

A STUDY TO DESCRIBE THE EXPERIENCE OF ADOLESCENT GUYS WHO ARE HAVING MENTAL HEALTH PROBLEMS WHEN THEY CONTACT A PUBLIC HEALTH NURSE

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Abstract

It was shown that there were gender disparities in depressive symptoms as well as in family conflict and economics as well as in lifestyle habits and school satisfaction, with girls reporting greater proportions (I) of usage of the school health service. When it came to obstacles, the boys said they had difficulties talking about their mental health problems with the PHN and their peers because of their fear of being identified. With these hurdles over, the boys saw the PHN as someone they could trust and rely on for help (II). The school health service and interprofessional collaboration (IPC) are critical in identifying students who have mental health issues. Disadvantages of the IPC include things like lack of standards and goals and being dependant on others, among others (III, IV). When it comes to mental health issues, girls are three times more likely than boys to seek help from the school health centre. The lads cited a number of obstacles that prevent them from going to the PHN. The visit became a success once they overcame these difficulties. The PHN has a significant role in promoting mental health in adolescents, and IPC is critical in this context. Accessibility, confidentiality, and reliance on others all have an impact on IPC in school and the school health service. While the experiences of the experts engaged varied, when it worked, it was viewed favourably.

Keywords: mental health problems, public health nurse, secondary school

1. Introduction

Teenagers ages 13 to 19 with mental health issues were the subject of this thesis. Secondary and upper secondary school students between the ages of 13 and 19 make up this group. For the WHO, adolescence is defined as the age range of 10 to 19 years, which it characterizes as a "unique and formative era" (WHO, 2018a). Between puberty and achieving some degree of self-sufficiency, adolescents are commonly characterized as adolescent (Blakemore & Mills, 2014).

The shift from a kid to an adult may be a tough one for many people. Although it may be separated into two distinct stages, the adolescent years are marked by significant mental and physical transformations (Moksnes, Byrne, Mazanov & Espnes, 2010). Early adolescence is characterized by rapid physical, cognitive, social, and emotional development between the ages of 10 and 14. The physical growth of both sexes is crucial. Despite their rapid cognitive and emotional growth, teenagers have a limited ability for abstract reasoning, but their intellectual curiosity grows and becomes increasingly essential. Adulthood is described as occurring between the age of 15 and 19. Girls' physical growth slows down around this time, although it continues for boys (Sawyer et al., 2012). It is crucial to continue to develop one's capacity for abstract thinking, as well as one's ability to define objectives and ponder on the meaning of life, throughout this period (Blakemore & Mills, 2014).

Pupilhood is one of the physical changes that occur as a kid transitions into a teenager. People's onset of puberty varies from one individual to another, and there are distinct distinctions between male and female adolescents. Furthermore, societal circumstances have an impact on the onset of puberty (Haanes & Hjermann, 2009). Young people are spending more time in school as the onset of puberty has reduced over the past several decades. Early puberty and the assumption of adult duties at a later age have combined to lengthen adolescence and alter public perceptions of it (Sawyer et al., 2012).

Adolescence is a time when young people's minds go through a variety of phases of development, according to psychology. They begin to separate themselves from their parents and create their own distinct identities.

Peers have a greater impact, and a person's popularity among their peers has a significant impact as well (Blakemore & Mills, 2014). When it comes to building a sense of self, it is crucial to include societal norms and values (Hyggen & Stefansen, 2016). Berger and Luckmann (2011) describe the socialization process as a constant introduction to the society's objective environment for an individual. Adolescents' identification with society's norms and culture can be influenced by the socialization they receive (Berger & Luckmann, 2011). Belonging, a social circle, and a willingness to get involved in the community are crucial (Hyggen & Stefansen, 2016). School is one of the most important places for adolescents to socialize (Berger & Luckmann, 2011). Adolescents' development and social integration are influenced by their environment. The process of socialization includes the transmission of culture from one generation to the next (Frnes, 2018). Young people are becoming increasingly responsible for their own lives and job choices as they form stronger bonds with their peers and mentors (Glavin & Erdal, 2017). Social and emotional development is defined by a high level of self-involvement, fluctuating between high expectations and low self-esteem, as well as a constant desire to adapt to one's changing physical appearance by worrying about seeming normal (Blakemore & Mills, 2014).

