the adolescents to develop more productive coping mechanisms (Armstrong, Hill & Secker, 2000).

School – a setting for achievement and community
The adolescents emphasised the importance of the school environment, since this is a place where they spend much time (Johansson et al., 2007). School can also be viewed as an arena for achievement, where self-confidence and self-esteem seem to be highly related to doing well in school or sports (Johansson et al., 2007). Personal achievements were mentioned as a basis for mental health (Armstrong, Hill & Secker, 2000). A feeling of harmony and not having to worry, was considered important at school and other settings where there is a pressure to perform. Fundamental for mental health in a school setting are relations with friends, teachers, and classmates. At school, friends were seen as the most important relation, and secondly the relation to teachers (Landstedt et al., 2009; Johansson et al. 2007).

Social network and Structured activities
The two main domains for positive development that are covered in the study of Smart et al. (2007) are: social skills and civic engagement. In fostering adolescents' sense of social

responsibility and civic mindedness, the social contexts of home, school and peers appear to have a larger influence. This study emphasises that environmental and relationship factors appeared particular salient for positive development (Smart et al., 2007). Access to youth-friendly activities and hobbies was mentioned as an essential source to emotional wellbeing among adolescents (Coverdale & Long, 2015). In the study by Park (2004) life satisfaction among youth was associated with engaging in meaningful and challenging activities such as helping others and working for groups or organisations. The highest levels of satisfaction were reported when these activities are structured, such as team sports or games, or spending time with friends. More important than the absolute number of social interaction opportunities, is the quality of these interactions, where close, enjoyable, responsive and deep interactions with family, friends and other are of importance. An enjoyable hobby, talking to friends, and helping others with daily life events have shown to be among the strongest predictors of high life satisfaction among adolescents (Park, 2004).

Environment level
Social media
Youth have through time had different concerns regarding the society and world they live in. The articles reviewed by Oliver et al. (2008) conducted before year 2000, report that adolescents felt a wide range of concerns, from health issues to environmental pollution and poverty (Oliver et al., 2008). Today, the media technology has brought the world even closer, contributing to globalisation and additional enjoyments and concerns. In recent years there has been an increased interest in the social medias impact on young peoples wellbeing and mental health (Best et al., 2014). In a review by Best et al. (2014), 13 out of 43 studies reported beneficial outcomes regarding social media technology (SMT) and communication. The benefits were indirectly or fuelled by perceptions regarding perceived social support, with increased social networking opportunities raising self-esteem and belongingness, and by reducing isolation. The use of online technologies for communicative rather than non-communicative purposes was one key factor associated with wellbeing outcomes in adolescents. SMTs which promotes communicative activities were shown to provide more wellbeing benefits (Best et al., 2014).

Attitudes towards mental health

Three of the qualitative studies and one review article explored youths' own perspectives of mental health. According to the review by Oliver et al. (2008) young people equated the term 'mental health' with 'mental illness', and did not see it as relevant in their own lives. They seemed to relate better to terms such as feeling 'sad', 'lonely' and 'depressed' (Oliver et al. 2008). In the study of Landstedt et al. (2009) mental health was understood as an emotional experience, and was also mainly associated with negative aspects, such as distress or illness (Landstedt et al., 2009). The findings of Armstrong et al. (2000) study indicate that the participants found it difficult to define or talk about the term 'mentally healthy'. They tended to focus on one of the two words. Those defining the term 'healthy', related this to physical activities such as diets and exercise. Those defining the word 'mentally', associated this with mental illness, even though the question was about mental health (Armstrong et al., 2000). The participants in the study of Johansson et al. (2007) had a more neutral approach to the term mental health. Mental health was by the participants of this study perceived as an emotional experience, which could be described both as positive and negative (Johansson et al., 2007). The positive emotions were divided in internal and relational emotions. Internal positive emotions were described as a feeling of harmony and being a good person and having good self-confidence. The external emotions were associated with the feeling of being happy, where happiness was seen as having fun, having lot of energy, and wanting to try out new things. Positive emotions could also be relational, where the feeling of being well liked, being loved by parents, and having people to talk to, were seen as crucial (Johansson et al., 2007).

SDT's contribution to positive mental health in adolescence

Adolescents live within an ecological context where they are in constant interaction with- and are affected by their surroundings. According to the SDT, their ability to experience a positive growth and well-being depends on to what extent three basic psychological needs for autonomy, competence and relatedness are satisfied.

At the personal level, many of the findings can be related to the basic needs for autonomy and competence. It seems that adolescents' self-esteem increases when youth feel competent and able to handle life challenges and overcome challenging tasks in their environment. Competence in relations was also mentioned as important, as well as having a caring role and responsibilities within the family. Reassurance and compliments were to have a positive impact

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on the youths' self-esteem. This is consistent with SDT, where an external factor contributing to the feeling of competence is positive feedback (Deci & Ryan, 2002). To do things aligned with the adolescents needs and of importance for them, was mentioned to be significant for the youth confidence (Johansson et al., 2007). This is also consistent with the basic psychological need for autonomy. According to SDT, autonomy will be experienced when actions are based on the persons own values and interests (Deci & Ryan, 2002). Although adolescence is a period where young people crave for independence, family still remains an important factor (Johansson et al., 2007). Having their role within the family valued and taking on responsibility, seem to give adolescents a feeling of competence and increased self-esteem. Parents should also have trust in their children, with a parental style that promotes adolescents' autonomy, give supervision and social support, (Armstrong, Hill & Secker, 2000; Park, 2004). According to SDT, parents in the context of family play a very important role in the cultivation of self-determination. Parents who meet their children's need for autonomy contribute to their self-regulation and motivation. The provision of structure by parents, promotes children's competence. A caring and supportive home environment satisfies children's needs for relatedness (Hui & Tsang, 2012). It has been well recognised that socially supportive relationships are of importance when assisting people to cope with stress and adverse life events (Winefield et al. 2015). Through school and in challenging activities adolescents can experience personal achievement and mastery (Johansson et al., 2007; Armstrong, Hill & Secker, 2000). These are also arenas for relatedness, where relations with friends, classmates and teacher seems to be fundamental for mental health (Landstedt et al., 2009; Johansson et al. 2007). Social media technologies have also had an increased impact on adolescents' lives. The use of online technologies for communicative purposes increased social networking opportunities, where raising self-esteem and belongingness were key factors associated with wellbeing outcomes in adolescents (Best et al., 2014). Even health promoting measures mentioned by the adolescents themselves can be related to the three basic psychological needs. Helping them dealing with their emotions, may increase their autonomy, since their sense of self-governance and their coexistence with forces in their environment, influence their behaviour. Helping them to deal with daily challenges and give advice on what to do, might contribute to enhance their competence. The findings also stressed the adolescents need to be respected, listened to and understood, which can relate to the need for relatedness (Oliver et al., 2008; Deci & Ryan, 2002).

Adolescence, as a time of transition can be experienced as a chaotic time, when individuals are in need for stabile surroundings that promote relatedness with key persons, competence in meeting with challenges, and intrinsic motivations led by a feeling of autonomy. The three basic psychological needs are not only consistent with the findings in this paper, they also offer an explanation as to why these factors are of importance. This might contribute to a deeper understanding of the factors and determinants for positive mental health in adolescence.

Discussion

Promoting factors and Psychological needs

This literature review wishes to add an additional dimension to mental health literacy by focusing on the positive aspects of mental health among adolescents. The main aim with this paper was to identify factors that promote mental health in adolescence. According to research there is a range of aspects and determinants effecting adolescents' mental health at many levels within an ecological context. Confidence and self-esteem are both important aspects at the individual level. The development of these two aspects takes place not only on an inner level, but is also shaped in interactions with others, such as at school, through family cohesion, friendship, through attending structured activities and even communicative activities through using social media technology. This highlights the importance of the context where growth of adolescents' personal aspects takes place, such as their relationships, school-related experiences, attitudes towards themselves, and achievements.

SDT might present an explanation as of why these aspects are of importance in order for adolescents to experience mental wellbeing. A question not frequently addressed within the research of mental health among adolescents, is why some people report satisfaction with their close interpersonal relationships, and others do not (Winefield et al., 2015). In order to foster satisfactory support, Winefield et al. (2015) argues that we need to understand more about what precursors adequate support. Within the SDT, relatedness is seen as one of the main needs of positive youth development (Deci & Ryan, 2002). There is a manifold of evidence that secure attachment and feelings of relatedness in association with psychological wellbeing (La Guardia et al., 2000; Ryan, Stiller, & Lynch, 1994). According to Miller et al. (2015) individuals who identify with multiple groups have more resources and support available to them than those with fewer group identifications. The distinction is also made between being a member of a

group, and actually identifying with it. Having a variety of groups which one identifies with, offers different types of social support when one is in need. Miller et al. (2015) research found that the more strongly adolescents identify with each group, the fewer mental health problems they experienced (Miller et al., 2015). In a study on attachment, La Guardia et al. (2000) argues that in order to feel securely attached to others, individuals have to feel a sense of autonomy, competence and relatedness in their relationship with others. The study showed that satisfaction with each of the three basic psychological needs within relationships, separately predicted security of attachment within those relationships (La Guardia et al., 2000; Ryan & Deci, 2000, b). SDT suggests that one of the reasons why attachment security relates to well-being is that people are able to satisfy their psychological needs within secure relationships (La Guardia et al., 2000). This shows that the basic psychological needs might not only exist across the determinants for mental health, they can also have influence within each aspect on different levels. A challenge during adolescence is to make the basic psychological needs complement each other instead of conflicting. According to Ryan & Deci (2000, b), individuals cannot thrive without satisfying all of the three basic psychological needs. For example, if a social environment affords competence, but fails to nurture relatedness it is expected to result in some impoverishment of wellbeing. Or even worse, social contexts that engender conflicts between the basic needs, set up the conditions for alienation and psychopathology (Ryan & Deci, 2000 b). Exemplified by Ryan & Deci (2000 b) as when a child is required by parents to give up autonomy in order to feel loved.

Definition of- and attitudes towards mental health
Who has the power of definition?
Even though all the studies included in this literature review, look at aspects that effect youth development in a positive direction, there still is an issue in variations of terms used. Over half of the studies included in this review (8 out of 15) used terms directly related to mental health, such as mental wellbeing and good or positive mental health. While the remaining articles used the terms: youth well-being, mental toughness, emotional wellbeing and life satisfaction. The question to be raised is if these articles are exploring the same concept.

Well-being is considered a positive indicator of mental health. And according to Huebner, Gilman & Suldo (2007) the integration of well-being into mental health assessment yields a more comprehensive picture of function. Another central construct within this literature search is life-satisfaction, which can be considered as a subjective evaluation of overall quality of life

(Proctor, Linly & Maltby, 2009). Within positive psychology, life satisfaction focuses on identifying strengths, and building these strengths in order for them to work as a buffer against the development of psychopathological problems (Proctor, Linly & Maltby, 2009). Life Satisfaction is positively correlated with a variety of desirable psychological characteristics. Youth that report higher life satisfaction also have an internal lotus of control, high self-esteem, extraversion, and intrinsic motivation (Park, 2004). Life satisfaction seems to have a positive impact on positive development (Park, 2004). However, it remains unclear if it should be viewed as an indicator, a predictor, mediator or as a positive outcome. One argument for viewing life satisfaction as a worthy construct is that it provides a global index of wellbeing that is based on criteria determined by individuals rather than researchers (Diener, 2000; Gilman & Huebner, 2006, p. 311).

In quantitative studies, research mainly focuses on *assumed* determinants of individual differences in life satisfaction (Gilman & Huebner, 2006). The review by Oliver et al. (2008) revealed a mismatch between the efforts made by researchers addressing policies for mental health with intervention studies, and what is known about youth's views of their own lives (Oliver et al., 2008). Although some of the studies included in the review revealed circumstances influencing young peoples' lives, none of the evaluated intervention studies addressed any determinants addressed by the adolescents themselves (Oliver et al., 2008). According to the findings in this paper adolescents want to be involved in the process of identifying issues of importance for youth (Armstrong et al., 2000). They want their needs to be respected, and they want to be heard, listened to, and understood (Oliver et al., 2008). The youth also reported that they felt adults did not understand what really mattered to young people. Therefore, they wanted to be involved in the process of identifying issues of importance for youth (Oliver et al. 2008; Armstrong et al., 2000).

Limited research on mental health promotion among adolescents is based on self-reporting. In this paper four of the articles included are qualitative, and they explore adolescents' own views on mental health and aspects that promotes mental health. When adolescents talk about the term mental health, they describe it in functional terms and perceive it as an emotional experience (Oliver et al. 2008; Landstedt et al. 2009; Johansson et al. 2007). Consistent with the definition of mental health by the WHO, is emotional wellbeing. In the study of Coverdale and Long (2015) emotional wellbeing is defined as a state of wellbeing in which the individual realises

his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to the community. The way mental health is theoretically defined by WHO, and how it is described by adolescents in this literature review seem to coincide. Still the majority of adolescents mainly associated mental health with negative aspects, such as distress or illness, or even equate mental health with mental illness (Landstedt et al., 2009; Armstrong et al., 2000). While Johansson et al. (2007) participants had a more neutral approach to the term, describing both negative and positive experience. This also illustrates some of the challenges with mental health promotion, where there seems to be a gap between how mental health is experienced in daily life, and how the term is defined.

