WHEN SOMEONE HAS TO TAKE CHARGE

Youth and Mental Health: Challenges, Policy and Collaboration in Iceland, the Faroe Islands and Norway

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Nordic Centre for
Welfare and Social Issues

CONTENTS

FOREWORD

This report is the result of a collaboration between the Nordland Research Institute and the Nordic Centre for Welfare and Social Issues project, *Youth in the Nordic Region - Mental Health, Employment and Education*. The report is an abbreviated version of the research report, *When Someone has to Take Charge. Youth and Mental Health: Challenges, Policy and Collaboration in Iceland, the Faroe Islands and Norway* (Anvik and Waldahl, NF- Report No. 1/2016).

The theme of the study is young people in vulnerable situations in terms of education, work, participation and mental ill-health. The work is based on qualitative interviews held in Iceland, the Faroe Islands and Norway. The researchers Cecilie Høj Anvik and Ragnhild Holmen Waldahl of the Nordland Research Institute interviewed 22 young men and women who, for various reasons, are at risk of exclusion from important societal arenas. They also interviewed 58 professionals working with the target group at national, municipal and project levels.

We who are adults today do not know what it is like to be young today, which is why it is important to raise the youth perspective. One way to do this is to ask the young people directly, and this is a common thread throughout the report. One particularly illuminating approach is to ask young people about their everyday lives, and what they think other people's or 'normal' everyday life is like. This gives us a deeper understanding of the expectations and norms we build up for our young people today.

An increasing number of young people in the Nordic region are reporting mental ill-health, and many young people, for various reasons, are at risk of ending up in vulnerable situations. The growing mental ill-health among young people comprises one of the biggest public health challenges facing our Nordic societies. We are pleased to see that politicians in the Nordic region have agreed to allocate resources to the Nordic Centre for Welfare and Social Issues in an attempt to find solutions

In the project *Youth in the Nordic Region - Mental Health, Employment and Education*, we examine initiatives that can prevent young people aged 19-29 being given disability pensions and initiatives for young people at risk of long-term exclusion because they neither work nor study. The thresholds for support and help are often too high. Many young people who feel unwell, are anxious, and who are not 'sufficiently' ill, have no easy way to access support services. We must take the problem seriously, and lower the thresholds to help.

We describe how young people experience difficulties in their lives, but also suggest how, using cross-sector collaboration, we could organise our support structures and act quickly and cheaply, and not too late and expensively. In the Nordic region, we work in similar ways with the heterogeneous group of young people who, for various reasons, are at risk of finding themselves in vulnerable situations. At the same time, our respective approaches are sufficiently different that we can take inspiration from and learn from each other. In many areas, our welfare systems are overloaded, so a

cross-sector collaboration is needed in order to carry out the work efficiently. We already offer very good support initiatives for young people today, but we need to do more and we need to do it better. Many thanks to Cecilie Høj Anvik and Ragnhild Holmen Waldahl for their fantastic work that generated synergy effects and Nordic benefit even before the report was printed. The project reference group members Hrafnildur Tomasdottir in Iceland and Marjun Magnussen in the Faroe Islands helped to open many important doors to Cecilie and Ragnhild.

We would like to take this opportunity to thank everyone who shared their experiences and thoughts in Norway, the Faroe Islands and Iceland.

The Nordland Research Institute would also like to thank the Nordic Centre for Welfare and Social Issues for this interesting and rewarding assignment. The opportunity to travel to Iceland and the Faroe Islands to collect data about a theme that has high priority at the institute has made a unique and important contribution to our research portfolio. Many thanks to Lidjia Kolouh-Söderlund who helped create this opportunity.

The researchers who carried out the study would also like to extend thanks to Hrafnhildur Thómasdóttir, who read and verified the quality of the text describing welfare in Iceland. Thanks also to Heri Petersen, Head of Section at the Ministry of Social Affairs in the Faroe Islands, and Gestur Hovgaard, Associate Professor in Social Sciences at the University of the Faroe Islands for reviewing the text regarding the Faroe Islands. Thank you to a number of people who reviewed the Norwegian sections, including Ian Dawson, consultant, Salten District Psychiatric Centre, Nordland Hospital HF, Lene Hellesvik Hansen, County Coordinator, National Strategy Plan for Work and Mental Health, the Norwegian Labour and Welfare Administration (NAV), and Tommy Strøm, socio-educational counsellor, Bodin Upper Secondary School. Sincere thanks to John Eriksen, professor at the Nordland Research Institute, for factual quality assurance at the Nordland Research Institute, and thanks also to Terje Olsen, senior researcher at the Nordland Research Institute who reviewed parts of the report. Thanks also to the Regionalt Forskningsfond Nord, which financed the Norwegian VISUM study.

Thank you all for the fine collaboration. We hope you find the report interesting and inspiring.

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SUMMARY

In 2014-2015, researchers Waldahl and Anvik at the Nordland Research Institute carried out a qualitative study in Iceland, the Faroe Islands and Norway on the subject of young people in vulnerable life situations in relation to education, participation in working life, and mental health. The report was commissioned as part of the project *Youth in the Nordic Region - Mental Health, Employment and Education*, which was coordinated by the Nordic Centre for Welfare and Social Issues, Stockholm. *Regionalt Forskningsfond Nord* funded the Norwegian part of the study.

The report *When Someone has to Take Charge* describes and analyses the situation for vulnerable young people, on the basis of how they themselves describe it. The report also examines how public agencies and services in the three countries describe challenges, initiatives and measures relating to this group. The welfare services examined relate to education, working life, healthcare, and social services/welfare. The Nordland Research Institute has interviewed 22 young people and 58 representatives of public agencies and support services in the three countries.

The findings from the interviews with the young people show us that:

- Despite growing up in three different countries, there are many similarities in the difficulties experienced by young people today. These difficulties often stem from problematical childhoods and the period of adolescence. None of the 22 attend ordinary schools or are in work, and all are struggling in different ways with their mental health.
- Most of these young people feel that their lives are on hold, and that the future is beyond their horizons. The longer they are stuck in difficult and locked positions, the more hopeless the situation seems. Many of the young people who were interviewed had developed severe mental illnesses before they received help.
- All of them wish for a better life. The help they want is for an adult to see them and their problems, and help them to gain control of their lives.
- Many of the young people are facing complex challenges and need help in a number of life areas simultaneously. Support from the welfare services must be coordinated.

The findings from the interviews with public agencies and welfare services show us that:

- The players involved in helping the young people are working with and concerned about what they see as a growing group of young people with mental health issues.
- With some exceptions, very few address the complexity in the challenges facing the young people, and the consequences of this

for the work in and between the various services.

- In all three countries, there are many examples of good collaboration across the services on a local level. These collaborations are often initiated locally, and are only marginally governed by overall objectives/considerations.
- In order to meet the complex challenges that these young people face, there is a need for better interaction between the education, healthcare, welfare/social services and employment sectors in all three countries.
- Work on transition between secondary/upper secondary education, and following up absenteeism in upper secondary schools are important for identifying vulnerable young people, but this work varies in scope and is seldom systematised.
- The options available for young people who have dropped out of school and who cannot find work rarely provide preparation or qualifications for further education or participation in working life.
- The mental health services in Iceland and the Faroe Islands lack a comprehensive public front-line service. There is a need for local low-threshold services that can help young people before their mental health conditions become more acute. The range of mental health services is generally poor in rural areas in all three counties. One measure to improve access to low-threshold services is locating mental health staff inside upper secondary schools.
- One noticeable feature is that social welfare issues are less evident in the interviews with representatives from the Norwegian Labour and Welfare Administration (NAV) than in the interviews with representatives from the social/welfare sectors in Iceland and the Faroe Islands.

On the basis of these findings, the report raises three particular areas that should be strengthened in the work with this group of young people:

1. **Easily accessible and cross-sector pupil services in upper secondary schools.** There is a need to build up and strengthen a cross-sector pupil service in upper secondary schools. The service must be easily accessible, coordinated, and be very high profile.

2. **Comprehensive alternatives to upper secondary school.** Current services offering alternatives to young people who have dropped out of school or who cannot find a job should be more directed, customised to the individual, and coordinated. The services must promote further school education and participation in ordinary working life. More comprehensive support must be given to meet the various problem areas and challenges facing the young people.

3. **Expand and strengthen a front-line service within mental health services.** Particularly in rural areas in all three Nordic countries, there is a need to expand and strengthen a front-line service within mental health services for children and young people. This type of service could improve interaction between the health services and the other welfare services.

INTRODUCTION

There is great concern about the growing proportion of young people in the Nordic region who are left on the periphery of societal arenas as a result of mental health issues. Mental ill-health is seen as a key reason for an ever-increasing number of young people dropping out of upper secondary education, being excluded from working life, and receiving disability pension (Albæk et al. 2014a; Hultquist 2015; Markussen 2010; Olsen and Tägtström 2013b).

Norwegian and international studies show a close link between mental health issues and drop-out from upper secondary school (Breslau 2010; Markussen and Seland 2012). A Norwegian study showed that more than 40 percent of drop-out from upper secondary school could be attributed to a combination of mental health conditions and school satisfaction (Markussen and Seland 2012). This must be seen in the context of bad experiences and difficult conditions in childhood and adolescence (Anvik and Gustavsen 2012; Gustafsson et al. 2010; Lund 2014; Olsen et al. 2009; Ose et al. 2014).

Mental health issues today comprise the largest single cause of disability pensions in the OECD countries as a whole (Albæk et al. 2014a; OCED 2010). Norwegian figures show that around half of the people who have received disability pension in the course of the previous three years had a mental illness (Brage and Thune 2009, 2015). Participation in working life is considerably lower among people with mental health issues than in the rest of the working population. This is seen as a threat and a considerable cost to society, lowering productivity and increasing public costs to the social support systems. The situation is also a great burden for the individual young person, who faces challenges in establishing an independent adult life.

However, it is important to point out that participation in education and working life in the Nordic region as a whole is well above the average for the EU and the OECD countries (Albæk et al. 2014b). The vast majority of young people complete their education and enter the labour market, but the time taken to complete education is longer than that shown in official statistics for secondary education (ibid). We know that most young people do well in the long term, including those who appear in drop-out statistics and who have had tenuous links to working life for a period. Adolescence and young adulthood is characterised by uncertainty, and some deviations can be considered 'normal' within this transition period.