An individual's ability to manage with everyday stress, work efficiently and fruitfully, and give back to their community is defined by the WHO as "a condition of well-being in which the individual realizes his or her own talents" (WHO, 2018b). Adolescent mental health issues are a global public health concern and a new priority, according to the World Health Organization (WHO) (WHO, 2014). People with mental health issues are affected by their ideas, feelings, and behaviors, as well as their interactions with others in social situations (Holen & Waagene, 2014). Adolescents who suffer from mental health issues pay a price, both financially and socially (Skogen et al., 2018).

Determining mental health issues is a complicated process that involves the use of a variety of terms such as "mental sickness," "mental condition," and "mental anguish." When a doctor or other medical professional determines that a patient has a mental illness, the term "mental disorder" or "mental ailment" is used. The ICD-10 (World Health Organization, 1999) is used in Norway to identify mental illnesses in children and adolescents (Reneflot et al., 2018). In this thesis, the term "mental health disorders" refers to a broad spectrum of mental illnesses, from self-reported symptoms like anxiety and a mildly depressed mood to symptoms that fulfill the requirements for a diagnosis. Anxiety and sadness are common reactions to stressful life events, and they are generally transient in nature (Bremberg & Dalman, 2015).

2. Literature Review

Nurses in Norway who specialize in health promotion and illness prevention are known as public health nurses (PHNs) (FOR-2005-12-01-1381, 2005). To become a PHN, one must first complete three years of nursing school. Post-secondary education (60 ECTS) and/or a Master's degree (120 ECTS) are required for PHNs (Norwegian Nurses Organization, 2016a). Health promotion and illness prevention for children and adolescents aged 0–20 and their families are a specialty of pediatric nurse practitioners (PHNs). They do not provide therapy, but they do monitor and assist children, adolescents, and families who show early indicators of special needs. In addition, they recommend teenagers who require therapy or follow-up from other sources when they are not directly responsible for meeting those needs (Norwegian Directorate of Health, 2017). Nursing and public health philosophy and practice are combined in public health nursing in Norway. A PHN can work in a children's health center, a school health center, or a health center for

As a health care service for refugees as well as a preventative health care programmer for adolescents.

Although the PHN is a Norwegian-only profession, it has several characteristics with other health care occupations across the world. In different regions of the world, different words are used for the same thing. International literature uses terms like school nurse, district nurse, community nurse, and health visitor.

Only the PHN in Norway has completed postgraduate training in child and adolescent health promotion and illness prevention. 'The practice of helping individuals to increase control over and enhance their health' is how the Ottawa Charter defines health promotion (WHO, 1986). The goal of health promotion, then, is to empower people and communities to take charge of their own health and well-being. Salutogenesis is critical in this situation. Salutogenesis is the study of what elements contribute to a person's well-being. The continuum between good health and ill health may be characterized in terms of aspects that contribute to health. As a continuum of health, emphasis is paid to the elements that promote health in the proper way for individuals on the continuum (Antonovsky, 2013).

With the purpose of preserving and improving general wellbeing, the Norwegian healthcare system places a high value on health promotion (Ministry of Health and Care Services, 2019). On top of that, the public health political platform places a high value on nursing's role in helping people stay well at every stage of life at all stages of their lives through promoting health and preventing disease (Norwegian Nurses Organization, 2016b). Talking about mental health with teenagers is a good strategy to improve their well-being (Olander & Koinberg, 2017). Every time the PHN and the teens get together, they have this conversation. The method used by the PHN is critical to the dialogue's overall quality. In addition to promoting health, the PHN should help create a positive psychosocial climate at the school (Norwegian Directorate of Health, 2017).