Positive psychology views mental health as being more than just an absence of mental illness and focuses on the strengths and subjective experiences of individuals as well as the environments that promote health (Huebner & Gilman, 2003). Mental health is increasingly viewed as a complete state of being, consisting not merely of the absence of illness or disorder, but also the presence of positive factors such as life satisfaction, self-acceptance, and social contribution (Suldo & Shaffer, 2008). It can therefore be argued that the term mental health can function as an overarching concept, including all positive aspects on one side of the continuum, all the way to the other pole of mental illness. As mentioned in the theoretical framework in this paper, mental health is by WHO defined as individuals realising their potential, that can cope with normal stresses in life, can work productively and fruitfully, and are able to make a contribution to the community (WHO, 2014 b). This is consistent with the definition of wellbeing of Ryan & Deci (2001), which has both a hedonic and eudaimonic approach, where wellbeing is defined in terms of both pleasure attainment and self-realisation, but also to the degree to which a person is fully functioning (Ryan & Deci, 2001). SDT considers humans to actively seek optimal challenges and new experiences to master and integrate in their internal and external environments. It is suggested that the satisfaction of the basic psychological needs for relatedness, autonomy and competence, promotes a healthy development (Ryan & Deci, 2000 a). The influence of the environment and social circumstances effecting individual lives, as well as individual attributes, are also by the WHO mentioned as important dynamical determinants for mental health and wellbeing (WHO, 2012).

Expanding the definition of mental health literacy

Personal and social development can be supported in a health promoting way by providing information for health and enhancing life skills. Thirty years ago, one of the five approaches emphasised in the Ottawa Charter for health promotion, was developing personal skills. This was meant to increase the options available to people to exercise more control over their own health and over their environments, and to make choices leading to health (Kickbusch & Gleicher, 2012). The characteristics of mental health literacy by Jorm (1997) entail important preventive and educative aspects. But since the literature on mental health literacy has mainly been focusing on how to recognise and prevent mental disorders (Wei et al., 2015), it can be argued that it lacks a mental health promoting component. Mental health literacy is a significant determinant of mental health, which has the potential to improve individual and population health (Wei et al., 2015). Since health literacy is considered to be open to change through interventions that improves communication and information (Berkman et al., 2011), it can be assumed that the same applies to mental health literacy. But before enhancing youths' mental health literacy, it might be important to have the same understanding of what promotes mental health in adolescence.

Limitations

One important limitation of this overview of literature is the use of review studies. By using review articles, some of the findings in this paper will be based on other researchers' assessments and perspectives. The reason for including a relatively limited amount of review studies was the restricted timeframe for this literature search. Also to be taken into account are dissimilar methodological approaches and instruments that can make it difficult to compare different studies. The inclusion of different methodological approaches is meant to fulfil each other. Qualitative research can contribute to an understanding and description of factors promoting mental health, while quantitative research can confirm correlations between those factors. As discussed above, the use of various terms could have an effect on how the findings are interpreted. The articles included in this review also had participants with a relative wide age range. This might have contributed to a variation of what is being emphasised as important aspects, where different age groups within the time of adolescence might have diverse needs. This literature review was curtailed to get a sense of universal mental health promoting aspects among adolescents, and was restricted to include youth living in a western society, without any specific marginalised challenges. The research also revealed that there seem to be some gender differences in how different aspects are perceived. Girls seem to be more dependent on

reassurance from their surroundings on their achievements and looks (Landstedt, et al, 2009; Armstrong et al., 2000). It also seems that girls feel they have to prove themselves, by taking on more responsibility regarding achievements at school (Landstedt, et al, 2009).

Conclusion

To conclude, there is no doubt that adolescence is an important time for growth and development, which could benefit from a focus and investment in mental health promotion. According to the findings of this review, SDT can to some extent shed light on the relations between basic psychological needs and aspects revealed in prior literature on positive mental health among adolescents. Still, this paper confirms the need of further improvement to create a consensus of what it is that promotes mental health among youth, where Jorm's golden standard of mental health literacy could benefit from adding a health promoting component.

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Article II

A qualitative investigation of the background for and the validity of a mental health literacy scale for adolescents

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Abstract

Investing in mental health is essential in order to ensure the well-being of the population. Mental health is often manifested during childhood and adolescent years, making this a crucial period to initiate mental health promoting measures. This empirical study explores which mental health promoting factors adolescents are familiar with, and further explores which factors that should be included in a scale measuring mental health knowledge. This is a phenomenological study where focus group interviews are conducted with a total of 21 Norwegian adolescents. To analyse the material Systematic Text condensation was used. Social support and a sense of self-worth were identified as essential categories for positive mental health. The study also identifies a range of mental health promoting factors relevant for measuring mental health promoting knowledge based on the perspective of adolescents.

Introduction

Improving mental health is one of the greatest health challenges facing every country in the European region. Today more than 10% of adolescents in Europe experience some form of mental health problem (WHO, 2014 a). These problems have the potential to develop into further mental disorders that continue into adulthood along with serious comorbidities (Howard & Mallakh, 2010). Adolescence is a crucial developmental stage prior to adulthood, making this period a critical time to initiate measures for mental health promotion (Braddick et al., 2009). Based on previous studies, positive development in adolescence can be linked to three basic psychological needs (Hui & Tsang, 2012). According to the Self-Determination Theory (SDT), individuals cannot thrive without satisfying the basic psychological needs for competence, autonomy and relatedness (Ryan & Deci, 2000 b). Confidence has been reported as an important factor promoting adolescents' mental health. Having the courage to stand up for themselves, their needs, not caring what other people think, and trusting themselves were all related to confidence and considered to be important mental health dimensions (Coverdale & Long, 2015; Johansson et al., 2007). Confidence was also linked to coping strategies and perception of life challenges (Oliver et al., 2008), and consistent with the need for autonomy (Ryan & Deci, 2000 b). Overcoming challenges and achieving goals set for themselves, while experiencing respect and appreciation, promoted the adolescents' self-esteem. Self-esteem increases when adolescents have a feeling of competence and are able to handle life challenges (Hall et al., 2015). There are many arenas where confidence and self-esteem can be promoted, such as school and through structured activities. But perhaps just as important is the feeling of relatedness with others in those arenas (Smart et al., 2007; Park, 2004). To experience belonging and commonality appears to be crucial for mental health in adolescence (Winefield et al., 2015). In this context the empirically based SDT may offer an explanation to why various factors for positive development is of importance (Deci & Ryan, 2002). A challenge during adolescence is to make the three basic psychological need complement, instead of conflicting each other (Ryan & Deci, 2000 b).

The aim of this paper is to acquire knowledge about mental health promotion by studying the perception of positive mental health in a Norwegian adolescent sample through focus group interviews. A national survey reveals that Norwegian adolescents have never before been more well-behaved. They drink and smoke less, use increased time and effort on school achievements, and there is a marked decline in juvenile crime. The youth are also more

homebound, and report great satisfaction with their parents (Bakken, 2016). Although seemingly well-adjusted, the youth generation seems to be bothered by something. Adolescents experience also increasingly the burdens of worries and stress of everyday life (Bakken, 2016). In addition, an increased use of antidepressants among adolescents is reported (Hartz et al., 2016). This highlights the importance of providing preventive and mental health promoting measures. In Norway, most of the health promoting efforts aimed at adolescents are located to the municipalities. This is also where most of the public health nurses work, which are an occupational group with special responsibility for health promotion among youth (Espnes & Smedslund, 2009). However, in order to create a healthy youth development, an interdisciplinary cooperation is needed, but perhaps just as important is strengthening the youth's own health competence (Whitehead, 2006). Health knowledge has proven to be an important health determinant, although knowledge about mental health among laypeople is limited. This includes recognition of symptoms and knowledge of treatment and assistance, but also knowledge about what promotes mental health and wellbeing (Jorm et al., 2006; Sørensen et al., 2015). In order to know which measures to take to promote adolescent's mental health, it is important to first identify the knowledge that they already possess. To the author's knowledge no valid generic measurement scale has been developed that captures the positive aspects of mental health literacy among adolescents (O'Connor et al., 2014; Wei et al., 2015).

Theoretical framework

Both the positive psychology movement and the health promoting salutogenic paradigm have challenged mainstream thoughts about the pathological focus of psychology and sociology, to consider the resources of healthy functioning. There are differences between the two approaches, but still they have adopted some of the same views, both focusing on promoting positive outcomes and building strengths (Joseph & Sagy, 2017). In this study, health promotion aspects and a theory within positive psychology are combined, in order to examine what is shared, and create a theoretical framework acknowledging both psychological and sociological factors affecting mental health in adolescence.

Self-Determination Theory & Basic Psychological Needs

Positive Psychology has been criticised for its one-sided focus, where it fails to address how negative experiences and challenges can serve to promote more positive individual functioning in the long run (Joseph & Sagy, 2017). Self Determination Theory (SDT) goes beyond most

positive psychology theories with providing a dialectical account to the "negative" factors and processes which can get in the way of people's functioning (Sheldon & Ryan, 2011). The theory concerns not just the positive, but also the struggle to obtain the positive in the context of potentially negative conditions and constraints (Sheldon, 2012). SDT proposes three fundamental and universal human needs, which are essential for individuals' efforts for personal growth and development, namely: autonomy, competence and relatedness (Ntoumanis et al., 2009). The theory provides a universalist or transcultural account to optimal human functioning (Sheldon & Ryan, 2011), where the environment in which an individual lives, can influence the extent to which a person's psychological needs are satisfied. According to SDT, psychological well-being is experienced in an environment that facilitates and satisfies the three basic psychological needs (Ntoumanis et al., 2009).

Mental Health Literacy

Mental health literacy (MHL) is a significant determinant of mental health, which has the potential to improve both individual and population health (Lam, 2014). Although Jorm's (1997) definition of MHL has been widely used, it is not until recent years that there has been an attempt to develop a psychometrically robust instrument using this definition. The original measure of MHL, and the most frequent used measure within MHL is the Vignette Interview developed by Jorm et al. (1997) (O'Conner et al., 2014). Incorporated in Jorm et al. (1997) Vignette interviews are the seven characteristics of mental health literacy as illustrated in figure 1.

Figure 1. Mental Health Literacy Framework
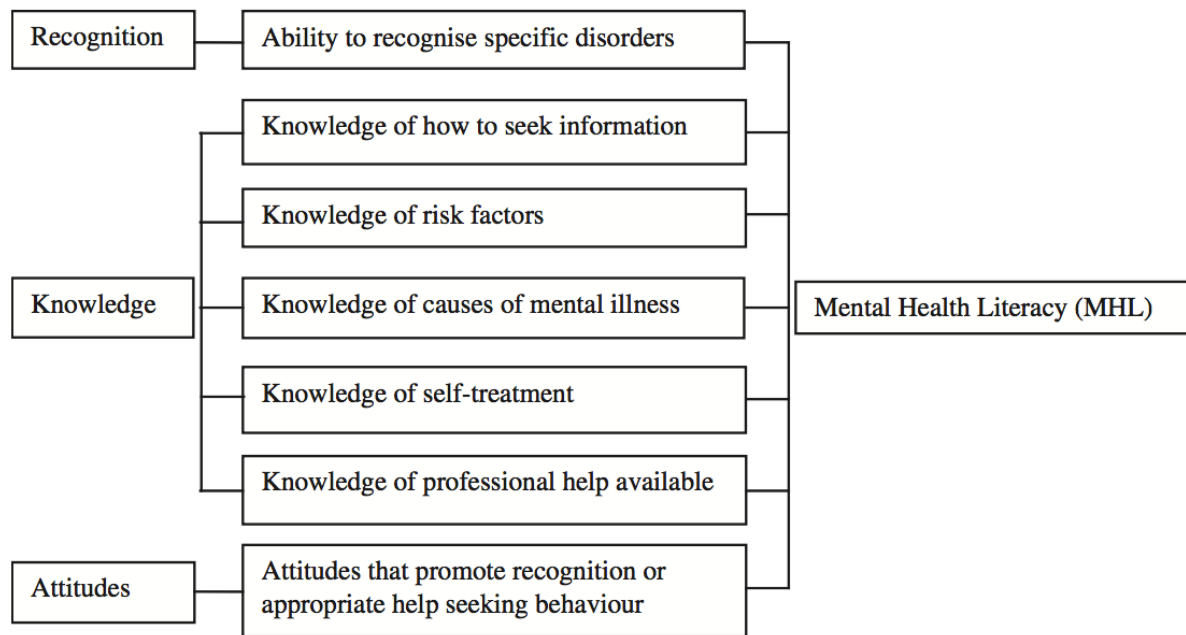
A systematic review by Wei et al., (2015) analysed available MHL measures. The health outcomes in these studies were: improved knowledge, changed attitudes and motivations in relation to health behaviour, as well as improved self-efficacy in relation to defined tasks. While maintaining good mental health is recognised as an important component in mental health literacy, none of the identified measures addressed knowledge about positive mental health (Wei et al., 2015). The World Health Organisation (WHO) defines mental health as more than just the absence of disease and disabilities (WHO, 2014 b). In this way mental health is conceptualised along a continuum, where good mental health exists at one end, and severe mental illness and disability at the other. People move along the continuum during the life course depending on biology, life experience and socio-environmental factors (Rickwood et al. 2007). By using WHO's definition of mental health, it can be argued that MHL lacks the component of health promotion.

Main Aims

The present study aims to examine which mental health promoting aspect adolescents are aware of, and furthermore, what factors should be included in a scale measuring positive mental health literacy among adolescents. The study is based on the following research questions:

- *What positive elements of mental health are adolescents aware of?*
- *Which aspects do adolescents believe are important to promote mental health?*
- *What should be included in a scale that measures adolescents' knowledge about positive mental health?*

This paper's theoretical framework is based on the WHO's definition of mental health. The definition consists of the core components: well-being, effective functioning of an individual and effective functioning for a community (Westerhof, & Keyes, 2010), and recognises that many factors determine mental wellbeing and positive development of adolescents (WHO, 2005). A theory offering an explanation of what creates a healthy youth development is Self-Determination Theory (SDT). SDT has been mentioned as a contributing factor to quality of life among adolescents by the *Norwegian Institute of Public Health* (NIPH) (Nes, 2015). This macro-theory builds on the importance of human motivation, personality development, and wellbeing (Ryan, 2009).

Method

Recruitment and Participants

Adolescents from 16 to 19 years of age were recruited through high schools from a rural district in Norway. First the public school nurse and the principal were contacted. With their permission, the researcher went into the classrooms and presented the project, and handed out written information about the project for the adolescents to bring home to their parents (Appendix B). The following day, the adolescents that were willing to attend could write their names on a list, putting themselves together in groups. A total of six groups were recruited, with three to four informants in each group. In total twenty-one adolescents participated in this research project.