In this report, we are not concerned with 'ordinary' young people who make a conscious choice to enter adult life via diversions and gap years. Instead, our focus is on the group of young people who have not deliberately chosen to be on the outside, but who are increasingly excluded from central societal arenas and are in danger of not being able to establish an independent adult life.

It is among young people that mental health issues have a particularly negative effect in terms of incomplete education, lack of participation in working life, and dependence on state benefits, both in the short and long term. This group of-

ten needs frequent monitoring and coordinated initiatives from different parts of the support system. Although the Nordic countries differ somewhat in terms of young people, completion of upper secondary education and links to working life, the above challenges are common to them all. The countries also share a common challenge in finding effective ways to support this compound group of young people who are struggling with everyday life and their lives in general (Anvik and Gustavsen 2012; Frøyland and Fossestøl 2014; Hammer and Hyggen 2013; Hyggen 2015; Olsen et al. 2009)(Myndigheten för ungdoms- och civilsamhällesfrågor, 2015, 5).

The background to this study is increasing concern about the situation for young people with mental health issues. Particularly in Iceland and the Faroe Islands, knowledge is limited about how this group of young people aged 16-29 themselves experience their situation and their need for help. Nordic authorities have therefore seen a special need to find out more about the situation in Iceland and the Faroe Islands, in terms of causes, consequences and good practices involving young people in vulnerable life situations (Hyggen 2015; Markussen 2010). We have incorporated data from the Norwegian study in this report because we feel it can give an interesting and complementary base for comparing with the study from Iceland and the Faroe Islands.

PERSPECTIVES ON YOUNG PEOPLE AND MENTAL HEALTH

This report is based on qualitative interview studies carried out in Iceland, the Faroe Islands and Norway on the subject of young people in vulnerable life situations in relation to education, participation in working life, and mental health. What the young people in the target group have

in common is that they are outside or at the periphery of central societal arenas, and they are in danger of long-term exclusion. Another thing they have in common is that they, in one or more ways, face challenges on account of their mental health. It is therefore important to describe how mental health is understood in this report and in the way we tackle it.

Mental health is seen to encompass both psychological wellbeing, psychological distress and psychological suffering and disorders. The World Health Organization (WHO) describes mental health as encompassing elements like experiencing satisfaction in life, the possibility to realise one's own abilities, and coping with everyday challenges, either small or large, working productively, and making a contribution to the community (http://www.who.int/mediacentre/factsheets/fs220/en/ downloaded 7.1.16). Psychological distress is seen as burdening conditions, but which are not so serious that they are given designated diagnoses. Psychological disorders or suffering are regarded as conditions that are so serious that they fulfil diagnosis criteria (Folkehelseinstituttet, Norge).

In this study, mental health challenges are limited to self-reported distress and problems. This means that the young people on which the study is based themselves report that they have a mental health issue. Most of these at some stage have been given a diagnosis, usually in the anxiety and depression spectrum. We as social researchers have neither the professional expertise nor interest in psychological disorders as medical conditions or bureaucratic diagnoses. The information we gain in this study about such conditions is provided by the young people themselves. What we are professionally concerned with here is mental health and ill-health as

life circumstances, as an experience, and part of living. Mental health is seen as an aspect of people's health, along with physical health. Our focus is on the different contexts where mental health challenges are significant for whether the young people can study or work, and the effect of these challenges on the individual's everyday life situation (Anvik and Gustavsen 2012).

ABOUT THE ASSIGNMENT; DELIMITATION OF THEME AND RESEARCH QUESTIONS

The project *VISUM Norden - Overganger og samarbeid rundt sårbare unge* ('Transitions and Collaboration Relating to Vulnerable Young People') on which the research report *When Someone has to Take Charge* was based (Anvik and Waldahl 2016), was commissioned by the project *Youth in the Nordic Region - Mental Health, Employment and Education* run by the Nordic Centre for Welfare and Social Issues, Nordic Council of Ministers.

The remit of the Nordland Research Institute has been to provide an overview of the situation in Iceland and the Faroe Islands concerning young people aged 16-29 who are encountering challenges with regard to school, health and working life. This report is also based on findings from the Norwegian VISUM study. The focus is on causes, consequences and good examples of measures and initiatives in the three Nordic countries.

The questions that formed the basis of the studies in Iceland and the Faroe Islands were:

*   How can different collaboration forms be organised for the vulnerable group of young people so that the desired outcome is attained? This primarily concerns collaboration between the education, healthcare, employment and social sectors.
*   What alternative educational options are available for young people at risk of dropping out of their studies, and how are these organised?
*   How do services work in Norway, Iceland and the Faroe Islands in providing extra support to young people in the critical transition phases between compulsory school and upper secondary school, and between school and work?
*   What are the success criteria for projects for the group of young people who neither work nor study? What works well, and what does not, and why?

The target group for the project *Youth in the Nordic Region – Mental Health, Employment and Education* conducted by the Nordic Centre for Welfare and Social Issues is politicians, administrators and professionals in the health, education, labour market, social and welfare sectors.

The aim of the project was to describe measures and methods of working inside the complex area linking mental health, education and working life. More precisely, the mandate was to describe the range of services in Norway, Iceland and the Faroe Islands for vulnerable young people aged 16-29. Here, 'vulnerable' means young people at risk of exclusion from education and working life because of mental health issues. The researchers' visits to Iceland and the Faroe Islands comprised:

- Interviews with key players working with and for young people at risk of exclusion. Interviews with young people themselves about how they experience their life situation.
- The basis of the study was the young people's descriptions of their own experiences and their views.

This group of young people struggle to complete their education, find their way into ordinary working life, and have mental health issues. The interviews with representatives from public agencies and service providers span the broad field of welfare. This report is based on data from interviews with 22 young people and 58 professionals and employees at public agencies working in the employment, education, social/welfare and health services in the three countries.

Our aim has been to learn about the young people's situation as they describe it themselves. The themes for the interviews involved childhood and adolescence, school, working life, family and friends, networks, and everyday life. We also wanted to learn more about how public agencies and services see their work with this vulnerable group of young people. We raised such issues as: How do they address the problems of dropout and exclusion associated with mental health? How widespread is collaboration and how does it work between the school, healthcare, employment and social sectors? What alternative educational options are available for young people at risk of dropping out of their studies, and how are these organised? How do services work in Norway, Iceland and the Faroe Islands for young people in the critical transition phases between compulsory school and upper secondary school, and between school and work? What challenges are highlighted in this context?

NORDIC YOUTH'S EXPERIENCES

INTRODUCTION

The interviews with the young people involved the use of an open thematic interview guide. The guide and themes were developed on the basis of earlier interviews with the same target group in Norwegian contexts (Anvik and Gustavsen 2012; Trana et al. 2009). The interviews were designed and carried out according to a 'bottom up' perspective, i.e. we wanted the young people's own stories and narratives to be the supporting structure throughout the interview.

At the start of each interview, we explained that we planned to divide the interview into different sections – past, present and future. The first section, the past, concerned background, childhood and adolescent: we basically wanted to learn more about how their lives had been before they entered the interview room. They were free to take up whatever they felt was important in this context, and possible discussion topics included family, friends, school and leisure activities. The next section concerned the present; how would they describe their current situation? This was followed by the third section – what are their thoughts about the future? We also asked them to say something about the type of help and support they felt they needed.

We interviewed a total of 22 young people aged 17-28, but most were aged 19-20. Thirteen of the interviewees were women, and nine men. Only one of the 22 interviewees was in ordinary education at the time of the interviews, and even this person was in danger of dropping out of school. Only two had completed upper secondary education. None were in ordinary paid employment.

We talked to young people living in large cities and in smaller towns. Most of the interviewees participated in some kind of activity during the day, arranged through the employment or social office in Iceland and the Faroe Islands, or NAV in Norway; some of the activities are arranged in combination with school. All interviewees received state benefits. According to our selection criteria, none of them were in ordinary education or work, and all had mental health issues. We wanted to get into contact with young people who were struggling to complete school or find an ordinary job and who had mental health issues. Other issues discussed in this report were taken up by the young people themselves during the course of the interview.

There are many common features in the data from the three countries, so our findings are presented in the form of a summary. We present our findings according to the structure of the interviews; we begin with the background, continue with the current situation, and finally look at what the interviewees themselves have to say about the help they need.

DIFFICULT BACKGROUND AND CHILDHOOD – DISRUPTION AND BULLYING

The interviews contained so many key descriptions of difficult childhoods and adolescence that, for reasons of space, we have chosen to only include some of them. However, the ones we present here are representative of the many that have been omitted.

Many of the young people have grown up with divorced parents, something that has characterised their childhood to varying degrees and in different ways. Some of them have moved extensively, either with their mother, or back and forth between their parents; others have experienced new family constellations, with new stepparents, stepbrothers and sisters, and half-siblings. Many of the young people with divorced parents have also changed schools several times during these phases. Childhood and adolescence have been associated with difficult relationships in the immediate family.

For some of the interviewees, their parents broke up when they were very young, while for others, the separation/divorce occurred later, during adolescence. The degree to which the separation/divorce lay behind their current problems was expressed in different ways. Some of the interviewees talked a lot about how the divorce, in addition to the parents no longer living together, resulted in them having to move, change schools, establish themselves in new towns, and relate to new 'extra' families.

Two of the interviewees in Norway reported that their parents' divorces were painful turning points in their lives. In both cases, the parents separated while the children were still at primary school.

"TOO MUCH STRESS AT HOME."

One interviewee described the parents' divorce as *gruesome*. It resulted in difficult relationships, both between the divorcing parents, and between the interviewee and the parents. The divorce took place when she was quite young, but she has clear memories of it. New family constellations formed that she had to relate to, with both step- and half-siblings. Both parents relocated, and she was dragged along, and had to adapt to the new families' lives. She felt as if she had lost both parents' attention and love. She alternated between the new homes. The relationship between her and both divorced parents and their new partners became difficult and filled with conflict. She withdrew more and more into her own world, school, homework and training suffered, and she gradually developed an eating disorder. Eventually she broke down.