The PHN's responsibilities and workload in Norway have evolved through time, much like in other nations (Clancy & Svensson, 2007; Philibin et al., 2010). There has been a shift in the topics that teenagers bring to the PHN, from injury and infection prevention to mental health issues (Glavin, Helseth, & Kvarme, 2007; Steffenak, 2014). There are also cooperation with other school staff members is essential (Larsen, Christiansen, & Kvarme, 2016).

The Norwegian word for 'PHN' was 'helsesster' until January 1, 2019. As a result, 'helsesykepleier' was coined. Changes in the name were made to make it clearer that the PHN ('sykepleier' in Dutch) had previously worked as a nurse ('sykepleier'). It was also motivated by a desire to have a term that was devoid of any gender connotations and a desire to attract more males to the field. Over 4000 PHNs are employed in Norway today; of them, eleven are males, seven of whom work in the school health service (Bergsagel, 2019).

3. Research Gap

In order to promote and prevent disease, PHNs are responsible for providing low-threshold school health services that are accessible to adolescents. In the 1920s and 1930s, the school health service was first formed. A few decades ago it was all about combating infectious diseases; nowadays it's all about dealing with mental and emotional issues. Students with mental health issues might be identified via the school's health

services (Ministry of Health and Care Services, 2019). School health services in Norway are mandated by the Act on Municipal Health and Care and are responsible for ensuring the health and well-being of adolescents, among other duties (LOV-2011-06-24-30, 2011). Children and adolescents between the ages of 5 and 20 are covered by the school health service. Adolescents can get prenatal care at these clinics, which are conveniently placed on school grounds (FOR-2018-10-19-1584, 2018). The job involves teaching teenagers how to manage their own lives and make their own decisions regarding their health and lifestyles. According to the Public Health Act, a school health service shall have an overview of the health situation of adolescents (FOR-2018-10-19-1584, 2018). (LOV-2011-06-24-29, 2015).

The PHN is a key component of the school health programme and serves as a leader and coordinator (Magalnick & Mazyck, 2008). An additional physician and physical therapist should be employed by the school health service (LOV-2011- 06-24-30, 2011). As it is, this isn't the case in most of Norway's municipalities, where PHNs are often the only health care professionals involved in the school health service. Norwegian researchers found that a number of school health services were not staffed in accordance with national guidelines for PHNs. A mere 14% of the students at this institution attend classes there.

Every day, a PHN was present in the health care system (Waldum-Grevbo & Haugland, 2015). As a result, the school health service may provide various options to students based on where they go to school.

Findings from research suggest PHNs play a variety of roles in school health services. Teachers, parents, and adolescents all benefit from their presence (Bohnenkamp et al. 2015; Reuterswärd and Hylander, 2017; et al. 2016). Guidance, counselling and assistance in various school contexts are also part of the job description (FOR-2018-10-19-1584, 2018). PHNs in Norwegian schools spend more than half of their time dealing with mental health issues, indicating a pressing need for them to be well-versed in the field. The PHNs emphasised the necessity of being present at school and having an open door so that teenagers with mental health issues may become acquainted with them (Skundberg-Kletthagen & Moen, 2017).

As part of the school health service, the PHN can promote mental health and prevent mental illness. As part of the school health services, PHNs are required to collaborate with other experts. There are no studies on how teenage males feel about going to the PHN for mental health issues. Studies on how the PHN responds to IPC for teenagers with mental health issues are similarly limited. Because of this, it is necessary to learn more about how a PHN works in the school health service with regard to adolescents with mental health issues and how the boys feel seeing the PHN.

4. Research Objective & Methodology

IPC has been found to be crucial in schools for teenagers with mental health issues (Bohnenkamp et al., 2015). IPC is used in this research to define the collaboration between various health care specialists and the school health service. As defined by the World Health Organization (WHO), IPC is a collaborative effort by health care professionals from a variety of disciplines to provide the best possible care for patients, families, and communities (WHO, 2010). As a result of this collaboration, more can be accomplished than could be done by a single professional alone (Mellin & Weist, 2011). Complex, voluntary, and dynamic; it requires a wide range of abilities (D'Amour, Ferrada-Videla; San Martin Rodriguez; Beaulieu)

IPC's mission is to develop a comprehensive service offering for customers in need of more specialized products and services (Morrison & Glenny, 2012). Collaborative and dedicated management abilities are essential to achieving this aim (Hesjedal, Hetland, & Iversen, 2015).