Ethical considerations

As stated by the WHO: *"There can be no health without mental health"* (WHO, 2001). The motivation for improving mental health is not just contributing to the health of the future adult population, health is also a fundamental right for every child and adolescent. In the Convention

on the Rights of the child, the right to enjoy the 'highest attainable standard of health' is enshrined. This makes health a moral and legal basis to strive towards (WHO, 2005). According to the Norwegian Research Ethics Committee, young people aged 16 years and older are allowed to consent on their own behalf (NESH, 2016). All adolescents participating in this study provided written consent. During the interviews participants were reminded to only reveal what they desired to disclose in the discussion, and to treat each other respectfully. They were also assured that they would remain anonymous further in the research process. The study was approved by the NSD-Norwegian Centre for Research Data, by the Ministry of Education and Research, as being in accordance with ethical standards (Appendix C).

Procedure Focus groups
In order to create discussion on the topic of mental health promotion, focus group discussion was chosen as a data collecting method. A focus group can be viewed as a temporary community of people with some similar characteristics who come together for a brief period of time to discuss common experiences (Malterud, 2012 a). The idea behind this choice of collecting method, was that the adolescents themselves could reflect on what promotes their mental health, and in this way get a better understanding of their perspectives as a group, rather than themselves as single individuals. The focus group in this research was put together as homogeneously as possible, to create a framework of shared experiences (Malterud, 2011). The informants got to form their own groups. The reason for letting the adolescents choose their own group consolation was to create a strong group dynamic, and create a safe environment for them to talk freely and openly.

The Interview Guide
Since part of this research was meant to be a face validity, or testing of which components that should be included in a mental health literacy scale, a simplified version of the scale was included. But in order to also get an insight of what the adolescents thought about mental health promotion, regardless of the scale, the semi-structured interview guide was divided into two parts (Appendix D). The first part was open and exploratory, while in the second, the adolescents were asked to give their opinion on the scale. The scale is meant to measure mental health competence, consisting of three parts; knowledge, attitudes and health behaviour. These three components together were meant to "map" the adolescents' mental health promoting competences. The component *knowledge* was specified to concern with what adolescents knew

to be of importance in order to experience mental wellbeing. *Attitudes*, were made-up statements that were meant to measure the way adolescents view their own, and others mental health. And finally, *health behaviour* deals with the importance of physical health behaviour components that can have an impact on mental health. This mental health promoting scale is based on a survey given to over 400 adolescents in a medium sized town in Norway. The idea behind using the scale is to make a pilot test of face validity. Here face validity refers to the transparency or relevance of a test as it appears to test participants, and the extent to which a measure represents all facets of a given social construct (Thomas et al., 1992). A scale may lack content if it only assesses one dimension, but fails to take other dimensions important to the informants into account (Thomas et al., 1992). In this way the content of the scale could be checked against what the youth themselves find important in order to experience mental well-being.

Figure 2. The mental health promoting knowledge scale

Knowledge
1. Having good friends.
2. Having a safe home.
3. To be able to handle everyday life.
4. To attend work or go to school.
5. To make your own decisions.
6. To be apart of a community.
7. To set boundaries for your self and your own behaviour.
8. To feel valuable regardless of achievements.
9. To have control over your daily life.
10. To experience mastery.
11. To feel that one can handle stressful situations.
12. How you look at yourself affects your mental health.
13. I know where I can get information about what affects mental health positively.

Attitudes
- *"Everyone has a mental health".*
- *"Those who are struggling mentally can pull themselves together for recovery".*
- *"Those who are struggling mentally are contagious".*
- *"Those who become mentally ill are weak people".*

Health behaviour
• Having good sleeping routines
• Substance use (like alcohol and drugs)
• To eat enough, and healthy food
• Being active

The scale included in this interview guide, **translated into English. For original scale in Norwegian: see appendix D.*

Analysis

Transcendental phenomenology is chosen as the overall research design, which offers description of informants' experiences (Creswell, 2007). Data was collected from individuals, in this case from adolescents, where the researcher was interested in what the adolescents experience as positive mental health aspects, and how the mental health promotion knowledge scale was experienced by the adolescents. Additionally, systematic text condensation (STC) was chosen as a method of analysis in this research. For the limited timeframe given to this project, STC offered an effective method to answer the research question by systemizing,

organizing and then finding central elements within the material. Inspired by Giorgis phenomenology analysis and modified by Malteruds Systematic Text Condensation (STC) consists of four analytical steps: 1) To get an overall impression, 2) to identify meaning units, 3) abstracting the content of each meaning units, and 4) summarising the significance of this (Malterud, 2012 b). In contradiction to Giorgis phenomenology analysis, STC does not consider the whole dataset as meaningful (Malterud, 2012 b). The following steps therefore aim to identify meaning units describing positive mental health. The first step in this analysis was to become familiar with the material and form an overview. After transcribing the interviews, and reading through the material several times, some subjects or topics were repeated by the informants across groups. The repeated themes in the material were: "having *energy and surplus*", "*self-worth*", "*having friends and support from home*", "*someone to talk to and trust*", "*benefits of social activities*", "*communication skills*" and "*the ability to be positive, but realistic*". In the next step in the analysis, all the material was systematically examined. This was done in order to reveal meaningful units, in other words bits of texts in the material that carries with it the knowledge within the topics covered in the previous step in the analysis. Furthermore, these meaningful units were systematized under the preceding themes (Malterud, 2012b). No computer program was used during encoding. The process of coding took place manually, where each of the subjects were colour-coded and highlighted in the text. Furthermore, each of the colour-selected texts was systematised under each code, in order to illustrate of the process. During this step in the analysis some of the themes turned out to have shared or similar meaning. Therefore, the sorting of the meaningful units led to several changes of the themes when transforming to codes, where they were merged and changed. In the third step each code group was divided into sub groups, which highlighted the various facets of content within each code group (Malterud, 2012b). In this process the codes emerged and changed. In the fourth step, categorising refers to a further condensation of the material, where the codes are brought together or divided up into newly formulated categories (Malterud, 2012). Appendix E and F shows parts of the process from finding meaning units and their connection to the final categories.

Result

The analysis revealed several factors that were emphasised by the informants in relation to promoting mental health. These central elements can be summarised into keywords as: *self-esteem and self-worth*, *social support and social skills*, *energy and social activities* and the *ability to stay positive but still have realistic expectations*. Social support and being confident -to have a sense of self-worth and to know that you are worth something regardless of efforts, were the two highest valued aspects in the adolescents' understanding of positive mental health.

In order to give a valid answer to the research question it was first essential to ask questions related to what the informants understood by mental health. Therefore, the first question asked in this study, was: *"what is the first thing that comes to mind when you hear the word mental health".* The mental health term turned out to be difficult to define, and many negative or mental illness associations were mentioned. It seems that questions about terms like mental health or mental health promotion became too abstract. It seemed easier for them to explain their thoughts when the questions were more related to their situation, on a more personal level. Therefore, mental health was further phrased as: 'to feel good about yourself, and the people around you' during the interviews. One of the groups reflected on the term mental health: *"I remember that in elementary- and middle school there was so much talk about bullying and the importance of treating each other nicely, but I never really thought that it was about mental health. Mental health isn't really a word that is used a lot, so when it pops up later, now that we are older, it's sort of unfamiliar and often tied to something like drug addiction or some sort of depression".*

Self-esteem and self-worth

To feel confident and have good self-esteem was mentioned as an important factor for mental wellbeing by the majority of the informants. Self-esteem was to many of the informants connected to the feeling of mastery. However, at the same time some of the informants pointed out the importance of not "setting the bar too high" when it comes to what they expected of themselves. Some of the groups saw their peers and their own ideas about the "perfect life" to be the reason why many adolescents were feeling inadequate and unsatisfied. The exposure and influence of social media is a challenge that today's adolescents are faced with. Therefore, a question regarding this issue was included in the interview guide. On this question the adolescents expressed their concerns that social media might contribute to a negative self-perception. And that young people mostly focused only on the positive sides of life, and tried

to give the impression that their lives were perfect. This, the informants said, might affect how adolescents viewed themselves, and give them less contentment and happiness in their own lives. To be able to separate reality from fiction was therefore seen as an important ability. One positive thing mentioned about social media, that could contribute to promoting mental wellbeing according to the informants, was social media contribution to creating more focus and openness around mental health. The openness was mainly related to mental illness, but still, the informants believed it made it easier for them to talk about their struggles and made it a more common subject of conversation, resulting in more openness around mental health in general.

To have a sense of self-worth and to know that you are worth something regardless of efforts you made in school or in your spare time was considered important. The informants also spoke about how self-image often got affected by their relationships with family and friends. At home with family, and together with friends were places where you could be yourself, and did not have to think about whether you are good enough or not. One group stated: *"Especially important is having good friends, and have a good home and family. Everyone needs a place where they can be themselves I think, where they are accepted as they are"*.

Social support and social skills
Support from family, and having friends you can trust and confide in, were by all the groups seen as particularly important. Where family and home were seen as important safety bases, friends were seen as the most important actors when it comes to openness, and having someone to talk to. Friends seem to have a particularly important role when it comes to openness. But some of the groups expressed concern that they did not know how to handle or help a friend who was struggling. According to their own experiences they did not always know what to say, or what to do, when their friends needed help. One member of a group said: *"I get sort of stressed when a friend tells me that she is struggling mentally. Like how should I react? Saying things like: "Oh, poor you"? That's not right! Or should I try to encourage my friend by saying: "it isn't as bad as you think"? I really don't know what to say, and it stresses me out"*.
When talking about communication, the importance of becoming increasingly aware of how people should treat each other was also discussed. Two of the groups (FG1 and FG6) talked about making adolescents more aware of how mistreatment of others can make them sick in the long run, that hurtful comments or mistreatment should be seen as just a bad of an act as hurting

someone physically, and that more information should be giving on how to treat each other well, through improvement of communication and social skills. As stated by one the participants: *"Also it should in a way be illegal to treat others badly, and not just so physically, but mentally too. How you treat others, and say things that breaks down a person should be seen as just as bad as stealing money for example."*

Energy and social activities
Almost every group interviewed described adolescents experiencing mental-wellbeing to be a person who is always positive and who has a lot of energy and self-esteem. Someone who does not 'back under pressure', but sees their challenges as a positive experience rather than a problem. They also described them to be positive about their future. They stressed the importance of believing in yourself, being positive, but still realistic. The informants said that many adolescents become disappointed because they have such high expectations both towards themselves, but also expect a lot from life in general. Some of the adolescents saw energy and surplus in relation to physical behaviours such as sleep patterns, nutritional habits and being physically active.

Taking part in activities such as soccer practice or other social activities and hobbies was also seen as important. The reason for this was not just the benefits of physical activity in itself, but also its social effect, where these activities were seen to bring adolescents together. In this way being energetic and actively joining in activities made the adolescents a part of a community. Being active was seen as a crucial aspect of being social with others and participating in group activities. Most of the participants saw engaging in physical activity as a sign of being healthy and mentally balanced. Some of the groups however discussed the strong focus on showing how physical active you are through social media, and expressed their concern about the fine line between being healthy and active, and this becoming an activity with an unhealthy focus. Two of the focus groups talked about physical activity becoming a trend, where the goal was to obtain a perfect body, and an inspirational and admirable lifestyle.

Gender differences
One group mentioned the difference in relation to friends between boys and girls. They discussed that while boys were satisfied only having a few, but close friends, girls tended to see the number of friends as a sign of their popularity. Being active was associated with body

image. Interestingly this was only mentioned by the focus groups consisting of girls, and not by the groups consisting of boys. This can of course be a coincidence, but also the boys mentioned that the girls might have other challenges when it came to mental health, since they were more focused on what other people think of them, than the boys. While the girls expected challenges with body image to increase among boys due to the increased pressure through social media.

The mental health promoting knowledge scale
In the second part of the interviews, the adolescents were introduced to the mental health promoting knowledge scale. Here the adolescents could discuss and comment the statements related to mental health. The scale seemed to make it easier for the adolescents to discuss mental health factors, since they were now more concrete. Although all participants agreed to the scale being relevant for their mental health, they still had comments, and found some statements to be 'stating the obvious' or to be repetitive. In the end of this chapter positive mental health factors mentioned in the explorative part, in relation to comments on the scale will be summarised.

Knowledge Statements

Experiencing social support and being a part of a community were described by the adolescents to be of crucial importance for their mental health and wellbeing. In the explorative part of the interviews, friends, family and social activities, were mentioned as important mental health promoting determinants. Social support is not just important in itself, the adolescents also highlight that much of their confidence and self-esteem is created through interactions with others. When discussing the scale, knowledge statement number 1: *Having good friends*; 2: *Having a safe home* and 6: *To be a part of a community*, got grouped together as fundamentally important factors for promoting mental health and wellbeing. In addition to these statements the adolescents discussed adding a statement which was about respecting others. Put in these words by one of the adolescents: *"We need to have respect for others, because you'll feel a lot better with yourself, I think, if you treat others well. You know, people who are nice are the ones that get friends"*.

Furthermore, the knowledge statements: 3: *To be able to handle everyday life*; 9: *To have control over your daily life* and 11: *To feel that you can handle stressful situations*, were by

many experienced to have the same meaning, and was suggested to be combined into one statement. Some groups also stated that statement-number 10: *To experience mastery*, was linked to the three statements about handling stressful situations and coping in everyday life, this making them feel a sense of mastery.

Statement number seven: *To set boundaries for yourself and your own behaviour*, was not discussed separately, but was mentioned when the adolescents talked about youths' substance use. They discussed that going out drinking alcohol was seen as a social activity, and was mostly seen as a positive one, as long as they knew their own boundaries and could control their own behaviour, not drinking too heavily. Another group also connected drinking to the youth organisation MOT (which directly translated means courage), where they had talked about having the courage to say no, but also stand up for yourself and your own decisions. In this way knowledge-statement 5: *To make your own decisions*, was also discussed and connected to health behaviour and setting your own boundaries.