She has a close relationship with her grandparents. She always feels she can go to them, to get a bit of peace and freedom:

It's like a real haven. I go there when I feel there's too much stress at home. And I'm there often, and it's so peaceful there, and I'm fed and I sleep really well. I get, like free... just have a cosy time.

She describes her grandmother as *Always cheerful and the kindest person in the world. So there I'm really happy that I can just be.*

"i BECAME, LiKE, DiFFERENTLY WEiRD (STRANGE), iNSTEAD OF DiFFERENTLY COOL."

Another of the young women described her childhood up until her parents' divorce as problem-free: *I had a really lovely childhood. I went to school with my best friends*. When her parents split up, she moved with her mother and younger siblings. Starting a new school was tough. She lost contact with her old friends, she felt excluded and lonely in her new life. She had no-one she felt she could talk to. She described herself as troublesome at school, and her absences increased throughout compulsory school. She felt she was different:

... I became, like, differently weird (strange), instead of differently cool. So I went through (many years) of being bullied. A lot. And I was the type that I, I didn't accept it... if someone hit me in the face and I hit back, they got upset. And that, I thought, you've no right to be. So then I did it again... I always hit back, always.

She felt the school did not tackle the bullying: *the kids in the class, they could throw things at me in the classroom or, you know, hit me on the back of the head when they went past, and the teachers sat there and watched. But they, they never did anything.* She felt that, even though the bullying was so open, the teachers ignored it. When we asked her how that felt, she answered: *I was angry more than anything else, really. Because I thought it was unnecessary. But, yes, it was sad and lonely, and I had no-one to go to either. I had no-one outside who I could talk with.*

"i TRIED TO PRETEND i WAS SiCK."

This young woman became more and more absent from compulsory school, 1-2 days a week: *I tried to pretend I was sick, and my parents didn't have time to, what should I say, check whether I actually was sick either, so it was, like, just to say I had a headache, that was OK.* One of the other interviewees also had a lot of absences, and at upper secondary school she: *... always heard when I come to school, 'You damn truant', like... it hurts a lot.*

Most of the young people we talked with in Norway had a lot of absences while in compulsory school, and these absences increased in upper secondary school until they dropped out completely. One of them said she did not know whether she had got over the transition from compulsory school to upper secondary school, even if it was several years previously:

It was very, very difficult for me ... the first year, oh God, it was scary! Like, new class... the teachers knew nothing about me, I knew nothing about them. It was not until the start of the third year that I actually told them... Hey, I have anxiety! Before that they had been like, pointed me out in class, I had to read aloud, and performances and stuff like that ... Unfortunately, it ended up with me skipping upper secondary school a great deal. And, that was very much to do with anxiety... It's not like I couldn't be bothered ... I don't feel it's truancy, because it's not like I don't go to school because I can't be bothered to go. It's because I don't dare to go. And it's often ended up with me going home from school because I'm so nervous and stuff. So many absences, yes, they've pulled me down quite a lot.

"THE BULLYING AND I BECAME, KIND OF, FRIENDS."

One of the young men in Iceland explained that school was fine until the middle of compulsory school when a new boy started in the class, who started to bully this young man. The bully got several of the other pupils on his side. The young interviewee felt ashamed, and said he felt like a coward because he could not handle it. He also hid it from his family. He said he tried as hard as he could to change, but that eventually he gave up and that *the bullying and I became, kind of, friends.*

According to the interviewee, the school knew perfectly well what was going on, but the management did nothing about it. He moved, but was scared and intimidated, afraid that people in the new place would not like him. He was sceptical, and worried about his experiences being repeated. The bullying became like a kind of friend; it could be seen as an expression for it becoming part of his existence and everyday life.

"IF THEY DIDN'T WANT TO BE WITH ME, I DIDN'T WANT TO FORCE THEM."

A young Icelandic girl talked about a childhood and adolescence without close friends. When she did get friends, she lost them after a short time. Even if she was not subjected to bullying, she always felt alone, throughout adolescence. She said she had got used to it, and found it hard to tell whether she was lonely. She felt she had always been ignored, *I noticed it quite clearly among the other children and young people. They'd made an agreement that they wouldn't talk to me, I was just air. If they didn't want to be with me, I didn't want to force them.*

"EVERYONE IN THIS CLASS HAS A FRIEND, YOU'RE MINE."

For some people, a move away from the school where they were subjected to bullying was a positive experience. One of the young women was subjected to bullying while at compulsory school, and ended up having to move schools. She still remembers the fine way one of her new classmates welcomed her. When she came into the classroom on the first day in the new school, an empty desk was waiting for her. She sat down beside a girl, who said to her: *Everyone in this class has a friend, you're mine.* To this day, this classmate remains a good friend.

"THEN I WAS QUITE, QUITE DEVASTATED."

One of the young Norwegian men moved quite a lot during adolescence. His parents divorced when he was young and, since then, he has had limited contact with his father. He has several siblings, and also new half-siblings. Both he and one of his siblings were bullied at school. It started when the family moved to a new town, when he was at primary school. *I met people who were not good for me, and it ended up with me being bullied a great deal. I was physically bullied since the start of Year 3 to the end of the fifth, no sixth year.* The family moved again.

... by then I'd gone through many years of physical and mental bullying. They had broken various of my bones, and all sorts of things, and my parents ... didn't know anything, because I kept quiet about it. I've had a few injuries since I was about seven. And I had only just moved there, so I started to harm myself.

When they moved, ... *I was quite, quite devastated.* He started to self-harm, and made his first suicide attempt when he started secondary school.

The school days were filled with bullying, harassment and violence, and the bullies damaged his possessions. He has since understood the effect this had on him, how it affected his motivation for studying:

So I gave, like, just everything up... because I just thought that, no, I won't do it here because there's been no point in it ... it was just... Yes, it'll just go down the pan, whatever, like. So I have a way of always being a pessimist because of what I've been through.

He never talked with anyone about what he was subjected to or why it had occurred. When he lost contact with his father, he also lost the only person he could have talked to about difficult things. He didn't speak to anyone because:

My way of thinking, it was more like nobody should know about it because it was something I was ashamed of... it was just simply right that no one should knew about it and I felt no urge to talk about it... I never talked to people about stuff like that. I was pretty quiet.

One of the other young men also said he was bullied at school. The adults, his parents and the school staff, managed to stop it when he started coming home from school in tears. Even though the bullying only went on for a year, it has left deep scars, and affects him every day.

I have problems with trusting people my own age ... It was the bullying ... When I'm with people my own age, it can feel like that I'm very antisocial. I don't speak, and I don't get spoken to. I keep to myself ... I think it's mostly because I'm not sure how they can react to anything, anything I say.

He said he tries not to think too much about what has been difficult, and added: *I don't like to think about what I feel.*

"THEY KNOW EACH OTHER BETTER THAN THEY KNOW THEMSELVES."

Many of the young people in the Faroe Islands talked about growing up in small villages. Some of them described the experience as secure and enjoyable, while others felt it was isolated and small. One of the young men grew up in a small village with many members of his family around him and, as a child, he felt particularly close to some of them. However, he described the family relationships as complicated. He said a lid has been put on many things in the family, including mental health issues. He described the village he grew up in as a place where everyone knows everyone else: *They know each other better than they know themselves.*

Another young woman grew up in a small and isolated village. She remembers the transition to secondary school as being tough, switching from

the small, local village school to a large school with many pupils. At the new school, she was the only one from her village, and she knew no-one. She said that she could not remember much from her childhood other than that it was a bit boring. Distances were long, and she could not travel around on her own, so she spent a lot of time at home alone.

One of the young men started the interview by describing his childhood as *Just great!* He said that life was good until he started school. However, towards the end of the interview, he asked to take a break to get some fresh air. When he came back, he immediately asked if he could start the interview again. He then talked about being subjected to sexual abuse during his childhood. He had previously only told one counsellor. He described his situation, which involved drugs and violence in the home, bullying and violence at school.

"IT WAS TABOO, NOBODY WANTED TO TALK ABOUT IT."

When one of the young women moved, she also had to change school. She became friends with someone in the new class, but was also bullied by two boys, one in the class and one who was older. Even though the bullying took place during school time, during the breaks, no adult intervened. When she was a teenager, the problem became worse. While the bullying was going on, she developed eating disorders, but: *No adults saw or asked how I was feeling*. She was just told to eat. She says that the teachers knew about it: ... *everything, but nobody talked about it. It was taboo, nobody wanted to talk about it.*

After a weight check during a routine medical examination at secondary school, the school took action and she was sent to a GP. She was then admitted for psychiatric treatment in hospital. She has no good memories of the time in the hospital. She was treated by a psychologist who she felt was only concerned about getting her weight back to normal. She wished the treatment had been based on how she *felt*, helping her out of her perceived situation, taking things at her own pace. She was transferred to another type of treatment, but became, as she described it as *impossible*, shut herself off completely and would not let anybody in.

From the descriptions in the interviews, it is clear that insecure and difficult childhood situations took a lot of energy and attention, particularly in terms of family breakups and bullying. For those interviewees who experienced bullying, the school represented a frightening and difficult place to be, because the bullying often took place during school hours. At the same time, some of them experienced that the school did actually attempt to tackle the problem of bullying or the other problems they experienced. Subjection to bullying, as described by several of the interviewees, is very serious. To be ignored, treated like air, and to feel that they have no worth or not acknowledged by peers during their childhood can also have serious consequences for the individual.

Moving also involved changing schools. For some, this can be positive, marking a new start but, for others, it can be difficult starting somewhere new and establishing new friendships every time, with difficult experiences in their baggage. Most of the young people said that they suffered from depression, anxiety, eating disorders and self-harm, already before they completed compulsory school.

THE CURRENT SITUATION – WORK AND LIVING CONDITIONS

None of the young people had any specific experience of ordinary working life, apart from occasional short-term casual work. None of them were in ordinary work when we met them at the times of the interviews (2014 and 2015). When we describe their situation at the time of the interviews, we use the term 'the current situation'.

"... AN ALTERNATIVE TO BEING AT HOME."

Many of the interviewees in Iceland participate in some form of activation initiative, arranged by the local employment office. One said he would have started in the initiative earlier, but that he had been reluctant because it was rumoured to have a loser's label. He changed his mind because if he did not participate he would not receive state benefits. He attended the initiative daily for 5-6 hours. He regarded this initiative as being *an alternative to being at home*.