The relevance of IPC in schools and the school health service has been emphasized in government papers. IPC is essential in identifying and preventing mental health issues and in dealing with complicated issues (Ministry of Health and Care Service, 2009). An emphasis is placed on collaborating with school employees to provide a positive psychosocial and physical learning and working environment for students (FOR-2018-10-19-1584, 2018). School health services should take the lead if there are no established collaborations, according to the guidelines (Norwegian Directorate of Health, 2017). Teachers' instructions for working together in the school health services were ambiguous in the past because of a lack of clarity in the partnership. Teachers formerly had no obligation to work with the school health department. Currently, they are required to do so (LOV-1998-07.17-61, 1998). IPC between schools and necessary municipal services connected to adolescents' health issues, such as the school health service, was mandated and underlined in 2018 in the Education Act. As a result of this last amendment, coordination between schools and school health services may become more balanced. IPC may be a technique to better working with mental health issues in schools. The data gathering period for this thesis was prior to the enactment of this penalty.

One of nursing's most important competencies is collaboration, which has been emphasized in a number of high-profile texts (Ministry of Education, 2008; Norwegian Nurses Organization, 2011). One of the pillars of public health nursing is mentioned as an essential virtue (Glavin, Schaffer, Halvorsrud, & Kvarme, 2014; Schoon, Porta, & Schaffer, 2018).

Teachers, administrators, PHNs, and other professionals work together in schools (Bohnenkamp et al., 2015). The PHN may cooperate with a different professional in the

school health services at each school. It is possible that the PHN may rely on the cooperation of a teacher who may bring them in touch with teenagers who are struggling with mental health issues. The instructor is able to see changes in the students at an early stage since he or she sees them every day. The PHNs also rely on the support and attitude of the principle.

In connection to teenagers' mental health issues (Larsen et al., 2016; Reuterswärd & Lagerström, 2010), collaboration is necessary.

IPC in schools is hampered by a lack of understanding of the benefits of IPC, a lack of access to school workers, and a lack of time in the day (Bradley-Klug, Sundman, Nadeau, Cunningham, & Ogg, 2010). Additionally, the PHN may feel excluded from IPC since they are not working on campus (Skundberg-Kletthagen & Moen, 2017).

A lot of study has been done on the benefits and drawbacks of cooperation, but very little has been done on how IPC is seen by the PHN and other professionals who work at the school. The intricacy of IPC when several specialists are engaged should be examined further. For the development of the school health service and the IPC for adolescents with mental health issues, this information is critical.

5. Data Analysis & Findings

In the past, researchers have discussed the prevalence of mental health issues in teenagers and the variables that contribute to these issues. But there is still much to say. We can get a more accurate picture of teenage mental health problems if we take into account factors like parental conflict and finances, daily routines, school satisfaction, and access to health care. Research shows that boys attend the PHN at a lower rate than girls, which is consistent with previous findings. In order to help shape the school health system, it would be beneficial to learn more about what it's like for boys to see a primary care provider (PHN).

Adolescents with mental health issues sometimes have a difficult time adjusting to the demands of school. Preventative and rehabilitative services are critical for students who suffer mental health issues. It is essential to work with teachers and others in order to help teenagers with mental health issues. To our knowledge, there are no research on how PHNs and other school health professionals experience IPC in schools and the school health service. School health services and improved IPC for teenagers with mental health issues would benefit from this information.