Statement 4: *To attend work or go to school* was not directly discussed by any of the participants, but was indirectly mentioned in one of the group discussions with the new 'absence limit', and its perceived negative effect. They worried that the 10% 'absence limit' which was introduced by the Ministry of Education in Norway this year, would harm the most vulnerable, and make it harder for youth that are already struggling to stay in school. Attending school or having a job might be something that is taken for granted by the adolescents in this study, since this was only mentioned to be of importance for young people who were already struggling.

The adolescents were surprisingly clear about the importance of seeing the difference between reality and fiction. As mentioned earlier, the adolescents stressed the importance of being realistic and handling their expectations. One thing mentioned by the participants was to be aware of what is real and what is only an illusion: *"Yes, like social media as we talked about earlier, perhaps that could be taken into the scale somehow? That you should understand and think that everything you see isn't real, that you only get to see a little part of reality, and that it is often all superficial".*

One of the groups discussed the meaning of knowledge-statement number 12, and said that for them this was about inner confidence. They also linked this statement to self-worth, and not

letting achievements define you, but knowing that you did your best, is good enough: *"Number twelve is about confidence I think. Something like, being confident in who you are promotes positive mental health. I guess this is sort of connected to statement number eight, that to feel valuable regardless of performance. In a way it is like thinking that I will do my best and that is good enough, and being satisfied with what you achieved".*

Attitudes towards mental health

To the first attitude statement that: *"everyone has a mental health",* most of the informants agreed and said it made sense, but also said this was something they hadn't really thought about until now. As represented in the previous part, some of the adolescents did not seem to think about mental health until the appearance of symptoms or disease. Therefore, many of them stressed the importance of raising awareness about mental health being something everyone has, and they said that this might contribute to more open and understanding attitudes towards mental health in general.

When the scale was presented to the adolescents, almost every group immediately reacted to the three latter attitude statements. Although the majority within the groups said that most people might think or believe the content of those statements, they found them to be "wrong" or "didn't seem right". When asked if they would agree if the questions were reversed, the respondents did not agree either. Instead of thinking that those who are struggling mentally could pull themselves together in order to recover, the informants thought that it was not that easy, that they needed help and support. But at the same time some of the informants believed that recovery also required some effort from the person suffering. It could therefore be seen as a way of needing 'help to self-help'. Similar comments were made to the statement *"those who are mentally ill are weak".* Some of the focus group informants said they did not see people who are mentally ill as either weak or strong, but they were thought to be more vulnerable. One of the groups made this comment regarding the statement: *"When I think of this statement about a weak person who has a mental illness, I think that this might be a person who is only suffering right now, and that he's not weak. I think that this rather is a strong person, who's been too strong, for too long. And then that person needs a break. His mental illness doesn't define him as strong or weak. At least that's how I see it".*

The third attitude-statement was 'people who have mental health problems are seen as contagious'. Here many of the informants stated that they knew for a fact that that was not true, when interpreting the statement literally. Even though none of the groups saw mental health problems as a contagious illness or disease, it was mentioned that a person's mood may have a contagious "effect". This was stated by one group: *"They are not contagious either, but you can certainly become very influenced by a person who for example is very depressed, then hanging out with that person won't make you cheerful. It isn't that fun to spend time with someone who is sad or angry all the time."*

According to the participants in this study the attitude statements are neither true nor false. Therefore, there is some uncertainty what these statements would measure if included in the measurement scale.

Health behaviours

As mentioned in the explorative part, the participants saw engaging in physical activity as a sign of being healthy and mentally balanced. Two of the groups however discussed the strong focus placed on physical activity in media, and talked about being physically active as a trend, where the goal was to look good, and have an inspirational and admirable lifestyle. Activity was by some, besides having a social function, associated with acquiring an attractive body. Also healthy food was for some of the informants associated with body image. Interestingly, this was only mentioned by the focus groups consisting of girls, and not by the groups with boys. This can of course be a coincidence, but also the boys mentioned that the girls might have other challenges when it came to mental health, since they were more focused on their bodies and image, than the boys. While the girls expected challenges with body image to increase among boys, due to increased pressure in social media. The adolescents all believed that their health behaviour affected their mental health, but they expressed being tired of the pressure associated with living a healthy life. As stated by one of the informants: *"I agree that these health behaviours probably are good for your mental health, but I also believe that you don't have to eat super healthy food in order to have a good mental health, or be healthy for that matter. I think we should eat "normal" food. There has been too much focus on health, that we need to be healthy all the time. You sort of get tired of all these advices on how you should live your life".*

It seems like those groups who saw physical activity as a social activity, instead of connecting physical activity to appearance and the chase after a perfect body, considered it as fare more important and healthy. Finding an individual structure and balance that works for each individual related to food, sleep and substance use was stressed by the participants.

Measuring adolescents' knowledge about positive mental health
To summarise the findings in the explorative part, the adolescents participating in this research are aware of the importance of self-esteem and self-worth. Social support from family and friends was considered as fundamentally important for their mental health. They see having energy and participating in social activities to be positive determinants to mental health. They are also aware of the importance of feeling mastery, by staying positive, but at the same time having realistic expectations. They believe that there needs to be an increased focus on communication in order to promote their mental health. That everyone should become more aware of how they treat each other and how their own behaviour might affect others. They also believed not setting unrealistically high goals, but being content with their achievements, was a way of promoting their mental well-being.

The majority of adolescents participating in this research expressed that they thought most of the factors mentioned in the scale under the heading knowledge were relevant for them in order to feel good about themselves and the people around them. However, the participants found the division between the three headings (knowledge, attitudes and health behaviour) to be confusing. One group kept asking what sort of knowledge this was, and another thought the knowledge statements were only stating the obvious. Therefore, in order to make the headings more understandable, they could preferably be divided differently in the future. The Self-Determination theory approach may function as a division, where the need for the three basic psychological needs for competence, relatedness and autonomy have shown to be of importance for positive development. SDT is based upon the assumption that humans are active and growth orientated. The theory claims that for optimal development and function of a human being, the three needs for relatedness, competence and autonomy have to be satisfied (Hui & Tsang, 2012).

The need for **relatedness** is satisfied through a sense of closeness, connectedness and belongingness with others (Hui & Tsang, 2012). Social support was mentioned by the

adolescents in the explorative part in the interviews, and later, when commenting the scale to be fundamentally important for their mental wellbeing, making this a relevant part of a mental health promoting measure. All three statements relevant for relatedness were mentioned to be of fundamental importance by all the discussion groups: 'Having good friends'; 'Having a safe home' and 'To be a part of a community'. In addition to these three statements, the participants also stressed the awareness of respecting others, and increasing social and communicative skills.

Competence is about having the feeling of being capable of facing daily challenges and meeting the demands of different environments (Hui & Tsang, 2012). When discussing the 'knowledge' statements, some of the groups found three statements to be stating the same, namely: 'To be able to handle everyday life'; 'To have control over your daily life' and 'To feel that you can handle stressful situations'. These three statements were also linked to a fourth statement: 'To experience mastery'. Previous studies have shown that the feeling of mastery and competence is important for adolescents' self-esteem (Landstedt, et al, 2009), and that an important arena to obtain achievement and performance is at school (Johansson et al., 2007). The statement 'To attend work or go to school' was only discussed by one group in relevance to the 10% 'absence limit' which was introduced by the Ministry of Education in Norway this year. It therefore seems as though adolescents do not see attending school or work as a part of mastering everyday life, but rather as something that is at risk for the most vulnerable drop-outs. The participants also stressed that it was important to not 'set the bar too high', but be realistic in order for them to feel mastery and not only disappointment.

Autonomy is the need to have control to make choices from ones own will, and being volitional and self-endorsing in ones behaviour. Elements which facilitate autonomy are self-awareness of ones motives, emotions, having active involvement and having the chance for self-direction and choice making (Hui & Tsang, 2012). 'To set boundaries for yourself and your own behaviour' was by the participants first mentioned and highlighted when talking about substance use. Drinking alcohol was not perceived as something negative as long as the adolescents knew their own boundaries, and was based on their decision and not peer-pressure, highlighting the statement 'To make your own decisions'. 'How you look at yourself affects your mental health', was also discussed, and one group thought this statement was about confidence, and linked it to the following statement: 'To feel valuable regardless of

achievements'. The participants also linked this statement to acceptance. As mentioned in the explorative part, it is important for the adolescents to feel that they are accepted the way they are by people close to them, like friends and family.

None of the participants knew where to get information about what affects mental health positively. Many of the participants mentioned that they really had not thought about mental health the way it was talked about during these focus group discussions. They stressed the need for more information about mental health in general in school.

Based on the findings of this study most of the statements in the scale seems to be relevant for promoting mental health among adolescents. As mentioned above, according to the adolescents participating in this study, some of the knowledge statements should be rephrased and some should be added content in order to make them more relevant. The attitude statements appeared to be neither true nor false to the participants, making them uncertain measurements. The adolescents felt that all the health behaviours listed were relevant and could have an impact on their mental health. But they also expressed that there has been too much focus on being physically healthy. They therefore stressed the need for relating health behaviour to mental health, and finding an individual healthy balance. Further, since the findings seem to relate to SDT, the three basic psychological needs might function as a more understandable division. The scale could also benefit from being theoretically grounded in a theory which can contribute to explaining what promotes a positive development, where the three psychological needs are proved relevant across different cultures, suggesting that they are universally important (Sheldon, 2012). The relevance SDT in relation to mental health promoting knowledge should be investigated further, in order discover if it has a generalisable relevance for mental health promotion in adolescence.

Discussion

Adolescents' own voices were the focus of this study, aimed at acquiring knowledge about positive mental health. The findings portray a lay perspective, and give an insight into what adolescents considers to promote youths' mental health. While recognising the exploratory and small-scale nature of this study, the findings provide a deeper insight into a lay view grounded in the views of adolescents themselves. This study does not solely show what the youth themselves find important in order to have a good mental health, but also which aspects that

they themselves are aware of being important. In addition, adolescents were taken in for consultation regarding the scale that will measure youths' knowledge of positive mental health. Although there have been several interventions for improving youths' mental health, little is known about youths own experiences of positive mental health (Hall et al. 2015). The adolescents in this study found the term mental health difficult to define, and some had negative disease orientated associations. According to previous research, mental health has been explained by youth as an emotional experience and in functional terms (Oliver et al. 2008; Landstedt et al. 2009; Johansson et al. 2007), while researchers often define mental health in symptomatic terms (Oliver et al. 2008). Since mental health was difficult to define for the adolescents in this study, it was often rephrased to 'to feel good about yourself and the people around you'. This illustrates a communication gap between researchers and lay people, where further research could benefit from focusing on how to make these perspectives meet.

Overlapping concepts between this study's participants and previous empirical studies with youth are evident, such as the importance of confidence, social support, social activities and self-esteem (explored in article I). Additional aspects were however raised. A sense of self-worth was mentioned to be essential and fundamental for the adolescents' mental health in this study; to know they are worth something regardless of efforts at school and in their spare time. In this context, 'not setting the bar too high' and be able to separate reality from fiction especially in in social media, were seen as important strategies in order for them to feel content with themselves. The family home and friends were also seen as important in raising a sense of self-worth. The adolescents said that their self-image and self-worth were affected by their relationships with others. Family was seen as an important safety base, while friends were seen as important when needing someone to talk to. This is consistent with prior research where friends were seen as important when in need of someone to talk to and share problems with (Armstrong, Hill & Secker, 2000). Although being positive to friends, the adolescents also expressed concern that they did not know how to help a friend who was struggling. They also stressed the need for improving communication and social skills, and raising awareness of the importance of treating each other well. It can therefore be said that the adolescents feel they lack a sense of competence in handling challenging social interactions. Energy and self-esteem were mentioned as characteristics of individuals experiencing mental wellbeing. To not 'back under pressure', but believing in themselves, and being positive and realistic were all positive mental health features. Being comfortable with themselves can, according to prior research,

influence the adolescents' management of expectations and life challenges. Which creates a link between adolescents' health behaviour and their coping strategies (Coverdale & Long, 2015; Oliver et al. 2008).

Although the adolescents thought the 'knowledge' statements in the scale were relevant for their mental health, additional mental health dimensions mentioned by the adolescents should be added to the scale, in order to make sure the measure represents all facets of mental health promotion. According to the participants in this study, the 'attitude' statements were neither true nor false. In the Vignette Interview developed by Jorm (1997), knowledge measures evaluated factual knowledge about mental illness with the true/false/don't know approach. This myths and facts approach may measure knowledge and covers a wide range of aspects of mental health, but then there is a need to determine if the appropriate knowledge components are addressed (Wei et al., 2015). The idea behind the negative attitude statements in this scale was to make them reversed items. An evident question to be raised is: can attitudes be measured by using the myths and fact approach? Since attitudes are not factual, there is an uncertainty what these statements would measure if included in the measurement scale. They should therefore be rephrased stating facts or be excluded from the scale.

Energy were also mentioned in relation to physical behaviours, both under the explorative interviews, but also later when discussing the scale. As mentioned earlier there seems to be a link between the adolescents' confidence and coping strategies, which affect their health behaviour (Coverdale & Long, 2015; Oliver et al. 2008). The adolescents in this study stressed that each individual should find their own balance and structure of the physical health behaviour.

Creating a generic scale measuring positive mental health in adolescence
According to the findings of this study mental health promoting factors described by youth, can be placed within the three basic psychological needs. In relation to this study's findings and previous research, adolescents could benefit from a promotion of autonomy, competence and relatedness (Hui & Tsang, 2012). Although SDT claims to be cross-cultural, it is expected that individuals are likely to express their competence, autonomy, and relatedness differently within cultures that hold different values (Ryan & Deci, 2000, p.75). This might also function as an explanation of gender differences. The findings in this study indicate that there are gender

differences in the experience of body image and numbers of friends. According to previous studies, feeling fit, and getting reassurance and compliments about their attractiveness appeared to have a greater impact on the self-esteem and general mental health for girls, than for boys (Landstedt et al., 2009; Armstrong et al., 2000). Although there might be different cultural expectation factors affecting boys' and girls' self-esteem. Self-esteem in itself appears to be an important aspect for both genders' positive mental health.