"... GOOD TO DO SOMETHING MEANINGLESS."

One of the female interviewees knew a member of staff at the activity centre that she had been in contact with earlier. If this had not been the case, she said she would never have dared or agreed to meet. She felt it would be very hard to meet with a potential employer, and said she needed help with this. She will soon have been in the activity for a year and talked about her impression after the first day: *It was good to do something meaningless*. She had suffered a lot with depression, anxiety and suicidal thoughts, and felt that to get out, to sit and put things in boxes, without

having to think too much, was good. It gave her a break from all the troublesome thoughts.

"BETTER THAN NOTHING."

One of the young women interviewed tried to find her way in working life after compulsory school, but her anxiety attacks made it constantly difficult for her to cope with a job. She had been participating at an activity centre for several months when we met her; she said that being there was *better than nothing*. She said she did not like being at home.

"THEY WANT US TO MOVE ON, FIND A JOB."

Several of the young men have places at an activity centre. One of them said that it was his mother who encouraged him to go there, but he added: *Don't ask me why I'm here*. He has been there for several years, but according to himself and the administrators, he cannot be there for long: *They want us to move on, find a job*.

Many of the young people we talked with in the Faroe Islands were in activity initiatives, but some had work placements in ordinary job situations. Some were undergoing treatment, others were trying to complete education, while others had enough on their plates in trying to cope with everyday life.

One of the women participated in a work placement for a few hours a day, some days a week. She enjoyed not having to work too much, and not to have too much responsibility. She is happy there, both with the colleagues and the tasks she is given. It is a job that involves customer

contact, and she likes meeting people. She lives with a partner, and they rent a flat together. She copes financially with the benefits she receives from the state.

Another woman has a work placement at a service company where she is very happy. She works long hours every day, it is busy, but the work environment is good. She lives at home and receives a fixed benefit from the social security office every month.

A woman moved when she was very young, found a boyfriend who she set up home with, and had children. The relationship ended when the children were very young, and she sold the flat, moved into a new flat, and received support from the state to help her in her new life as a single parent. She is not working, nor is she on a work placement. She said it is difficult to make ends meet, but she has had to fend for herself for many years, from when she was very young until she suddenly became a single mother.

Most of the young people we spoke with in the Norwegian study have activities outside the home during the day, some or all days of the week, either on work placements and/or part-time school studies. Others are mostly at home, isolated. Some attend treatment regularly, either in psychiatry or with a psychologist. They experience different challenges in their everyday lives, and most experience their situation as uncertain. Few are in targeted initiatives, but many of them are trying to find adapted initiatives to make their situation more manageable.

"I'M ALMOST JUST TIRED OF BEING TIRED."

Some of the interviewees were completing their secondary education over several years, to enable them to resolve their health issues at the same time. One of them, a young woman, is struggling with school. Her poor mental health tires her out, from when she wakes up in the morning after only a couple of hours sleep.

I'm tired. But I think I'm more than just tired – I'm almost just tired of being tired. No matter what I do, I'm tired regardless of whether it's mental or physical. And it's that I don't think I can escape from.

Another young woman has dropped out of upper secondary education. She spends most of her days in bed. She struggles with both poor physical and mental health, and feels that her situation is uncertain and hopeless. She tries to relax, by *sleeping a lot, just trying to forget things really*. She has struggled like this in periods of a week to several months.

And it's such a pain. I get worn out by it. And loads are happening somehow. My friends do things… and I miss out on a lot. So that makes me even more sad than I already am. It's strange that you can be tired from doing nothing.

One of the women gave up the work placement arranged by NAV (the Norwegian Labour and Welfare Administration). She tried to make it work, but failed. She's working a lot with her problems, and wants to return to school.

I've worked really hard with myself over the past year to gain control of myself and my thoughts … And I've started training a lot and I'm in good physical shape, so that won't be why it fails. I keep away from drugs and all those things. I've given up smoking, I've kind-of rearranged

my life so that I'm complete, because I was in a completely different place last time I was at school. I'm very, very keen to get out of the situation I'm in, and I don't want to have to depend on getting money from one system or another.

Several of the young people are in work placements, to get a break from or escape from school and to find out more about what they could imagine doing. Two of the men explained they were very happy in their placements. They experience the work environment as good, and the work tasks as meaningful.

Even if none of the young people we interviewed in the three Nordic countries participated in ordinary school or work, we see that those who take part in a permanent activity outside the home, such as an activity initiative or a work placement arranged by a public agency, feel it is positive to have something to go to. Even if some describe it as meaningless, it is a better alternative to staying at home. At the same time, some of the young people have such complex problems, largely relating to mental ill-health, that they cannot cope with active days. They struggle with anxiety, insomnia and/or depression that lead to concentration difficulties and make them tired. Some also say that a poor financial situation and living conditions affect their current situation.

ANXIETY ABOUT THE FUTURE

"i don't want to think about it."

When we asked one of the Icelandic men what he thought about the future, he replied I *don't want to think about it*. He finds it difficult to think about and relate to the big things in life, and relates most to his life here and now. Another said that he hoped to complete an educational programme in computer programming and get a job in the field. Another also hoped to complete his education, and get a job so that he could support himself.

One of the young women said that she wanted to get an educational qualification and *a job in which I can develop*. She wants to stay in the place where she lives now, because ... *it's familiar, safe, and predictable. I'm good at adapting to new things, conditions, situations, but I like best to have it as I have it now. There's so much going on in my head*. In this context, she also talks about living with suicidal thoughts. She usually says to herself: *Even if I have nothing to live for, I still have a life*. She is keen to be able to live, to look after herself.

"i just want to die."

Another young woman talked about the stress and focus on young people moving on in life in terms of education and a job. She said she does not know what she wants in the future, particularly as she does not want to continue living. She described herself as saying that she *just exists*. Her family, with whom she has little contact, encourages her, telling her she must get a job, complete an educational programme, or get admitted to hospital, but she said I *just want to die*.

Some of the young people in Iceland said that they wanted to complete their education and get a secure job so that they can support themselves and their families. They said that continuing to live in their home town was secure and predictable. They also said there are too many expectations on young people today regarding what they should do with their lives. The future is difficult to talk about or relate to, particularly when much of their energy goes to simply managing everyday life, and surviving from day to day.

One young woman in the Faroe Islands said she tried to avoid relating to the future. She described herself as someone who likes to set goals, but feels that in her current situation, she cannot. *I've learned to think: What I'm doing now, that's great. I've always been very anxious when I think about the future. It's been great to learn how to handle these thoughts. Before, I was always afraid of the future*. She wants to complete her education before she has children. At the same time, she is frightened of becoming ill again.

Another woman wanted to get an educational qualification in the field in which she is currently on a work placement. At the same time, she is worried about whether she could cope with upper secondary education. *If it gets difficult, what then? Should I continue or not?* She said she did not want to think about what life will be like as an adult.

A single mother said she wanted to go to school, complete an educational programme, and get an apprenticeship in an office. She wants a job that can be combined with being a mother. Shift work and weekend work would be difficult for her. The future worries her. *What can I do as a single mother?*

One woman said that her thoughts on the future varied according to the time of day she thought about it. On the one hand, she was looking forward to completing her education, getting a job, getting married, and having children. On the other, she added *I don't know whether I'll still be alive tomorrow*. She worries about her flat and water damage, and the car that is about to break down. She finds it difficult to make ends meet, and she is losing hope. Will she manage to complete her education?

"Life should roll on."

Another woman has to concentrate on taking one day at a time. She said that everyone has their thoughts and dreams, but her dream is to get out of the welfare support system. She takes things as they come, without a plan. She says there is a lot of focus on education, and *that life should roll on*, but too little focus on those who cannot cope. *It's important not to forget young people who need help, those who are not like everyone else*. She feels that education is the only thing that matters, but she wants to do physical work rather than use her mind.

One of the Norwegian women said that the future frightened her.

I don't dare plan tomorrow, because I don't know whether I'll survive until tomorrow. So

I don't know what to say when people ask me where I see myself in five years. I see a grave, a gravestone. So I never think about it, I never answer that question, because I don't know what to say… I get tired of giving people hopes. Because I think that, yes, if I have people who expect me to live, you can say I have a reason not to take my life. And in a way I don't want a reason not to take my life.

Another woman also thinks the future is a scary place. She does not know if she will be able to complete her education and hold down a job.

The future of one of the men is very uncertain. For a long time, he has tried not to relate to it, because it never leads anywhere, given his current circumstances. But after he got a girlfriend, one thing that has changed are his thoughts about the future.

The only future I've been able to imagine really, I think, it's like it is now, since I've got my girlfriend. That's the world to be in. Live in a fine flat. It doesn't have to be the finest of the finest, that's not necessary. Or the most expensive of the most expensive. Just a lovely, lovely flat with a kitchen and a nice room, bedroom and bathroom. I don't need any more, nothing at all. And then to have a job that I like, that I can go to every day without problems.

One woman was also cautiously optimistic about the future.

I've recently started to realise that I can take responsibility for my own future, that I actually have the chance to shape a future for myself. And that's something that's taken me a long time to understand, because I had very low self-esteem and thought that nothing was possible for me. So now I want to make plans. I want to complete an educational programme, that's my biggest goal right now, where I am now. To get a job and become independent.

Most people want to complete their education and get a job, so that they can manage and establish independent (also financially) lives. At the same time, they are facing different challenges here and now, which set conditions and also restrict their future perspective.

"i WANT SOMEONE WHO COULD KEEP AN EYE ON ME, SOMEONE WHO LiSTENS TO ME."

One of the Icelandic women said that she had suffered from anxiety throughout her adolescence. She takes medication to dampen her anxiety, but she still has a lot of social anxiety. She has undergone therapy for many years, but does not feel that it has helped. She says she feels she is not taken seriously, and feels she is under suspicion. She says that she wishes there was *someone who could keep an eye on me, someone who listens to me.*

"SOMEONE TO TAKE CONTROL."