There are cultural standards that dictate how boys and girls should deal with life's challenges, and the findings of this thesis might be explained by looking at how boys and females are seen in society. Femininity and masculinity are deeply ingrained in our societal norms. Due to the fact that girls and boys are physiologically distinct, it is common for the differences to be attributed to natural reasons. Teenagers are forced to conform

to a variety of norms and regulations that have been established by previous generations and society throughout this phase of their lives (Aagre, 2014). If you look at the transition from childhood to adulthood, it may be understood as a social process that requires more transition and growth than in any other stage of life. Adolescents' culture is a combination of verbal expression, attitude, and awareness of fashion, music, and style preferences. Social media has had a significant impact on this culture's way of expressing itself. It is processed and diversified locally and generates the common diverse subcultures within the teenage community of adolescents (Aagre, 2014). According to nurse theorist Madeleine Leininger, culture refers to the taught, shared, and transmitted values and norms, beliefs, and practises of a particular group that influence thinking as well as decision-making and behavior (Leininger, 1985).

There has been an increase in the number of teenagers with mental health issues, according to an annual assessment of young people ages 13 to 19. They are hopeful about their future and have a positive outlook on their overall health in Norway. Adolescents, for the most part, are happy and content with their lives at home, school, and in their neighborhood, and they engage in physical activity during their free time. Nonetheless,

There are a number of teenagers with mental health issues (Bakken, 2018). Between 2005 and 2015, other nations reported a similar rise in mental health concerns (Patalay & Gage, 2019). Over the past three decades, there has been a threefold increase in the incidence of mental health disorders in Sweden (Hagquist, 2015).

6. Conclusion

When it came to being active in IPC, the PHNs were reliant on others, particularly the teachers and the administrator. This information might be useful in planning and organizing the school health service and in making decisions concerning IPC in schools.

PHNs and other school health professionals might use the information gained from this study to improve school health services and IPCs, which would assist students with mental health issues.

Studying adolescents with mental health issues, variables that are connected with mental health issues, and how PHNs and other professionals collaborate in school and school health services related to these issues were the main objectives of this thesis.

The results and possible interpretations are reviewed below, based on existing research and literature on teenagers' mental health, the PHN in the school health service, and IPC.

References

- Derdikman-Eiron, R., Indredavik, M. S., Bakken, I. J., Bratberg, G. H., Hjemdal, O., & Colton, M. (2012). Gender differences in psychosocial functioning of adolescents with symptoms of anxiety and depression: Longitudinal findings from the nord-trøndelag health study. *Social Psychiatry and Psychiatric Epidemiology*, 47(11), 1855-1863.
- Derdikman-Eiron, R., Indredavik, M. S., Bratberg, G. H., Taraldsen, G., Bakken, I. J., & Colton, M. (2011). Gender differences in subjective well-being, self-esteem and psychosocial functioning in adolescents with symptoms of anxiety and depression: Findings from the nord-trøndelag health study. *Scandinavian Journal of Psychology*, 52(3), 261-267.
- Derogatis, L. R., Lipman, R. S., Rickels, K., Uhlenhuth, E. H., & Covi, L. (1974).
- The hopkins symptom checklist (HSCL): A self-report symptom inventory. *Behavioral Science*, 19(1), 1-15.
- Edwards, A. C., Rose, R. J., Kaprio, J., & Dick, D. M. (2011). Pubertal development moderates the importance of environmental influences on depressive symptoms in adolescent girls and boys. *Journal of Youth and Adolescence*, 40(10), 1383-1393.
- Ekornes, S. (2015). Teacher perspectives on their role and the challenges of inter-professional collaboration in mental health promotion. *School Mental Health*, 7(3), 193-211.
- Ellefsen, B. (2002). The experience of collaboration: A comparison of health visiting in Scotland and Norway. *International Nursing Review*, 49(3), 144-153.
- Evensen, M., Lyngstad, T. H., Melkevik, O., Reneflot, A., & Mykletun, A. (2017). Adolescent mental health and earnings inequalities in adulthood: Evidence from the young-hunt study. *Journal of Epidemiology and Community Health*, 71(2), 201-206.
- Fargas-Malet, M., & McSherry, D. (2017). The mental health and help-seeking behaviour of children and young people in care in Northern Ireland: Making services accessible and engaging. *British Journal of Social Work*, 48(3), 578-595.
- Field, A. (2013). *Discovering statistics using ibm spss statistics*. Los Angeles CA: Sage.
- FOR-2005-12-01-1381. (2005). Forskrift til rammeplan for helsesøsterutdanningen, Retrieved from <https://lovdata.no/dokument/SF/forskrift/2005-12-01-1381>
- FOR-2018-10-19-1584. (2018). Forskrift Om kommunens helsefremmende og forebyggende arbeid i helsestasjons- og skolehelsetjenesten. Oslo: Ministry of Health and Care Services Retrieved from <https://lovdata.no/dokument/SF/forskrift/2018-10-19-1584>.
- Friedrich, A. A., Raffaele Mendez, L. M., & Mihalas, S. T. (2010). Gender as a factor in school-based mental health service delivery. *School Psychology Review*, 39(1), 122-136.
- Fröjd, S. A., Nissinen, E. S., Pelkonen, M. U., Marttunen, M. J., Koivisto, A.-M., & Kaltiala-Heino, R. (2008). Depression and school performance in middle adolescent boys and girls. *Journal of Adolescence*, 31(4), 485-498.
- Frønes, I. (2011). *Moderne barndom* (3 Ed.). Oslo: Cappelen Damm.
- Frønes, I. (2018). *Den krevende barndommen Om barndom, sosialisering og politikk for barn*. Oslo: Cappelen Damm.