In this study two different theoretical frameworks are combined, SDT within Positive Psychology and Health Promotion aspects with its foundation in Salutogenesis. Positive psychology is still a quite new field of research, and still takes place in relative isolation (Shogren et al., 2006). Therefore, Shogren et al. (2006) argue that as the field moves forward, it needs to bring together parallel research programs, not only in psychology, but also in its related disciplines and fields. "*It appears that despite their different theoretical roots, the integration of the two paradigms- Salutogenesis and positive psychology- have stronger explanatory power in promoting health and well-being*" (Joseph & Sagy, 2017, p. 86). The collaborative and complementary approach between these disciplines might foster a broader understanding of mental health in adolescence, and develop a scale that is equipped to tackle issues in the real world where adolescents live. Further research could benefit from integrating the concept of Salutogenesis and Sense of Coherence, which can provide an additional framework for understanding the operation of positive psychology constructs (Joseph & Sagy, 2017).

Health literacy is proven to be an important determinant of health (WHO, 2013), which may be open to change through interventions that improves communication, information and knowledge (Berkman et al., 2010). Enabling children and adolescents to realise their full potential for health, development and well-being has been one of the main goals of the European child and adolescent health strategy 2015-2020 (WHO, 2014 a). Already in 2005 WHO founded guiding principles in order to promote the health of children and adolescents. One of these principles was participation, where it was stated that the public and young people themselves should be involved in the planning and delivery of policies and services (WHO, 2005). In health research, the youth have been excluded from the process of shaping research and their perspectives are often filtered through the interpretations of an adult researcher. Evidence suggests that studies involving members of the public are more robust, recruit to

target, and enhance the translation of findings into practice (Mawn et al., 2015). Enhancing youth involvement in mental health research may therefore help to increase research validity and degree of relevance.

Limitations

This study has both strengths and limitations. Areas of strength include giving voice to adolescents themselves of matter concerning their mental wellbeing. The adolescents participating in the present study were all from a rural area. In a study done by Armstrong, Hill & Secker (2000) the findings showed a difference between adolescents living in deprived or rural areas and those living in more suburban areas in defining the term 'mentally healthy'. It would be of interest in future research to see if there are differences in the reporting depending on where the adolescents are located. The use of focus groups in this study might have limited the degree that the adolescents feel that they can speak openly about their personal experience. A reason for letting the adolescents choose their own group consolation was the limited timeframe for this research, where the informants would have limited time to get comfortable or feel confident within a new group. The use of the scale seems to make it easier and more concrete for the adolescents when talking about mental health promoting factors. The reason for including a first explorative part of the interview was in order to avoid the adolescents to be driven by the scale statements, since the scale might affect the adolescents view mental health. Due to the restricted timeframe there is limited guarantee for information power or saturation (Malterud et al., 2015). Initially four groups were interviewed, and an extra two added. The focus group discussions were ended when repetitive themes begun to emerge. In addition, the translation from Norwegian to English might contribute to loss of nuances. There are also some methodological limitations to this study. First, data were obtained from students in a single rural area in one county in the western part of Norway. Second, the sample size was small, requiring care in interpretations and extending the findings to other settings. Which means that the findings are indicative, and not definitive. Thus, these findings are not generalisable, more research is needed to investigate whether these results apply to other populations of adolescents. Further research could perhaps benefit from adopting a longitudinal perspective, following adolescents through the teenage years, examining what influences and changes their mental health. To get a broader picture of what mental health promotion, both facilitators- and barriers to promoting mental health in adolescents should be looked at in future research.

Conclusion

The findings of this small-scale qualitative research study has contributed to identifying youth lay perspectives on mental health promotion and outlining aspects that the youth themselves find important in order to measure their knowledge about positive mental health. The informants identified a range of important factors, with self-worth and social support being the most fundamental for positive mental health. The adolescents also believed that raising awareness on how to treat each other well, how to talk to friends who are struggling, and being able to divide reality and fiction were important to promote their mental health. The mental health promoting scale factors were experienced as relevant, and could be related to the basic psychological needs for competence, autonomy and relatedness. In this study, both health promotion aspects and a positive psychology approach are combined. Bringing together the strengths of both these approaches, may contribute to a broader understanding of what promotes mental health in adolescence. In this context, an available, valid and reliable instrument which measures mental health promoting competence within mental health literacy could be essential. Further research is needed on adolescents' perceptions of facilitators and barriers to mental health, where adolescents should be actively involved in the further development of a mental health promoting literacy scale.

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Author(s), year	Context	Aim	Methodology	Sample	Findings
Antaramian et al. (2008)	USA	To investigate the relationship between family structure and life satisfaction in adolescents to evaluate the impact of family characteristics on youth wellbeing.	Cross-sectional study	457 pupils	The study highlights the importance of family as an institution that is central to the facilitation of life satisfaction among youth. A significant difference in family satisfaction were seen, were adolescents living in intact families with both biological parents had the highest levels of satisfaction.
Armstrong et al. (2000)	Scotland	To explore young peoples **understanding of mental health** and illness; **the promotion of positive mental health**; response to negative feelings; and perceived differences between themselves and adults	Qualitative study- 16 month qualitative study- including focus groups and individual interviews.	145 participants	The term mental health was not salient and understandings of it were often uncertain. The study highlighted a number of mental health needs experienced by young people. On the whole, listening and support appeared to take priority.
Best et al. (2013)	-	To identify both the **beneficial** and harmful effect of online communication and social media on the mental wellbeing of young people.	Systematic narrative review	43 articles reviewed	The systematic review revealed contradictory evidence while revealing of robust causal research regarding the impact of social media on mental wellbeing of young people.

Brand et al. 2013	Switzerland	To explore the association between mental toughness and sleep within a sample of adolescents.	Cross-sectional Study	284 participants	Mental toughness was associated with a broad range of favourable sleep parameters.
Coverdale & Long, (2015)	United Kingdom	To address the gap in understanding of young persons and parents perspectives on promoting mental health and emotional wellbeing (EWB).	Qualitative study- focus groups and in-depth interviews	15 young people (aged 18-24 years) *plus 15 in-depth interviews with parents.	The key constructs for good EWB, as identified by the study participants was: stability, coping ability, happiness, confidence, balance, empathy and being grounded.
Hall et al. (2015)	North America Australia Scotland Russia	To identify what is known about how young people conceptualize positive mental health.	Critical review	11 articles reviewed	Youth positive mental health is a complex concept and requires the consideration of personal, environmental and occupational factors.
Johansson et al. (2007)	Sweden	To analyse the concept of mental health from the perspective of adolescent girls and boys, and to describe what adolescents regard as important determinants of mental health.	Qualitative-Focus group discussion and individual interviews	48 informants	The adolescents perceived mental health as an emotional experience, where positive as well as negative health is part of the concept. Family were said to be the most important determinant for young peoples mental health, closely followed by friends.
Landstedt et al. (2009)	Sweden	To explore 16- to 19-year old students' **perceptions of what is significant for mental health**, and understanding the gender pattern in	Grounded theory	29 focus groups	This study found that the dynamic processes of social interaction, performance, and responsibility were linked to adolescent mental

		adolescent mental health.			health. Boys and girls underscored the same factors as being important for mental health, but experienced them somewhat differently.
Miller, Wakefield & Sani, (2015)	Scotland	To investigate if identification with social groups is positively associated with mental wellbeing.	Cross sectional	1111(=n) aged: 13-17 years old	Higher identification with each social group predicted better mental health.
Moljord et al. (2011)	Norway	To investigate associations between physical activity, stress, and **happiness**, as well as possible sex and age differences on these variables.	Cross-sectional	1 508	Adolescents who reported they participated in physical activity 2 to 3 times per week or more, scored significantly lower on stress and higher on happiness than those who only participated in physical activity 1 day per week or less.
Oliver et al. (2008)	* Articles reported in English	To describe barriers and facilitators of good mental health among young people	Systematic Review	197 articles focusing on promotion of positive mental health	This review reveals a mismatch between the efforts of researchers addressing policy imperatives for mental health and what is known about young peoples view of their own lives.

Park, (2004)	-	To investigate what contributes to the development of life satisfaction among youth	Review	Not mentioned	Supportive parenting, engagement in challenging activities, positive life events, and high-quality interactions with significant others contributes to the development of life satisfaction.
Petts, (2014)	USA	To explore how family and religion may work in conjunction with one another to influence adolescent well-being.	Longitudinal data	5739	Attending religious services with parents amplifies the positive influence of parental interaction on psychological well-being.
Smart et al. (2007)	Australia	Provide an overview of the data on adolescent antisocial behaviour, substance use, internalising problems and **aspects of positive development and wellbeing**.	Longitudinal study	2443	This study provides insights into stability and change in the pathways to mental health.
Winefield et al. (2015)	Australia	To explore the relative contributions to young adults satisfaction with social support, personality, family and peer relationships during middle adolescence.	Longitudinal study	558	Personality and family climate variables both predict adult support, with family cohesiveness and neuroticism having the largest roles.

Informasjonsskriv & Samtykkeerklæring

Informasjonsskriv til rektor, helsesøster og foreldre

Forskningstema: Psykisk helsefremmende kompetanse blant ungdom

Mitt navn er Mari Darre Longva, jeg er utdannet sykepleier, men er nå masterstudent ved NTNU i Trondheim, ved instituttet for helsevitenskap, hvor jeg holder på med min avsluttende masteroppgave. Det overordna tema for min oppgave er psykisk helsefremmende kompetanse blant ungdom. Grunnet det økte fokuset på ungdoms psykiske helse, er jeg i dette prosjektet interessert i å se på hvilke aspekter som ungdom opplever som positive og fremmende for psykiske helse. Dette er en del av et samarbeidsprosjekt med helsesøster og doktorstipendiat Hanne N. Bjørnsen som arbeider med å utvikle et kartleggingsverktøy for psykisk helsefremmende kompetanse blant ungdom. Målet for denne delen av forskningen blir derfor å undersøke ungdoms kunnskap om faktorer som fremmer psykisk helse, og videre se om deres tanker om positiv psykisk helse stemmer overens med ulike teorier innen emnet.

Hva innebærer deltakelse i studien?

Jeg ønsker å benytte meg av kvalitative gruppeintervju av 4 til 5 informanter i hver gruppe, som går på ungdoms- og videregående skole. Spørsmålene i intervjuet vil i hovedsak dreie seg om hva elever legger i psykisk helsefremming, hvilke kunnskap de har om psykisk helsefremming, og hvilke faktorer de mener er viktig for å ha det godt med seg selv og andre. Intervjuene vil bli tatt opp på båndopptaker, og vil ta omtrent en time. Jeg vil sammen med eleven bli enig om tid og sted for intervjuet.

Hva skjer med informasjonen?
Alle innsamlede opplysninger vil bli behandlet konfidensielt. Opptakene vil bli slettet så snart prosjektet er vurdert og godkjent, senest i slutten av året 2016. Det transkriberte materialet vil bli anonymisert, hvor ingen elever eller skoler vil bli nevnt ved navn. Det vil også bli gjort en avtale om taushetsplikt innad i gruppen(e), slik at elevene skal føle seg trygge på at det de sier ikke blir sagt videre.

Frivillig samtykke
Intervjudeltagelse er frivillig, det vil si at elever har mulighet til å trekke seg når som helst uten å måtte begrunne det. Elever over 16 år trenger ikke formelt

samtykke fra foreldre eller foresatte for å delta, men om eleven ønsker det må gjerne også foreldrene informeres. For å påse at forskningsprosjektet ivaretar forskningsetiske krav, er det sendt inn og godkjent av Personvernforbudet for forskning, Norsk samfunnsvitenskapelig datatjeneste (NSD).

Jeg håper du som rektor og helsesøster har anledning til å videreformidle informasjon om forskningsprosjektet, og gi elever informasjons-vedlegget som er rettet mot dem. Håper du og elevene ser viktigheten av at ungdom selv deltar med sin kunnskap om emnet, slik deres stemme blir hørt i forhold til hvilke aspekter de selv mener fremmer psykisk helse, og videre bidra til utformingen av et kartleggingsverktøy for psykisk helsefremmende kompetanse.

Ta gjerne kontakt dersom du har noen spørsmål og ønsker mer informasjon, på følgende nummer: 97704179, eller via mail: maridl@stud.ntnu.no. Det er også mulig å kontakte min veileder Geir Arild Espenes på mail-adresse: geir.arild.espenes@svt.ntnu.no

Med vennlig hilsen,
Mari Darre Longva

Til Eleven

Hei, mitt navn er Mari Darre Longva, jeg er student ved NTNU i Trondheim, hvor jeg nå holder på å skrive min avsluttende masteroppgave. Temaet for denne oppgaven er psykisk helse, hvor jeg ønsker å finne ut hvilke tanker dere ungdommer har om hva det er som fremmer god psykisk helse, og videre tanker rundt kunnskap om psykisk helsefremming. Jeg ønsker derfor å intervjue akkurat deg som er i alderen 13 til 18 år, om du har lyst å la deg intervjue da. Det er selvsagt helt frivillig å delta, hvor deltagelse ikke vil ha noen innvirkning på skolehverdagen eller karakterer. Om du ønsker å delta, vil intervjuene ta sted utenom skoletiden, og blir tilpasset til hva som passer best for deg.