One of the interviewees described having children as a great shock. It was very difficult, overwhelming, both for her and her boyfriend when they became parents. In addition to being young, they both had mental health problems. She also developed postpartum depression, and cried all the time. They were totally left to themselves, had no idea what was normal, what they should do. They were terrified about doing things wrong, and were uncertain whether they were doing the right thing. Even though they were offered nursing services, they found it difficult to ask for help. Their reasoning was that it could be interpreted that they were unable to cope. She would like to see a follow-up programme for young families. When she looked back on the first period as a family with a young child, she said *I lacked someone who could take control, who could say 'You will meet me THERE! Then!' Not to say,*

you should contact this and that person. But you have your pride, you want to manage on your own, not ask for help. Basically, she was saying that she needed someone to take control.

"i DON'T WANT TO BE A NUiSANCE."

We asked some of the young Norwegians to sketch their significant relationships, by drawing a circle divided into four 'sectors': family, friends, welfare services, school/work/everyday life. They were asked to draw all their 'significant people' in the circle, in any of the sectors, but very few entered anything on the diagram. Some drew their dog, a grandmother, or a friend. We then asked one of the women to say who they wished they could have placed on the diagram.

I would have liked to have had anyone, in any category, I think, apart from helpers. Because if I'd had someone at school, or a family member or friends, I wouldn't have needed a psychologist. And that's my goal, not to have a psychologist. Yes, to manage without professional help. But I don't want to be a nuisance.

Many of the young people have passed through compulsory school with various problems, without feeling they were seen, and without being identified by support services. Many of them called for a more easily accessible school health service; as one of them said, *the school nurse was not there very often at compulsory school, where there was bullying.* One women felt there was no-one who cared, and she felt *extremely helpless.* She never felt there was any warning system at compulsory school, not even when her absences became so frequent.

When another young woman looked back on her school days, she said that was when things started to become difficult, and she hid instead of going to school.

I thought... why am I doing this? Why am I not like all the others? Why don't I go to school? And I felt a complete failure. Complete and utter. It felt terrible, absolutely terrible. And when we were to meet at school the next day, when everyone asked where I'd been, I had to lie and say I'd been ill. Also, I remember thinking that there was no one who understood what it was I was struggling with. No one could understand it. And I didn't understand myself either, but I remember thinking often that I was doomed to struggle for the rest of my life.

One of the women has undergone various therapies through Child and Adolescent Psychiatry (BUP), and has now been transferred to Adult Psychiatry (VOP). She is concerned about how this will turn out: *I've been very sceptical about starting at VOP really. I'm really just looking forward to finishing with these counsellors and all these types of people ... I'm a bit tired of it.*

Another woman said that she had never talked with anyone about her experiences during adolescence. During the interview, it came out that she had been raped when she was very young, something she had never told anyone. She had no real friends she trusted, and it was difficult for her to talk to her parents about difficult things.

"iT'S ME. iT'S ME i HAVE."

A young woman described how loneliness feels: *No, there's no-one watching out for me. It's me. It's me I have. But I've never really had anyone else.* When asked whether she could talk with her parents, she said that she has not spoken with her father for a long time, and she does not want to burden her mother because her own life is also tough. *So I've never told her anything at all because I don't want to cause her more stress... So my mother knows as little as possible in that respect.*

Another young woman talked about her adolescence where she was subjected to systematic bullying and violence. She has not talked to anyone properly about what she has experienced. She has tried to develop strategies for coping with all her problems, such as: *That's life, I can't do anything about it. And that's how I have, in a way, taught myself to deal with it, by not saying anything to anyone, really, about it,* She does not want to burden her family – she thinks they have enough to contend with. At the same time, she is very close to her family: *We are very close and very fond of each other. So I'm very glad I have this family.*

"i NEVER TALKED ABOUT MY PROBLEMS, i TRIED TO HiDE THEM INSTEAD."

Another woman described how she tried to hide how she was feeling: *I was so clever all the time, I tried to trick myself that everything was ok. 'No, everything's fine', and so on. And the problems were always discovered long after they should have been.* She said that she received good help and follow-up from a coordinated welfare system. She has people in the municipality who help her with what she is trying to achieve, in terms of planning her economy and living conditions. Through the Follow-up Service and NAV, she was given a work placement in a service company.

But I, I struggled so, so hard to stick it out and get to things, and do several things at once and such like. I dropped out completely. So the job here, I soon started to become absent and... I've been away loads, and then I started to realise that I had to talk about my problems instead of hiding them. So they tried to find a solution where I had a slightly shorter working day... But it was, it was still really hard, I couldn't cope with it. And everyone asked, what, what is it you can't cope with? I don't know, I just can't cope.

She felt there were many people around her who wanted to help. She described the employer as very kind and patient, and who had full understanding for her situation. The pupil service at school, and various relevant municipal bodies all tried to help her. She said she felt ashamed at not being able to handle the situation, and developed a bad conscience:

I felt like such a failure, I felt like a nothing. I felt like garbage in society, nothing but garbage. Just the fact that I was there at work and that NAV paid to have me there, somehow. I felt, no, I felt so stupid.

One young woman talked about the difficult start she had to upper secondary school, and about the absences that built up. She said there was no one who knew how she felt, until in her third year she finally told teachers she trusted: *They were very considerate, and the teachers in my class then, they were very kind and helped me very, very much on the journey, and I still talk to them regularly and they ask how things are going.* She also said that they take her anxiety into consideration in relation to making presentations in front of the class, and arrange the school work so that she can get through it.

Another young woman talked about a teacher from secondary school:

… completely fantastic teacher who has followed me up so well. At the end of the school year, the final months, I was struggling so much. I said – I can't take any more! Then the teacher, she said: 'You can do more, and I can call you every morning and motivate you to come to school. I can come and fetch you, I can bring my car and fetch you.' It was absolutely incredible how far they would go so that I could complete that school year. I was really moved. That's why I felt really guilty that I didn't manage these things when I saw how much they wanted to help me.

She explained how positive it was to meet a teacher who cared and who … *did not want to give up on me.*

Not wanting to give up on someone is a key aspect. As we have seen, many of the interviewees had borne their problems and challenges without telling anyone about them. This was because they had no close and trusted people, that they felt ashamed, that they do not want to burden their family, or that they were afraid to

let anyone down. Many of them described how bullying and the fact that no adults intervened has made them suspicious and prevented them from relying on people. Not living up to expectations is another failure, particularly when other people have invested so much in them, in terms of both time and resources.

However, we have also seen that where they have managed to talk to a teacher in upper secondary school, for example, this had been a positive turning point for them. It is teachers who have shown understanding, followed them up and adapted the study situation so that they can complete their education themselves if they work hard. Many of the young people feel they have been given good help from various bodies in the municipality, NAV, and the pupil services in upper secondary school. It is often a matter of finding someone who can give advice and help in everyday life.

SUMMARY

What the young people have in common is that they feel they have mental health problems, they have dropped out of, or never started, upper secondary education, and they have weak or no connections to working life. The difficulties the young people describe mainly stem from difficult childhood and adolescence, circumstances that still affect them in various ways. We wanted to use data about both the past and present, and views about the future, to illuminate and study their situation in more detail.

The descriptions of childhood and adolescence include stories about difficult family situations like divorce and relocation, bullying, loneliness, abuse and learning/concentration difficulties. Few adults have noticed these young people and their problems, taken responsibility, and helped them. Many of the respondents have had few and/or weak relationships to people close to them that have trusted and been trusted by. Others are close to their families, but did not dare to open up to their parents. Respondents also brought up shame and guilt as an obstacle that made it difficult for them to share their problems with others. Many felt ashamed that they were unable to cope with life. They felt that their parents had enough problems of their own, and so talked as little as possible about how they felt. They were also ashamed and found it embarrassing that they could not manage school or work, despite the support services that have made it possible.

Only two of the 22 young people in this study have completed upper secondary education. The reasons for not starting or for dropping out of upper secondary school varied: wrong choice of programme, lack of motivation, increased absence, and knowledge gaps from compulso-

ry school, but the main reason was mental ill-health. With the various stresses of childhood and adolescence, and painful experiences from compulsory school, it is often difficult to cope on an ordinary upper secondary programme.

At the time of the interviews, 15 of the 22 were participating to varying degrees in various activation initiatives or work placements arranged by the employment office, social service offices and NAV. These activities took place either in an ordinary job, or in production schools or activity centres for young people. Some of the young people said that the initiatives were a waste of time, but everyone admitted it was good to have an alternative to just sitting at home. In this context, there are more factors that will be raised as important: adapting the support service to the individual's life situation, understanding employers and colleagues, a good work environment, and meaningful tasks.

The young people in the study had different views about the future. Some hoped for an improvement in their situation and felt it was good to have a plan and a goal about education, employment and independent adulthood; others were worried about the future, feeling it was frightening and unpleasant to even contemplate it. These young people were weary from the hopeless situation they found themselves in. Most of them felt that their lives were on hold, and that the future was beyond their horizons. The longer they are stuck in difficult and locked positions, the more hopeless the situation seems to them.

Everyone longed for a better life, but the help must be coordinated to help them to get there. The findings from the interviews with the young people show that they need an adult, someone who can sense how they feel, someone who can help them in relation to the life situation, someone who does not give up on them. They need their entire complex situation to be seen in context. This involves health services, education, preparation for working life, finance, accommodation, social network, and someone to help them take control of their own lives.

WELFARE IN ICELAND, THE FAROE ISLANDS, AND NORWAY

The three Nordic countries considered in this study each have comprehensive welfare systems. Key elements in the welfare models are that they are universal, i.e. they cover the entire population, a broad spectrum of services in the social and healthcare areas, and high levels of participation in working life (Vidje et al. 2012).

Organisations in the three countries differ with regard to areas of responsibility, and administrative responsibility is placed at different levels (national, regional and municipal). For example, both employment and social administrations are under the auspices of NAV (the Norwegian Labour and Welfare Administration) in Norway, but in the other two countries they are under different administrations. Later in this section, we will describe these differences.

The descriptions given in this section are based on how the interviewees described the range of services in their respective countries. The descriptions of Iceland, the Faroe Islands and Norway are expressions of what the public agencies and service providers themselves emphasise in the work with the target group. The aim of the descriptions is to give an insight in how the large welfare areas work in relation to young people, and to give examples of tangible practices. The three descriptions are not comprehensive reviews of the entire area of welfare services, nor do they provide an overview of previous knowledge and research in the three countries. The findings from the interviews with public agencies and service providers are presented here by country.