- Gammelsrud, T. F., Kvarme, L. G., & Misvær, N. (2017). Hvem går til helsesøster? [Who is visiting the public health nurse?]. Tidsskrift for ungdomsforskning, 17(1), 54-77.
- Glavin, K., & Erdal, B. (2017). Tverrfaglig samarbeid i praksis: Til beste for barn og unge i kommune-Norge (3 ed.). Oslo: Kommuneforl.
- Glavin, K., Helseth, S., & Kvarme, L. G. (2007). Fra tanke til handling: Metoder og arbeidsmåter i helsesøstertjenesten. Oslo: Akribe.
- Glavin, K., Schaffer, M. A., Halvorsrud, L., & Kvarme, L. G. (2014). A comparison of the cornerstones of public health nursing in Norway and in the United States. Public Health Nursing, 31(2), 153-166.
- Goldstein, S. E., Boxer, P., & Rudolph, E. (2015). Middle school transition stress: Links with academic performance, motivation, and school experiences. Contemporary School Psychology, 19(1), 21-29.
- Golsäter, M., Lingfors, H., Sidenvall, B., & Enskär, K. (2012). Health dialogues between pupils and school nurses: A description of the verbal interaction. Patient Education and Counseling, 89(2), 260-266.
- Golsäter, M., Sidenvall, B., Lingfors, H., & Enskar, K. (2010). Pupils' perspectives on preventive health dialogues. British Journal of School Nursing, 5(1), 26-33.
- Goodwin, J., Savage, E., & Horgan, A. (2016). Adolescents' and young adults' beliefs about mental health services and care: A systematic review. Archives of Psychiatric Nursing, 30(5), 636-644.
- Graneheim, U. H., Lindgren, B.-M., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. Nurse Education Today, 56, 29-34.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. Nurse Education Today, 24(2), 105-112.
- Gronholm, P. C., Nye, E., & Michelson, D. (2018). Stigma related to targeted school-based mental health interventions: A systematic review of qualitative evidence. Journal of Affective Disorders, 240, 17-26.
- Grøholt, E. (2014). Folkehelse rapporten 2014: Helsetilstanden i Norge. Oslo: Folkehelseinstituttet.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. BMC psychiatry, 10(1), 1-9.
- Gustafsson, J.-E., Allodi Westling, M., Alin Åkerman, B., Eriksson, C., Eriksson, L., Fischbein, S. . . . Persson, R. S. (2010). School, learning and mental health: A systematic review. Stockholm: Kungl. Vetenskapsakademien.