Hva deltagelse i prosjektet innebærer
I dette prosjektet er det deres tanker rundt temaet psykisk helsefremming som jeg er interessert i. Jeg er ikke ute etter å kartlegge din eller med-elevers psykiske helse, men er interessert i å høre hva dere tenker og føler er viktig for å ha det godt med seg selv og menneskene rundt seg. Derfor håper jeg dere vil ta dere tid til å delta i et fokusgruppeintervju, hvor samtalen vil dreie seg om hva som skaper positiv psykisk helse. Intervjugruppen vil bestå av rundt 4 til 5 personer, det vil si deg, sammen med tre til fire medelever, og meg. Gruppeintervjuet vil fungere som en gruppediskusjon rundt temaet psykisk helsefremming, hvor dere lytter til

hverandre, kommenterer og kommer med egne innspill. Innad i gruppen vil vi avtale en taushetsplikt, slik dere kan føle dere trygg på at det dere sier ikke blir sagt videre. Gruppe-samtalen vil ta ca. en time, og vi blir sammen bli enig om tid og sted for intervjuet. Jeg vil selvsagt prøve tilpasse meg det som passer best for dere.

Hva skjer med opplysningene om deg?
For å kunne klare å huske alt som blir sagt vil jeg bruke båndopptaker under intervjuet. All informasjon som blir samlet inn vil bli behandlet konfidensielt, det vil si at ingen andre enn meg vil høre opptaket før det blir slettet. Intervjuet vil også bli anonymisert, det vil si at verken navnet ditt eller navnet på skolen din vil bli nevnt i oppgaven. Undertegnelsen din vil bli oppbevart i et låst skap ved universitet hvor jeg studerer, og makulert så snart oppgaven er vurdert og godkjent.

Frivillig samtykke
Det er helt frivillig å delta i prosjektet, og du kan når som helst trekke deg uten å måtte begrunne det. Dersom du velger å trekke deg, vil all informasjon om deg fra intervjuet bli slettet, og vil ikke bli brukt i oppgaven.

Når man skal drive forskning er det en del lover og regler som man må forholde seg til. Studien er meldt inn til Personvern ombudet for forskning, NSD- Norsk Senter for forskningsdata AS. De har som oppgave å påse at prosjektet mitt ivaretar forskningsetiske krav. Det vil si at prosjektet er forsvarlig å gjennomføre, at ingen skal komme til skade, og at respekten for deg som intervjues blir ivaretatt.

Dersom du har noen spørsmål må du bare kontakte helsesøster ved skolen din, som kan gi deg min kontakt-informasjon. Jeg vil også komme for å informere om prosjektet i en av de kommende ukene.

Ta gjerne kontakt dersom du har noen spørsmål og ønsker mer informasjon, på følgende nummer: 97704179, eller via mail: maridl@stud.ntnu.no. Det er også mulig å kontakte min veileder Geir Arild Espenes på mail-adresse: geir.arild.espenes@svt.ntnu.no

Med vennlig hilsen,
Mari Darre Longva

Samtykke til deltakelse i prosjektet *psykisk helsefremming blant ungdom*

Jeg har mottatt og lest informasjonen ovenfor om studien *psykisk helsefremming blant ungdom*, og er villig til å delta.

Dato: _____

Signatur: _____

APPENDIX C

Geir Arild Espnes
Institutt for sosialt arbeid og helsevitenskap ISH NTNU

7491 TRONDHEIM

Vår dato: 10.05.2016   Vår ref: 48325 / 3 / STM   Deres dato: Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 12.04.2016. Meldingen gjelder prosjektet:

48325	*Psykisk helsefremmende-kompetanse blant ungdom*
Behandlingsansvarlig	*NTNU, ved institusjonens øverste leder*
Daglig ansvarlig	*Geir Arild Espnes*
Student	*Mari Darre Longva*

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/meldeplikt/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://pvo.nsd.no/prosjekt.

Personvernombudet vil ved prosjektets avslutning, 30.11.2016, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Kjersti Haugstvedt

Siri Tenden Myklebust

Kontaktperson: Siri Tenden Myklebust tlf: 55 58 22 68
Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Personvernombudet for forskning

Prosjektvurdering - Kommentar
_____

Personvernombudet legger til grunn at skoleledelsen godkjenner prosjektet.

INFORMASJON OG SAMTYKKE
Utvalget informeres skriftlig og muntlig om prosjektet og samtykker til deltakelse. Foresatte for elever under 16 år skal samtykke for sine barn. Elever på 16 og 17 år samtykker selv. Personvernombudet er enig i at 16- og 17-åringene kan samtykke selv i dette prosjektet. Vi har lagt vekt på at det er nødvendig for prosjektets formål å innhente opplysningene fra ungdommene selv. Videre har vi lagt vekt på at det ikke skal samles inn sensitive opplysninger og at prosjektet har kort varighet.

Informasjonsskrivene er i all hovedsak godt utformet, men vi ber imidlertid om at følgende tilføyes/endres:
- Mens skole er en obligatorisk arena for elever, skal deltagelse i forskning være frivillig. Forespørselen må derfor alltid rettes på en slik måte at de forespurte ikke opplever press om å delta, gjerne ved å understreke at det ikke vil påvirke forholdet til skolen eller karakterer hvorvidt de ønsker å være med i studien eller ikke. Videre bør det planlegges et alternativt opplegg for de som ikke deltar. Vi ber derfor om at det tilføyes informasjon om frivillighet og eventuelt et alternativt opplegg i informasjonsskrivet.
-Følgende setning slettes: "Dette prosjektet er derfor meldt inn til, og godkjent av Personvernombudet for forsking, Norsk samfunnsvitenskaplig datatjeneste (NSD)." og erstattes med "Studien er meldt til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS."
-Veileders kontaktinformasjon må påføres informasjonsskrivet til foresatte/elever.

Reviderte informasjonsskriv skal sendes til personvernombudet@nsd.no før utvalget kontaktes.

FRIVILLIGHET
Merk at når barn skal delta aktivt, er deltagelsen alltid frivillig for barnet, selv om de foresatte samtykker. Barnet bør få alderstilpasset informasjon om prosjektet, og det må sørges for at de forstår at deltakelse er frivillig og at de når som helst kan trekke seg dersom de ønsker det.

INFORMASJONSSIKKERHET
Personvernombudet legger til grunn at student etterfølger NTNU sine interne rutiner for datasikkerhet. Dersom personopplysninger skal sendes elektronisk eller lagres på mobile enheter, bør opplysningene krypteres tilstrekkelig.

PROSJEKTSLUTT
Forventet prosjektslutt er 30.11.2016. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:
- slette direkte personopplysninger (som navn/koblingsnøkkel)

Intervjuguide- *ungdoms opplevelse av psykisk helsekompetanse*
2016

1.Introduksjon

Hei, og hjertelig velkommen til intervju-samtale om psykisk helsekompetanse. Først, tusen takk for at dere tar deg tid i en travel hverdag og stiller opp, det setter jeg veldig stor pris på. Etter planen skal ikke dette være noe langdrygt intervju, men om dere skulle føle for noen forfriskninger eller noe å drikke er det bare å forsyne seg.

- Tilby noe mat og drikke, småprate for å danne en relasjon
  - Hilse på hverandre, der forsker kort presenterer seg selv, og forteller om sin bakgrunn. Og ungdommene forteller navn, alder og kanskje en interesse.
  - Spørre hva som skjer på skolen for tiden.
  - Hva informantene gjør på fritiden.
  - Ta opp noe aktuelt fra media relatert til psykisk helse og ungdom.

1.1 Tema

Bakgrunnen for intervjuet er det økte fokuset på psykisk helse blant ungdom, der jeg er interessert i å undersøke hva det er som skaper god psykisk helse fremfor hva det er som gjør folk syke. Jeg ønsker derfor å spørre dere ungdommer selv hva dere mener fremme psykisk helse. Og videre ønsker jeg å se om tidligere antagelser basert på forskning stemmer overens med det dere ungdommer selv føler og tenker.

1.2 Informasjon

I dette prosjektet er vi som sagt interessert i å utforske hvilke faktorer dere ungdom mener påvirker psykisk helse positivt. Vi er veldig interessert i å høre deres meninger om positiv psykisk helse, og videre har vi lyst å diskutere et utkast til en psykisk helse kunnskaps-skala, for å høre om dere syns faktorene i skalaen er relevant for deres og jevnaldrende sin psykiske helse. Fokusgruppeintervjuet som dere er med på her nå er fokusert på diskusjon, derfor ønsker jeg at dere lytter til hverandre, og videre bygger på hverandres kommentarer, og snakker mest mulig dere imellom. Rett og slett en samtale mellom dere hvor dere lytter, kommenterer og supplerer hverandre.

Jeg vil understreke at dette ikke er en kartlegging av din eller andres psykiske helse, men heller en utforskning av hva dere som ungdom opplever som viktig for å oppleve god psykisk helse. Det er viktig å huske på at der er ingen riktige eller feile svar her, og at dere gjerne må være uenig i det som legges fram om psykisk helse kunnskaps-skalaen. Her er jeg ute etter hvordan dere opplever kunnskap om psykisk helsefremming.

1.3 Tid

- Intervjuet vil ta omtrentlig <u>en times</u> tid.
- Om dere ønsker pause er det bare å si ifra.

1.4 Etiske regler

Under intervjuet kommer jeg til å bruke en lydopptaker. Opptaket fra intervjuet vil bli behandlet konfidensielt, det vil si at ingen får vite hva dere har svart. Alle intervjuene vil også bli anonymisert, det vil si at verken du eller de andre som blir intervjuet vil bli nevnt med navn i prosjektet, heller ikke skolen du går på vil bli nevnt med navn. Vi avtaler også en taushetsplikt her innad i gruppen, slik at det som blir sagt her, ikke blir sagt videre til noen andre. Det er helt

frivillig å delta på intervjuet. Det vil si at dere svarer bare på det dere har lyst å svare på, og kan avslutte intervjuet når dere vil. Men jeg håper at dere vil være her til intervjuet er ferdig.
- Høres dette greit ut for dere?
  - Sett på båndopptaker. Ber informantene si sitt fornavn.

DEL I – eksplorativ, generelt om oppfatning av psykisk helsefremmende kompetanse

- Hva tenker du når du hører ordet psykisk helse?

- Hva tenker eller legger dere i ordet psykisk helsefremming?

  - Sier begrepet psykisk helsekompetanse deg noe?

- Hva tenker dere kjennetegner (en) ungdom med god psykisk helse?
  - Hvilke "trekk" er tilstede (og hvilke er fraværende)?
  - Hvilke ressurser har disse ungdommene?

- Hva tror dere er viktig for at ungdom skal oppleve sin psykiske helse som god?
- Hvilke ressurser, indre og ytre er avgjørende?

- Hvilke kunnskaper tenker dere er viktig at ungdom tilegner seg for at de skal klare å fremme sin egen, (og eventuelt andres) psykiske helse?
- Hvordan kan denne kunnskapen best legges til rette for ungdom?
- Hvor tenker dere ungdom kan finne informasjon som kan øke kunnskapen om psykisk helse(fremming)?
- *Hvordan påvirker sosiale medier unge menneskers kunnskap om psykiske helsefremming?*

- Hvilke holdninger mener dere ungdom i dag har til psykisk helsefremming?

DEL II & III – relatert til psykisk helse kompetanse skalaen - gjennomgang av den foreløpige skalaen

Kunnskap om positiv psykisk helse

*Først legge frem deler av skalaen og la alle i intervjugruppen se over spørsmålene, samtidig som de blir presentert i plenum for hele gruppen. Etter dette gå igjennom hvert og ett utsagn, og la informantene reflektere rundt dette.

Her er noen utsagn om ting som kan være med på å påvirke den psykisk helsen, hva tenker dere om:

Kunnskap
  1. Å ha gode venner.
  2. Å ha det trygt hjemme.
  3. Å oppleve at man klarer hverdagen.
  4. Å jobbe eller gå på skole.
  5. Å ta egne valg.
  6. Å kjenne at man er en del av et fellesskap.

7. Å sette grenser for seg selv og egen oppførsel.
8. Å føle seg verdifull uavhengig av prestasjoner.
9. Å ha kontroll over hverdagen.
10. Å oppleve mestring.
11. Å føle at man håndterer stressende situasjoner.
12. Hvordan en ser på seg selv har betydning for egen psykisk helse.
13. Jeg vet hvor jeg kan få informasjon om hva som påvirker psykisk helse positivt.

Holdninger
- *"Alle har en psykisk helse"*
- *"De som sliter psykisk kan ta seg sammen for å bli frisk"*
- *"De som sliter psykisk er smittsomme"*
- *"De som blir psykisk syke er svake mennesker"*

Helseatferd
- Å ha gode søvnrutiner
- Å ruse seg (alkohol, narkotika)
- Å spise nok og sunn mat
- Å være i aktivitet

Spørsmål relatert til skalaen:
- Hva mener dere spørsmålene måler/spør om?
- Er det noen av spørsmålene som hører under en av de andre kategorier? Som er plassert feil? (kunnskap, holdninger, atferd)
- Hva tenker dere ungdommer trenger for å fremme/ta vare på sin egen psykiske helse?
- Hvilke av spørsmålene er mest forståelig og dekkende for ungdommers behov?

Tilleggs-spørsmål:

- Om dere skulle rangere disse spørsmålene ut i fra hva dere mener er avgjørende for å ha en god psykisk helse til mindre viktig, hvilke spørsmål mener dere er spesielt viktige, og hvorfor?

- Synes dere noen av disse spørsmålene mindre viktige eller ikke avgjørende for å ha en god psykisk helse?
- Eventuelt hvilke?
- Hva er det som gjør disse spørsmålene mindre viktige?

- (Hvordan) kunne spørsmålene eventuelt bli omformulert, slik de blir mer relevante?

- Tenker dere at det er noen spørsmål som mangler for å kartlegge kunnskap om psykisk helsefremming blant ungdom? Eventuelt hvilke?

- Helt til slutt, er der noe annet dere har lyst å legge til eller kommentere?

Tusen takk for at dere tok dere tid til å delta!