Population: 330,000

Capital: Reykjavik

Iceland is divided into 7 regions, 23 counties, and 79 municipalities, and there are two levels of administration: national and municipal. The municipalities are responsible for compulsory education, social services and welfare, while responsibility for health, upper secondary education and employment is at national level.

ICELAND

Certain public agencies and other bodies that encounter young people in everyday life are generally dedicated to young people and their situation. Mental health issues are addressed in various ways, as shown by the interviews with the different players.

The Icelandic educational system comprises a ten-year, compulsory education (6-15 years) and a three/four-year upper secondary education (16-20 years)[1]. The norm for young people is to continue to upper secondary school directly after compulsory school, preferably with emphasis on academic subjects. At the same time, there is a distance between the norm and practice in that many young people switch school to get a bigger choice, and many young people take a long time to complete upper secondary education. Consequently, among our interviewees, only one in three completed upper secondary school within the normal timeframe. In the following statistics, it is only around 40 percent who have completed upper secondary education by the time they are 24 (Markussen 2010). It is therefore not until figures for people aged 40 are compared that Iceland reaches the same level as the other Nordic countries in terms of the proportion of the population who have completed upper secondary education.

All the interviewees in the schools we visited give poor mental health as an important reason why many pupils struggle to complete upper secondary education. One counsellor we spoke with told us that her school has been trying for many years to find out why pupils drop out from school. She said that mental ill-health is one factor that constantly recurs. Schools often find that it is difficult to talk with pupils about mental health and that it is often only when a student has been out of school and worked for a few years that they feel ready to come back and talk about what really bothered them. This is usually anxiety or depression. The challenge for schools is to have resources and skills to follow up these pupils at an earlier stage.

Iceland has a limited school health service, with only a small organisation to follow up pupils with mental health problems. Only a few schools have a school psychologist. The school psychologists' activities range from some individual treatment, some group-based treatment and guidance towards other bodies in the health system. Schools without psychologists must refer pupils who need to help to the public health service entry points, to private psychologists or, in serious cases, to the psychiatric wards of hospitals.

A first step towards drop out from upper secondary school is often frequent absences. All the upper secondary schools we visited follow up absences as an important instrument in preventing drop out. They also have different systems for registering absence and drop out. We also found variations in what is regarded as high levels of absence. Responsibility for follow-up often falls on counsellors who have extensive areas of responsibility with large numbers of pupils.

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1 From 2015 upper secondary education was reduced from four to three years.

In each lesson, the teacher records who is present and who is absent. Where a pupil is absent, an attendance officer tries to contact the pupil. When contact is established, the attendance officer tries to find out why the pupil is absent. Depending on the reason for the absence, the attendance officer tries to bring in the relevant support service.

The teacher records absences. The computer system analyses how the absence pattern relates to subjects and week. The pupil is notified when he/she has a high level of absence. The school has appointed a member of staff who follows up absence registration. This person tries to establish an overall pattern of absence for the individual pupil, and often makes the first telephone contact. When the absence exceeds a certain limit, the counsellors are brought in. One of the counsellors we spoke with had no fewer than 900 names on her books in the autumn term 2015. The counsellors follow up the pupil and try to come up with individual measures. The counsellors find this follow-up procedure challenging, because each counsellor has so many pupils to follow up. There always has to be a weighing-up between quality and quantity.

The interviews with the representatives for schools showed great variations in how they collaborate with other players. Some schools report a close network with surrounding organisations and bodies. One school participates in a network with the police, social welfare office, medical centres and the compulsory school. Another participates in a collaboration forum with compulsory schools, the social welfare office, the police, and civil society organisations. In contrast, other schools seem to work in isolation, with no interaction with other players.

The employment service, with its network of local offices, reports an increased focus on young people in the aftermath of the financial crisis that hit Iceland in 2008. There was a clear focus, both from politicians and the rest of society, that young people should as far as possible be protected from the effects of the crisis. Many people were afraid Iceland would lose a whole generation. A number of initiatives were brought in, aimed at young people, comprising measures that would get them into employment as quickly as possible. After the crisis, it became more difficult to find jobs, particularly for young people. However, most interviewees said that those people who wanted jobs can find them today without education, for example in low-wage professions, tourism, restaurants, cleaning, and construction.

To qualify for full unemployment benefit, a claimant must have worked 100 percent for twelve months. In the first three months, a claimant receives unemployment benefit, the level of which is related to the previous wage. After three months, everyone receives the same level of benefit. Since 2015, a claimant can receive unemployment benefit for up to two and a half years. Young people over 18 who have not

earned a wage cannot receive unemployment benefit from the Directorate of Labour, but can receive financial support from the welfare office. However, young people without entitlement to financial support from the Directorate of Labour can be offered courses and guidance arranged by the Directorate.

Young people between 18 and 30 cannot receive unemployment benefit without participating in an obligatory activity (activity requirement). The minimum requirement is that the young person meets their advisor every week and participates in a course or similar activity one day a week. The main rule is that young people between 18 and 24 are required to participate in activity twice a week, while young people between 25 and 30 must participate in activity once a week. One interviewee talked about that it's about gently provoking the young person so that it is not perceived as pleasant to be without a job.

Example 3 shows how an employment office works with young people.

EXAMPLE 3

When a young person contacts the employment office, an advisor is allocated (one advisor is responsible for all young people). The advisor looks at the young person's story and, in particular, why they have contacted the employment office. If the reason is that the young person has dropped out of school without completing their education, or have lost a jobs through their own fault, they must usually wait for two months for financial support, otherwise support is provided from day one.

However, the person will receive immediate help in the form of counselling. The counsellor tries to motivate the young person and tries to find out what they want to do. The employment office is very familiar with the labour market and has a good relationship with a network of companies that they work with. One option is that the employment office can offer the young person a job for eight weeks in a company, working four hours a day. The company receives a subsidy from the employment office, and the young person receives unemployment benefit (i.e. no salary). The aim is that the young person learns about working life and what it means. If things go well, the employment office offers further training for six months. The young person then receives salary, but the company receives a subsidy from the employment office. The size of the subsidy depends on how long the young person has been without a job. Experience has shown this is the best way to get young people into work; one of the reasons is that employers are more willing to employ someone who is in some sort of activity rather than someone who is unemployed.

Another alternative is work training in a production school. This is a relatively new initiative, but many interviewees expressed a wish that it should become more widespread. A production school is a workplace for young people between 16 and 24 where they are offered work training. Most of the attendees are young men over the age of 18. The initiative is aimed at unemployed young people and those who have dropped out of school. Example 4 describes a production school.

EXAMPLE 4

In the production school, the young people are given breakfast when they arrive in the morning, and lunch in the middle of the day. During the course of the day, they work at a work station. Examples of workstations are second-hand markets, car wash, kitchen, electrical workshop, and other similar jobs. These can involve, for example, snow clearance or simple removal tasks. The adults working in the production school are mainly employed because of their expertise in the specific work being offered and not because of socio-educational counselling skills.

A review of this production schools show that approximately 70 percent leaving production school proceed to ordinary schools or work, 25 percent drop out, while 5 percent are excluded because they do not comply with the regulations.

Production schools are examples of collaboration between the Directorate of Labour and the municipalities. All the interviewees reported close collaboration between the Directorate of Labour and municipalities, represented by the social welfare offices. Example 5 shows how this can work in practice.

EXAMPLE 5

In one municipality, there is close collaboration between the local employment office, the social welfare office, and professionals working in the municipality with young people. This takes the form of the youth counsellor at the employment office working several days a week at various youth projects run by municipalities. The result is a close dialogue between the employment office and the municipality, and a constant trial of new initiatives aimed at young people. The people working in this collaboration have tried to broaden the work to also include an upper secondary school, but this has not been fully successful.

In particular, it is collaboration in two directions that the respondents from the Directorate of Labour/employment offices call for. Firstly, they point out the lack of collaboration with upper secondary schools. Secondly, they emphasise the demand and need for better collaboration in relation to the health service, both somatically, but not least in psychiatry.

The mental health service in Iceland is characterised by a lack of comprehensive public front-line services, particularly in rural areas. Many interviewees called for local low-threshold services that can help young people before their mental health conditions become more acute, and that can relieve the psychiatric wards at the hospitals. For young people who need mental health monitoring, today's services often lack continuity, and for those who live outside the capital area another problem is the long distances to the services. At schools that have school psychologists, the group is better served through low-threshold services and because the school psychologist liaises and helps young people further in the systems when necessary (specialist health service).

A common feature reported by the interviewees who work in mental health care is lack of cooperation with other players. They talk about too little interdisciplinary collaboration generally, but particularly in relation to young people.

The interviews with representatives of the social welfare office indicate an active attitude towards young people. The young people often come into contact with the social welfare office after being rejected by the Directorate of Labour because they do not have, or only have limited, entitlement to unemployment benefit. Other young people make contact directly, generally those who have been aware of the social welfare office since their adolescence.

The support offered by the social welfare office to young people between 18 and 24 who are struggling with various problems, is financial support, monthly counselling, and offers of various types of courses at upper secondary level. In order to receive social security benefits, the individual must present themselves in person to the social welfare office and meet a counsellor. Whether the individual is entitled to benefits depends on whether they are entitled to support from other services like the Directorate of Labour, and on the family's overall financial situation. If a young person is too ill to attend school or work, they must have a medical certificate to confirm this.

Generally, in order to receive support from the social welfare office, there is a requirement for participation in some kind of activity. This may involve continuing with upper secondary education, taking customised courses, working at a production school, or participating in other directed work. Many interviewees said that it is important to help the young people to set up routines in their lives. According to one, it's more important that they do something, not what they do. For the social welfare office, it is therefore an important task to get young people into an activity, and the office works with the labour market to encourage employers to accept young people.

The social welfare office emphasised greater collaboration with the Directorate of Labour in following up young people. For example, in Reykjavik there is a trial project involving closer collaboration. The interviews did not suggest there were challenges caused by the social welfare offices being municipal and the Directorate of Labour being a national body. In both the geographical areas we visited, these two bodies collaborated on offering services for young people. There are also examples of the social welfare office collaborating with schools to improve the transition from compulsory school to upper secondary school. This is shown in the following example.

EXAMPLE 6

One social welfare office collaborates with the schools in the municipality on a project in which the social welfare office screens all pupils in the final year of compulsory education for depression. The idea is that the social welfare office can then monitor pupils who suffer from depression in the final year before they start at upper secondary school.

The social welfare office has another project in one school where they try to identify pupils who are not intending to start upper secondary school. In the spring of the final year in compulsory school, a meeting is arranged with parents and pupils. A social worker follows up the pupil, who is able to visit the school in the spring and is followed up when upper secondary school starts. The pupil is also followed up during the course of the first year, if this is needed. One of the aims is that the pupil does not feel they have been overlooked.

The biggest challenge in terms of collaboration is to get the health services involved in active collaboration.
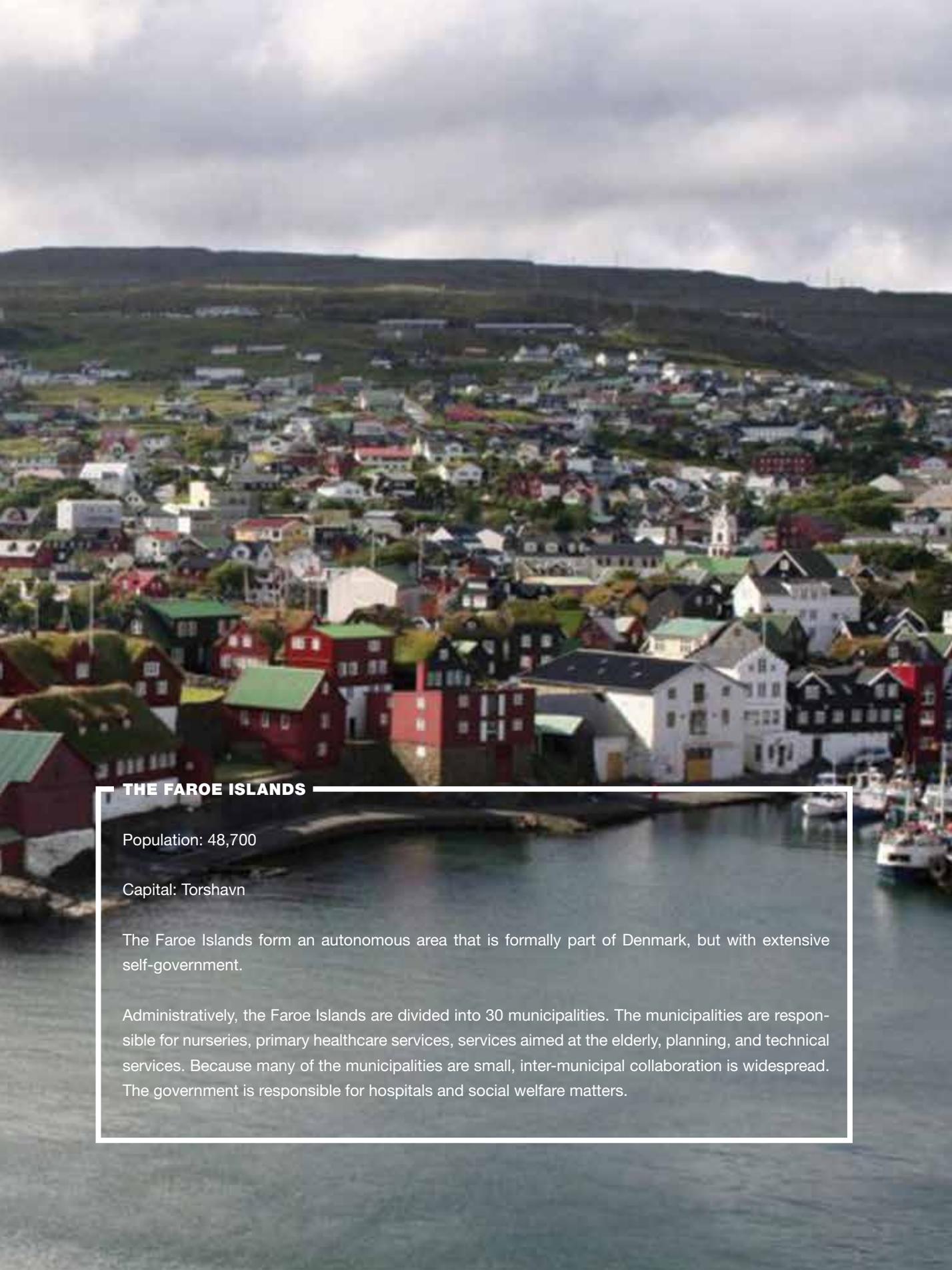
THE FAROE ISLANDS

Population: 48,700

Capital: Torshavn

The Faroe Islands form an autonomous area that is formally part of Denmark, but with extensive self-government.

Administratively, the Faroe Islands are divided into 30 municipalities. The municipalities are responsible for nurseries, primary healthcare services, services aimed at the elderly, planning, and technical services. Because many of the municipalities are small, inter-municipal collaboration is widespread. The government is responsible for hospitals and social welfare matters.

THE FAROE ISLANDS

The relevant actors in the Faroe Islands collaborate to varying degrees on matters concerning young people, mental health, and participation in education and working life. The variations include the degree to which different service areas have initiatives aimed at this particular group.

The education system comprises compulsory school (years 1-9, with the possibility of a 10th year), upper secondary school and vocational schools. According to the interviewees, 11.5 percent of pupils dropped out of upper secondary education in 2014. Registration of absence appears to be an important tool in preventing dropout. The following example shows how one school follows up absence.

Within the school system, there are generally few services for young people who are struggling to complete their education. Representatives of the upper secondary schools we talked with report a feeling of helplessness, and that they have too little contact with other actors. There are plans for a school psychologist arrangement, but so far the only service involves a privately-practising psychologist in Torshavn.

The Faroe Islands have no school healthcare service at upper secondary schools. The schools feel that many pupils suffer from mental ill-health, that this group is growing, and that the problems are often very complex. Some feel that the increase is seen in almost all of the cohort now starting upper secondary education. This means that schools are now responsible for nearly the entire youth cohort, and not just the most hard-working and most motivated.

It was also emphasised that there is no work done on the transition period from compulsory school to upper secondary school, partly because of lack of legislation.

There has been, and still is to some extent, a focus on the youth group. In conjunction with the financial crisis that hit the Faroe Islands in 2008, a group was set up to examine in more detail

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EXAMPLE 7

At the school, the head teacher was responsible for following up absence, and the school had clear procedures in place. When absences reach 4 percent of school time, the pupil is given a verbal warning; at 8 percent the pupil is given a written warning, at 10 percent the pupil loses financial support; and at 12 percent the pupil loses their place in school. While the school sets clear limits with various sanctions, it also considers the reasons for the absence. If there are 'good reasons' for the absence, such as illness, the school overlooks these limits. If the absence is because the pupil is 'lazy', it is the head teacher who follows the matter up, and the pupil is warned to improve their attitude. If the cause is mental health problems of various kinds, the school counsellor follows up the pupil. The school tries to follow up the pupil. Examples are that it can help to arrange wake-up calls for pupils who struggle to get up in the morning, or help the pupil to come into contact with a doctor.

youth unemployment and possible measures to counteract the problem. In addition to the focus on the unemployed, attention was also devoted to 'invisible' young people. The group they were looking at comprised young people aged 16-18 who had dropped out of school and who were not in work. As these young people were still under their parents' guardianship, they were not visible to the welfare system. The group tried to identify them before their 18th birthday, when they would become even more marginalised from working life.

The group also made recommendations regarding initiatives. The three most important measures were to increase the number of pupils at upper secondary school, increase the capacities of the university, and to increase the number of apprenticeships. The first two recommendations were followed. One interviewee was critical that it was the 'academic' measures that were implemented. At the same time, it transpired that the financial crisis did not hit the Faroe Islands as hard as had been expected, and unemployment returned to a normal level after a relatively short time. This meant that the need for measures was less acute, but *when the problem disappeared, so did the focus.*

Players in the employment and social services work specifically with young people and have clear strategies for how they are to follow them up. They talk about some collaboration between the employment and social services, but they also call for more collaboration. In the Faroe Islands, also, there is an alternative to conventional schools in the form of activity centre/production schools, that, to a limited extent, qualify participants for ordinary working life. Other measures used in the employment area are work placements and work rehabilitation. In a placement, an unemployed young person can try a job for two weeks while they receive a daily benefit. The arrangement does not cost the employer anything. In work rehabilitation, an unemployed young person can work for up to five months at a workplace. They receive a regular salary, but the company receives a grant equivalent to what the person is entitled to unemployment benefits. The arrangement can be expensive for the company, particularly when they employ people with a low rate of unemployment benefit. There is some collaboration between the employment and social services, primarily to ensure that people with complex problems get the help they need. However, the collaboration is more about coordination than collaboration on practical measures.

The mental health service is undergoing change through the expansion of rural psychiatric centres. The rural psychiatric centres represent a new way of working, with employed nurses. The centres serve as an extension of the hospital on the Faroe Islands, and as a point of contact with the local population. Up until now, they have been open to everyone, but because of the high demand, there is now a requirement for a referral from a municipal doctor. It is expected that these will improve front-line services in mental health services.

At national level, the Faroe Islands has a problem with professional expertise. Firstly, many professional groups travel out of the country for higher education and specialisation. This group includes doctors who train to become specialists in psychiatry. Many of those doctors who leave the Faroe Islands for specialist training never return, partly because salaries and working

conditions are often better in other countries. Secondly, some specialists have to be recruited from other countries, and the challenge is to make these long-term appointments. One of the consequences of this is a lack of continuity in the range of services for the group of young people.

According to the respondents from the health service, collaboration between different organisations is another challenge for the psychiatric health service. The respondents also point out that there is no-one who takes responsibility for the whole case, and call for better collaboration between health and social services and education.

Respondents emphasise that many villages and towns in the Faroe Islands are small, and young people may be frightened of standing out. One theme that did not come up in the interviews, with one exception, but that earlier research has identified as a challenge on the Faroe Islands, is sexual assault (Petersen et al. 2010; Petersen et al. 2013). The interviews give a clear impression that this is a difficult theme, both to discuss and to do something about in society as a whole.

In addition to the public services, there are also psychologists in private practice.,all in Torshavn. Common reasons why people visit private psychologists are anxiety and depression. For people who do not live in the capital, this means that accessing help from a psychologist involves long distances.