APPENDIX E

Focus group with girls	Focus group with boys	Focus group mixed	Category
"Å ha god psykisk helse vil kanskje si de som har positiv psykisk helse, altså de som har god selvtillit og sånn" FG5 "Jeg tenker kanskje sikkerhet og selvtillit er veldig viktig". FG5 "Jeg tenker at det kanskje er en person som utstråler at han har det godt med seg selv". FG2 "At de er populære, og tørr å si det de føler og være seg selv". FG2 "Ja, jeg tror det er viktig å skille mellom det som på en måte er virkelig og det som på en måte er jukset til eller sånn". FG2 "Kanskje at liksom det er mange ungdommer som liksom føler et veldig press, liksom fra alle kanter, at det kanskje av og til greit å si til seg selv og den personen at dette klarer jeg ikke, eller jeg klarer ikke å oppnå det du har lyst jeg skal klare". FG6 "Tror det er viktig å ikke tro på alt de ser. Det er liksom så mye nå i dagens samfunn sånn du ser mye som er redigert". FG6 "Det er liksom en viss ro i personen. Han er på en måte ikke kaotisk. Jeg tenker at viss han har det dårlig er det lettere for å bli fort sint eller har humørsvingninger og sånn, men det er jo også så forskjellig fra person til person da". FG5 "Kanskje at de er på en måte litt fornøyd med seg selv også, det skaper vel kanskje at en har det godt og føler seg trygg". FG5	"At en er utadvendt og snill, blir godt likt av folk". FG3 "Være positiv, se lyst på framtida, og gjør det bra i livet". FG3 "Ha trua på seg selv, trives med den en er". FG3 "At en har roa på en måte, at en er sikker på seg selv". FG3 "For jenter tror jeg det er viktigere å prestere bedre på skolen å sånn, at de føler et større press der enn vi gutta gjør, at de liksom lettere blir usikre". FG3 "En sunne måte å forholde seg til sosiale medier på, er vel å forstå at ikke alt er virkelig eller ekte". FG3 "At de føler seg trygge på seg selv på en måte, at de føler seg sett av andre, og at de er verdt noe akkurat slik som de er da". FG4 "At du kjenner deg selv kanskje, at du vet hvem du selv er på en måte, og at du vet hvor du hører til. Men det er ikke så lett når en er en ungdom og skal finne sin plass, og på en måte finne seg selv". FG4 "Du blir kanskje ikke lykkeligere eller får det bedre om du får mange "likes", det blir liksom overfladisk". FG4 "Ellers så er det veldig mange som er opptatt av å vise hvor bra de har det, hvor vellykka de er". FG4	"Ja at en tåler mye da, en som tåler til og med å bli mobba, uten å gå til grunne, det må en nesten lære seg" FG1 "Ja at du tåler litt press da, men likevel kan være deg selv" FG1 "Ja men kanskje også at en tåler det å ikke alltid være best?" FG1 "Det å føle du er verdt noe er jo ganske vanskelig nå da, for det er liksom så stor press om at du skal være vellykka. Og at du liksom ikke er god nok før du har alt". FG1 "Viktig å ikke bry seg om hva alle andre sier". FG1 "Ja for da er du ikke så avhengig av kva andre syns og tenke for å ha det bra med deg selv". FG1	**Self- esteem & Self-worth**

”De har liksom folk rundt seg, eller støttespillere iallfall. Jeg tror det er en viktig faktor da. At du har noen å prate med kanskje. Noen som alltid kan være der for deg, at du ikke er alene”. FG2	”At en ikke er nervøs kanskje rundt vennene sine, at en ikke gjemmer seg, tørr å snakke om vanskelige ting”. FG3	”Spesielt dette med å ha gode venner kanskje, og ha det godt hjemme. At en har et sted hvor man kan være seg selv kanskje, og bli godtatt som en er”. FG1	**Social support & social skills**
”Føler seg trygg på seg selv og de rundt seg”. FG2	”Det å ha muligheten til å snakke med venner eller noen heime da, ellers blir en liksom alene om alt”. FG3	”Ja at du har et fellesskap å gå til..”. FG1	
”Ja være trygg på at ting går bra, og at vennene dine stiller opp”. FG2	”Kanskje du trenger rett og slett bare å få snakke om noen. Fordi selv om du har det trygt hjemme, er det ikke sikkert at du har så lyst å snakke så mye om dine indre personlige følelser eller ting”. FG3	”At det bare en noen der uansett hva det er du sliter med”. FG1	
”Altså om jeg sliter med noe går ikke jeg til kontaktlærer og bare forteller om det. Da er det egentlig veldig ofte venner, eller kanskje familie, eller så kanskje, men det er kanskje mindre sannsynlig”. FG2	”At andre liker deg da kanskje”. FG4	Du må stole på vennene dine, kunne være deg selv og fortelle alt. FG1	
”Det er jo liksom litt tøft da, jeg blir iallfall ganske paff om noen kommer til meg å forteller, jeg har en psykisk problem. Ja det blir liksom hvordan skal jeg reagere på dette liksom, si ånei, huff da stakkars deg. Det blir liksom feil det også, eller hva skal man liksom si. Skal man si det er jo liksom ikke så ille, nei det vet jeg at jeg blir skikkelig stressa av”. FG2	”At du føler deg verdsett, at du blir sett av andre”. FG4	”Det skulle det på en måte vært ulovlig å være stygg med andre, og ikke bare sånn fysisk, men sånn psykisk også, hvordan du behandler andre da, og si ting som bryter ned en person skulle vært sett på som like stygt som å stjele penger fra noen for eksempel”. FG1	
	”Venna og familie er utrolig viktig for de fleste tror jeg”. FG4		
”At en føler seg trygg, at en har noen, at en ikke er aleine”. FG5	”Ha venner som er der for deg”. FG4		
”Ja hvordan du ser på deg selv er viktig, men da blir en jo veldig påvirka av de rundt deg da. Du blir litt påvirka at de du har nært rundt deg, dine nærmeste venner og familie kanskje?”. FG5	”Ja for venner hjelper jo hverandre, men av og til er det litt vanskelig, du vet liksom ikke alltid hva du kan gjør for å hjelpe”. FG4	”Ja for det blir jo ofte sånn, det var jo bare kødd? Bare tulla? Men det går jo inn på de. Derfor er det viktig å få vite at en i lengden kan bli syk av det andre sier til en, om det er små stygge kommentarer som fortsetter over tid”. FG1	
	”Tror jenter blir litt mer påvirka av de rundt seg, hva de tenker og syns” FG4		
”Viktig at en har et godt forhold til folka som en har rundt seg” FG6	”Jentene vil også ha en større vennegjeng, og er mer opptatt av å være populær, det tror jeg har mye å si. Dei føler mer press, mens gutter klarer seg mer aleine, er ikke avhengig av å ha så mange venner for eksempel.” FG4		
”Eller respekt for andre, fordi du får det mye bedre med deg selv tror jeg om du også behandler			

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andre fint. For det er jo folk som er greie med andre som får venner". FG6

"Det med å ha gode venner da, at du har noen du kan stole på, og fortelle om problema dine, men at de ikke går å sei det videre slik det blir enda verre". FG6

"Ja for en kan jo nesten bli 'syk' om noen du stoler på begynner å spre rykter om deg". FG6

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"Jeg tror en med god psykisk helse er en som er positiv heile tiden, og har masse energi, og at en gjør det bra. En som har mange venner, ser bra ut og gjør det bra på skolen" FG2

"At du har en bra hverdagen, og at du har energi eller overskudd" FG2

"Nei en får liksom ikke gjort så mye, om du har lite energi". FG2

"En må liksom samle energi om man er sliten, med å sove etter skolen, spise god mat og bare slappe av. Men så hjelper det jo også å trene, det får en energi av". FG2

"Tenker at ungdom som har det godt med seg selv, ofte er sikre på seg selv, men også har mye energi, og en sånn positiv utstråling". FG5

"Det finnes jo folk som legger ut sånn dere skryte bilder på nettet feks. Som vil vise hvor bra de har det, og hvor bra de ser ut. Det å være sporty og trene har på en måte blitt en trend". FG5

"Å klare å komme seg på skolen for eksempel, for det er jo ikke alle som klarer å komme seg på skolen for eksempel. Du må på

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"De som er positive er sånne jeg tenker har det bra, som liksom tar utfordringer og liksom er litt på".FG3

"Føler det er bra å ha en plass du kan være populær og føle at du får til ting sammen med venner". FG3

"Ja det er viktig å være med på det som skjer av aktiviteter, som fotball for eksempel". FG3

"Føler de som har det godt med seg selv er sånne som ofte sier ja til ting, som liksom er med på alt, interessert i nye ting, og liksom er positive da". FG4

"Å bli med på aktivitet er viktig for det henger jo sammen med det å ha gode venner, og da blir en liksom en del av en gjeng". FG4

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"Selvtillit er viktig, og tørre vise seg litt fram på en måte". FG1

"Ja kanskje noen som spiller i band, som er populær". FG1

"Ja tenker det er viktig å ha noe å gjøre som en får til, enten om det er å spille fotball eller bare trikse ball sammen med venner". FG1

"Man blir på en måte mer glad av å være sammen med venner da, og gjør gøye ting sammen som man kan snakke og le om senere". FG1

"Ja også at du tåler litt press da, at du ikke blir så nervøs eller satt ut når du skal score mål for eksempel" FG1

"Men så er det lett å tenke at en må få til alt da, men altså verden går liksom ikke under om du bommer på mål heller". FG1

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Energy & social activities

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en måte orke det og ha litt energi". FG6 "Eller kanskje det å være i aktivitet er jo kanskje spesielt viktig, for å få en god psykisk helse, tenker jeg da. For viss du er aktiv med andre, får du komt deg ut og. Det gjør deg mer sosial kanskje". FG6 "Men noen er jo mer opptatt av å være aktiv for å se bra ut, for å få fine former og bra kropp". FG6 "Ja og det gjelder ikke bare jenter, flere og flere gutter legger ut sånne 'etter trening' bilder på nett også". FG6			75

Scale categories:	Focus group statements		
Knowledge	”Føler det er en god sammenheng mellom alle de ulike delene eller kategoriene som de blir kalt. Men forstår kanskje ikke helt hva som er ment med de ulike overskriftene?”.FG1 ”Ja jeg skulle til å si det, syns de ser veldig greie ut”. FG1 ”Jeg tenker at det er ganske så riktig det som står her”. FG2 ”Å ha gode venna, og ha det godt heime, å ha noen å stole på, det er iallfall viktig”. FG1 ”Ja også at du har et fellesskap å gå til..”. FG1 ”Det å ha det godt i hjemmet, godt forhold til foreldra sine er jo viktig da”. FG2 ”Ja også det her med hvordan du ser på deg selv er viktig, men da blir en jo veldig påvirka av de rundt deg da. Du blir litt påvirka at de du har nært rundt deg, dine nærmeste venner og familie kanskje?” FG2 ” Det er viktig å ha noe å gjøre sånn i hverdagen..”. FG1 ”Ja også det at du mestrer hverdagen da, at du ikke er veldig stressa for eksempel”. FG1 ”Kanskje den med at man opplever at man klarer hverdagen. Det her med mestring er jo også litt viktig. Viss jeg duger til noe så er du liksom verdt noe for deg selv og andre” FG2	”Skjønte egentlig ikke helt hva denne inndelinger er på en måte?”.FG3 ”Men tror alle de her er viktige punkt jeg”. FG3 ”Alt ser jo ut som det er viktig da. Spesielt dette med å ha gode venner kanskje, og ha det godt hjemme. At en har et sted hvor man kan være seg selv kanskje, og bli godtatt av andre”. FG4 ”Venna og familie er viktig, og de har det bra med seg selv”. FG3 ”Jeg vil nå si at de tre første, spesielt de to første er viktige. For om du har det helt forferdelig hjemme for eksempel så du ikke vil være noe hjemme, eller om du ikke hadde noen venner, og hadde bare.. Iallfall de tre første der hadde iallfall vært ganske tøft uten. Iallfall alle de tre. For da har du på en måte ingen du kan søke trygghet med eller.. noe, om du ikke har noen gode venner eller noen du kjenner”. FG3 ”Det er jo ungdom som ofte er i konflikt med for eksempel foreldrene sine da, og da får de kanskje ofte bare kritikk. Også er det liksom ingenting som er bra nok da”. FG4 ”Tror det er veldig viktig det med venner iallfall”. FG4 ”Det er jo noen som ikke finner seg til rette, som	”Jeg skjønner på en måte ikke hva kunnskap vil si her, er det det du må vite på en måte?”.FG5 ”Det ser greit ut, det er ikke noe som jeg med en gang tenker ikke burde stå der”. FG6 ”Jeg tror for eksempel at en person som ikke har støttespillere da, det trenger jo ikke å gjelde alle da, men de som vokser opp i trygge omgivelser med familier har kanskje bedre forutsetninger for å ha god psykisk helse, men ikke nødvendigvis da. Det er jo begge veier. En blir kanskje tryggere. For om en vokser opp for eksempel da med ei alene mor eller skilte foreldre da så er det jo mere vanskeligheter inn i bildet fra før av, som kan påvirke den psykiske helsa”. FG5 ”Tror det er spesielt viktig å ha gode venna, og ha det godt hjemme, å ha noen å stole på” FG6 ”Den med kontroll over hverdagen, den er kanskje litt sånn hva menes med kontroll egentlig?” FG5 ”Det her med å føle seg verdifull uavhengig av prestasjoner, det å på en måte ha en holdning til at jeg gjør mitt beste og så er det bra nok liksom”. FG6 ”Jeg tror ungdomsskoleelevene vil være mer sårbar, akkurat for det å passe inn og være litt like de andre. Enda mer enn jeg tror det er på videregående. For nå

	”Mestre hverdagen, og takle stress, og ha kontroll på hverdagen går liksom mye på den samme egentlig”. FG2 ”Det å sette grenser for seg selv føler jeg har noe med at en skal føle seg trygg på seg selv da”. FG1 ”Ja det er viktig å føle du er verdt noe uansett hva du gjør”. FG2 ”Det er viktig at en har en plass å møte folk da, at man ikke stenger seg selv inne. Sånn om du er på jobb eller skole så er jo du blant folk. Men ikke bare stenge alt ute, for da blir det verre…Fordi det er veldig mange som skyver folk vekk isteden for å få hjelp”. FG1 ”Nummer tolv kan en vel egentlig kalle for selvfølelse, hvordan en ser på seg selv. Å ha en god selvfølelse fremmer god psykisk helse. For eksempel”. FG2	ikke finner noen venner for eksempel”. FG4 ”Å ta egne valg kunne vel kanskje blitt flyttet til under holdninger. Du skal selv bestemme, og ikke hele tiden på en måte la deg påvirke eller presse av andre”. FG3 ”Mestre hverdagen, og sette grenser for seg selv, og klare hverdagen går liksom mye på den samme egentlig”. FG4 ”Å føle at en får til noe eller klarer noe, men at en ikke har for høye mål, for det er viktig med sånn mestringsfølelse”. FG4 ”Ja også har det jo litt med at du føler at du betyr noe”. FG4	er vi mer voksen på en måte, og trygge på oss selv og kanskje hvem vi er”. FG6 ” Når du kommer på videregående for da er du på en måte ferdig, du lar deg ikke påvirke på samme måte, du på en måte skiller ut hva som du velge for noen verdier og alt det der”. FG6 ”Ja for dette med å sette grenser for seg selv føler jeg har noe med at en skal føle seg trygg på seg selv da..”. FG6 ”Det å føle du er verdt noe er jo ganske vanskelig nå da, for det er liksom så stor press om at du skal være vellykka. Og at du liksom ikke er god nok før du har alt”. FG5 ”Det her med mestring er jo også litt viktig. Viss jeg duger til noe så er du liksom verdt noe for deg selv og andre”. FG5
Attitude	”Tenker det er spesielt viktig å vite at alle har en psykisk helse” FG1 ”Alle har en psykisk helse- hva betyr liksom det?”. FG2 ”Nei, den forstår jeg, men det bli liksom ikke snakka så mye om da, for alle har jo en psykisk helse”. FG2 ”Det er jo ikke smittsomt med psykisk sykdom”. FG2 ”Det er sikkert det mange ungdommer tenker at psykisk syke kan ta seg sammen, men det virker ikke riktig”. FG2 ”Varier egentlig hvordan man ser på det. Altså jeg har jo	”Ja holdninger, er det på en måte om jeg vet om holdningene påvirker på en måte?”. FG3 ”De tre nederste her var jo veldig negative!”. FG4 ”Svake mennesker, tenker folk flest det?”. FG4 ”De er kanskje ikke svake, men sårbare på en måte..”. FG4 ”Det er feil at de kan ta seg sammen, er svake og smittsomme”. FG3 ”Psykisk syke kan jo på en måte ta seg sammen, de må på en måte gjøre noe selv, i	”At alle har en psykisk helse tror jeg er mer noe som blir snakket om når folk er syke. Og jeg tror når det er snakk om psykisk helse så er det mer negativt. Negativt ladet på en måte”. FG5 ”De psykisk syke er ikke svake, men sårbare på en måte”. FG5 ”Ja at du ikke tåler like mye da på en måte, at du lar deg påvirke bare av en liten kommentar, så er liksom hele dagen din ødelagt”. FG5 ”Ja for det kan være litt tabu”. FG5

hørt folk si: å nei hun komme jo ikke på skolen, og jeg tror nå ikke at hun er så dårlig som hun selv skal ha det til, at hun ikke har det så vanskelig som hun selv tror det, så det er litt vanskelig å sette seg inn i sitasjonen. For det er mange som tror det er enklere enn det er" FG2

"De er jo heller ikke smittsomme, hadde en venn av meg vært psykisk syke hadde jo ikke jeg blitt det, men holdninger er jo smittsomme på en måte, så om folk har dårlige holdninger til de med psykisk helse kan jo det smitte over". FG1

"Ville nok ha prøvd å hjulpet en venn, men er usikker på hvordan en kan hjelpe". FG1

"Dette med fraværsgrensen, det påvirker jo veldig mye altså. Ja det ødelegger jo for de svake. Ja det på en måte gir de litt mindre motivasjon da til å faktisk begynne på skole og sånn. Så derfor så burde det komme mer inn i skolen, at det ikke er sånn tabu". FG2

"Jeg vil jo heller ikke si at de er spesielt svake heller, det spørs jo helt hva det er for noe, om det er at du har møtt veggen fordi du har hatt for mye å gjøre eller det er en bulimi eller anoreksi eller ett eller annet der. Det er jo ikke akkurat at de er svake men at, det er jo på en måte holdninger. Altså uansett hvilken sykdom du har så går det liksom over tid, og når ting går over tid blir det jo sterkere og sterkere, iallfall om du ikke har noe positivt, noen sosial støtte. Altså du er

iallfall ha lyst og motivasjon til å gjøre noe selv. Eller en vilje til å gjøre en forandring". FG3

"Viss du sliter psykisk må du ha noen å snakke med om problemene dine, som på en måte kan hjelpe deg til å tenke på andre ting". FG3

"Ja slike positive ting, slik som at dette går over, at det ikke er noe skam i det å få hjelp når en trenger det" FG3

"Men det er vel noen som er litt redd for at om de er i et miljø hvor mange er litt sånn nedfor, at det skal smitte over, for det kan jo gå ann, men det er ikke akkurat smittsomt fra de personene, men liksom sånn at viss noen hadde hjulpet meg, om jeg hadde slitt psykisk, hadde det vært større sjanse for at han også lettere ha blitt dratt ned, enn viss han ikke hadde hatt noe med meg å gjøre. Jeg tenker det". FG4

"Tenker de kanskje er noe mitt i mellom at du ikke er sterk eller svak, men har det vanskelig der og da". FG4

"Ja kanskje mer kunnskap om de at alle har en psykisk helse, for det er nok ikke alle som vet det". J, 16

"Nei det tenker faktisk ikke jeg, for de trenger hjelp, hjelp for å forstå hva de kan gjøre for å hjelpe seg selv". FG6

"Smittsom passer liksom ikke inn, de er jo ikke smittsomme". FG6

"Det er jo ikke smittsomt nei, men om du går inn i et rom der alle sitter og er sure, så blir du jo sur selv". FG6

"Jeg syns det her med at de som er psykisk syke er smittsomme var litt.. Det er iallfall ikke de jeg tenker iallfall. Stemmer ikke for meg". FG5

"De er jo heller ikke svake, men ikke sterke mennesker heller da". FG5

"Det blir for lett for andre å si at de som sliter psykisk kan ta seg sammen, det kan være vanskelig for de, men de bør søke hjelp, og vite hvor de skal gå for å få rett hjelp". FG6

"Tror det er forskjell om det psykisk problemet er noe som skjer nå, eller om det er noe som har skjedd. Det er lettere på en måte, om du forteller meg at du har slitt med noe, men at du nå er bra igjen da er det lettere for meg å svare enn viss du fortelle nå, for det er jo vanskelig å vite hvordan jeg kan hjelpe deg nå, og jeg får jo lyst å hjelpe". FG6

"Ja for du vil jo hjelpe personen, men du veit liksom ikke alltid kva du skal gjør for å hjelpe". FG6

"Og heller ikke det at en som sliter psykisk kan ta seg sammen. Altså det var jo veldig sånn strengt" FG5

jo ikke et svakt menneske på grunn av det". FG2 "Det at de som sliter psykisk kan ta seg sammen det er det sikkert noen som tenker. At de er jo ikke så dårlig som de tror de er. At de da tenker at det er noe lett som kan endres på veldig lett og sånn. Tror faktisk at det er ganske mange som tenker sånn, men det stemmer ikke". FG1 "Det er på en måte viktig at de vet hva det er de trenger hjelp til. Og hvordan de kan få hjelp til det, eller hvordan de kan bli bedre eller sånn, å få en god psykisk helse da". FG1 "At de heller ikke er smittsomme, men at en kan jo bli veldig påvirket av en person som for eksempel er veldig deppa da, en blir jo ikke så veldig glad av å være mye sammen med en som er trist eller sint". FG2 "Kunne kanskje tatt med hvordan en er med andre, for jeg har hørt at de som blir mobba kan jo få dårlig psykisk helse." FG2		".. Ja for de trenger hjelp da. Å ta seg sammen det, altså når du er psykisk syk så trenger som som regel hjelp av en eller annen støttespiller eller en profesjonell eller, ja. Også tenker jeg om dette med svake mennesker, at det at en person som har det dårlig psykisk er ikke et svakt menneske, det er bare en person som bare er dårlig psykisk akkurat nå, ikke at det er et svakt menneske for det. Men kanskje til og med heller motsatt at det er et sterkt menneske som har vært for sterk for lenge for eksempel. Men så trenger den personen litt pause. Det definerer ikke mennesket som sterk eller svak. Syns jeg da". FG5 "Så kommer jo det ann på hva som definerer et menneske som sterkt eller svakt. Skal man bare ta det ut i fra psyken eller også det fysiske, der må man kanskje ha en kombinasjon. Også tenker jeg at du kan gjerne ha litt psykiske problem, men det du klarer å prestere, eller noe ikke prestere men.. det at du aldri gir opp det gjør deg heller sterk enn svak, selv om du har det vondt med deg selv". FG5 "Det som kunne hjulpet var om flere satt seg inn i situasjonen deres kanskje, og da må de får mer informasjon Og på en måte at de kan ramme alle, det er jo mange som sier at du for en sånn, en eller anna psykisk krise i løpet av livet, at alle får det på en måte. For det er jo mange som går å tror at, slik som det står, at det bare rammer de svake eller, de som har hatt en dårlig oppvekst eller, men det kan jo skje alle". FG5

| Health Behaviour | ”Søvnrutiner den er egentlig ganske så grei da. Ja den er viktig i alt den”. FG1

”Sånn dere søvnrutiner og sånn, du får jo mer energi når du sover godt, og også når du spiser godt”. FG1

”Så istedenfor å bare fremme god helse, som å trene og sånn, så snakke mer om god psykisk helse også”. FG2

”Ja for det har jo vært veldig fokus på den fysiske helsa. At du skal trene så og så mye, gå de og de turene”. FG2

”Noen står opp midt på natta, mens noen sover om dagene. Men det er jo viktig å ha rutiner. Merker det godt, for jeg legger meg elleve ca, at det er venninner og sånn som våkner til nettene, og er oppe til klokka 4, og begynner å tekste meg klokken ett om natta” FG1

”Det å spise sunt og godt og aktivitet er også viktige”. FG1

”.. Ja for det påvirker jo humøret også, er en sulten og trøtt, blir en jo sur og i dårlig humør” FG1

”Aktivitet er viktig for der får en henge med gode venner, og det går sammen med den ene der som går på å være en del av et felleskap”. FG2

”Du skal liksom helst ikke drikke hver helg heller da, men noen gjør det for å ha det mer gøy”. FG2 | ”Tre av de punktene der er jo på en måte viktig for det fysiske, men om de tar overhånd så går det negativt for den psykiske helsen. Men jeg merker jo for eksempel det at om jeg har gode søvnrutiner og sover ihvertfall syv timer hver natt, så har jeg det mye bedre med meg selv psykisk også”. FG3

”Ja det er vel på en måte balanse som er viktig for alle disse punktene her trur jeg”. FG3

”Alt er på en måte viktig til en viss grad tror jeg. Så lenge det ikke tar over, og du finner en balanse. Akkurat sånn som dette med rusmiddel også, at du har ta deg en fest i ny og ne og sånn, men.. Men du skal ikke ruse deg hver dag. Nei det er vel ikke så veldig bra da”. FG3

”Vi ungdom spiser sjeldent sunt, og er jo kanskje ikke i så mye aktivitet, det hender jo at vi har dårlige søvnrutiner også”. FG4

”Tror ikke det å ruse seg er viktig for god psykisk helse akkurat, men alkohol det kan jo gjør at du er ute og sosialiserer deg, at du har en artig kveld. Men ungdommer er jo ikke akkurat kjent for å klare å begrense alkoholinntak, og går veldig ofte over grensa” FG3

”MOT har jo hatt den dere tørre å si nei eller ja kampanjene. Det handler vel mye om å klare begrense seg, og liksom kjenne sine egne grenser da”. FG3 | ”De har nok alle en sammenheng med den psykiske helsen, men jeg mener nå det at man ikke må spise sunn mat for å ha en god helse da”. FG5

”Altså man kan spise vanlig mat, det har vært litt for mye fokus på sunn mat. At en skal være så sunn hele tiden”. FG5

”Spis en bolle, slapp av! Det her med å være så sunn kan fort bli usunt”. FG5

”Om du sover lite vil du få mindre energi, sitte inne bli late og isolert, kanskje de bare blir sittende å spille data og da er oppe til langt på natt, og blir enda mer ensomme siden de sove når andre er våkne. De kan liksom ikke ta del i aktiviteter hvor du møte andre venner og slikt”. FG6

”Du blir så sliten. Ja du blir så sliten, sover du ikke, blir ting så tungt”. FG6

”Ja skolen begynner jo også nokså tidlig, så en er alltid liksom trøtt”. FG6

”Nei en får liksom ikke gjort så mye, har lite energi”. FG6

”Å være aktiv det er liksom litt sånn, fordi jeg har jo sett på denne, litt av denne 'Jeg mot meg' eller hva det heter på tv, og der er det jo en sånn fyr som sliter, og det kommer jo av dette med at alle skal trene og alle skal gå tur, alle bør være medlem av Stamina. Selvfølgelig så bør du være i aktivitet for det hjelper jo på, men ikke drive med noe sånn fanatisk på en måte”. FG5

”Også er det kanskje mer fokus på trening litt på grunn av mediene også. At det er |

			mer om kropp og trening å sånn der. At det på en måte gjør deg mer vellykka da for andre, at du har bra kropp og trener".FG5