The authorities have granted funding for a school psychologist. Currently, there is talk of one position, but this has not yet been filled.

According to one respondent, the range of services for young people is uncoordinated, and there is little collaboration between school, psychiatric services and the privately practising psychologists.

The social welfare office can start to work with young people from when they are 16. The following example shows what happens when a young person contacts a social welfare office.

EXAMPLE 8

The first thing that happens is that the young person fills in a form where they describe themselves and their problems. Based on this, the young person has a discussion with a counsellor, where mental health, skills and capabilities are discussed. The social welfare office then draws up an action plan on the basis of the information. When this plan is implemented, measures can be initiated in relation to school or a work placement.

If the action plan includes education, the social welfare office has a mentorship arrangement. This is an older student or teacher who follows up the pupil in collaboration with the social welfare office. There is a similar scheme for entry into working life.

The social welfare office applies a ladder of measures. The lowest level is counselling and guidance. Every person has a legal right to social counselling. The next stage is activation. This concerns people who receive financial benefits on account of unemployment or illness. The third level is rehabilitation. This concerns per-

sonal counselling, rehabilitation aimed at either education or work. A person may be allowed work for one year, and the social welfare office pays compensation for reduced capacity for work.

The social welfare office has its own youth team, which follows up young people; this is part of the third level. Since 1 March 2015, activation and rehabilitation have been combined. The fourth level is what is called 'flexiwork', and the final level is disability. The disability benefit is fixed, and is independent of previous income.

There is some cooperation between the social welfare and employment services, but as in Iceland, school and not least health rarely appear in these collaborations. The study shows that, in the Faroe Islands too, the challenges are linked to building up good collaboration between the mental health services and the other services working with vulnerable young people.

NORWAY

Population: approximately 5,100,000

Capital: Oslo

Norway is divided into 19 counties and 428 municipalities. Both these levels of governance are steered by elected bodies. Areas of responsibility for municipalities are nurseries, compulsory education, elderly care, and social services (via NAV). Counties are responsible for upper secondary education.
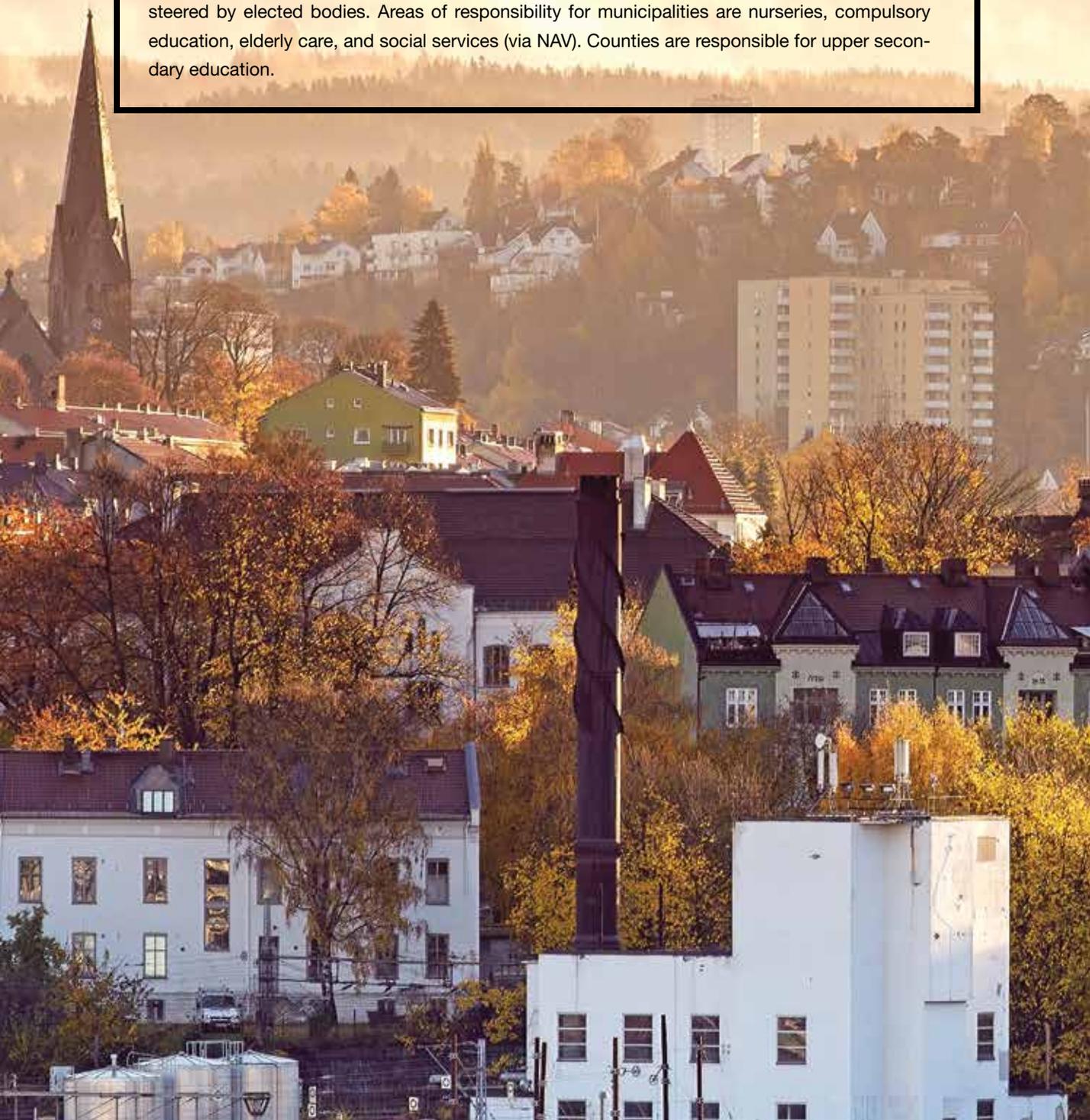
NORWAY

In the Norwegian data, we see that both the school, health sector and NAV (Norwegian Labour and Welfare Administration) express concern that many young people fail to complete secondary education or cannot establish themselves in working life because of mental health problems.

The Norwegian education system comprises a 10-year compulsory education and a 3/4-year upper secondary education. Upper secondary education comprises both academic and vocational programmes. According to Statistics Norway, approximately 70 percent of pupils have successfully completed upper secondary education within five years (Chaudhary 2011). Fewer pupils complete vocational programmes compared to those on academic programmes.

In relation to the other two countries, Norway has a far more comprehensive follow-up system in upper secondary schools, through the county follow-up service and the municipal school health service. The follow-up service was set up in 1994, and is run by the municipalities. The aim is that all young people under 21 who have not completed upper secondary education or who are not in work will be offered training, work, other skills-enhancing measures, or a combination of these.

The representatives of the follow-up service that we interviewed said that it takes a lot of time to follow up every single young person, find out where they are, find out about any challenges and problems, and apply appropriate measures. A number of schools have chosen to merge the school health service (municipal) and counselling (a school service, i.e. county council) into a pupil service. In some counties, the follow-up service is also part of the pupil service. One

school has appointed its own socio-educational counsellor in addition to the academic counsellors. The socio-educational counsellor works with the school nurse and the follow-up service in a team situated in the school building and that works closely with young people who need different kinds of support. Both this team and other pupil services have chosen to locate the different functions in the same unit. This was emphasised as important in successful collaboration and being able to offer coordinated help.

The Norwegian data also shows that following up absence is a focus area, even if the methods vary between schools. Emphasis is also placed on the transition from compulsory school to upper secondary school. At one of the schools we visited, the school and the follow-up service have formulated a procedure for this transition. See example 9.

EXAMPLE 9

Year 9: parents meeting at the various secondary schools (information about upper secondary school, reality orientation, alternatives to upper secondary education), meeting with pupils of secondary schools (about future educational choices), vocational course where students can try out working life.

Year 10 (final year of compulsory education): parents meeting at the various secondary schools (more information about upper secondary school, vocational courses, meeting with pupils. Parents meeting at upper secondary schools (information about various educational specialisations)).

In the transition period, the follow-up team also monitors pupils who have special needs.

One of the reasons put forward by representatives of schools and the health service for drop out is mental health problems. Many interviewees talked about young people struggling with anxiety or depression, which makes it difficult for these pupils to complete their education. In particular, follow-up coordinators, counsellors from schools and school nurses talk about how they are trying to handle the situation for each individual. There are many examples of how staff in the pupil service call, send text messages and even fetch pupils who need extra follow-up to ensure they come to school. Contact with pupils also takes place outside working hours.

Particularly through the pupil service, upper secondary schools collaborate with other services, including NAV. Even though respondents from schools mentioned many contacts, the actual collaboration to find tangible solutions were more limited. One interviewee argued that there are too many different players trying to help the young people, and that it is difficult to obtain an overview and to pull in the same direction.

In Norway, measures directed towards work are administered by NAV, the Norwegian Labour and Welfare Administration. NAV was set up in 2006 and consists of the former National Insurance Service, the Social Services and the Employment Service. NAV activities are partly municipal and partly state-run.

At the NAV offices we examined, specific people or teams work with young people. In the NAV system, young people are defined as being aged 16-30. According to NAV, people under 30 are a prioritised group. NAV has its own guarantee arrangement for young people under 20 who have no school place and no job. These young people are to be offered work-directed measures in collaboration with the follow-up service. There are also guarantee arrangements for young people between 20 and 24 and between 20 and 29.

A NAV office describes how it works with young people in Example 10.

Many of the young people who make contact with NAV have dropped out of upper secondary education. According to one interviewee from NAV, they often encounter young people who have problems should have been addressed earlier, generally mental problems like social anxiety. Another NAV interviewee said there was often a hidden reason why a young person wants to take a year off.

It often takes time for this type of problem to come to the surface. Respondents felt that young people have often had a great need for support.

One interviewee was surprised how many young people *don't manage to go to school for various reasons, quite simply they have mental issues and problems*. Respondents from both employers and school also talk about many young people having complex needs. Many have been given diagnoses, but there are also many who have not been diagnosed. According to one respondent from NAV, it is often easier to work with those who do have a specific diagnosis, such as ADHD or Asperger's Syndrome, because these are often well investigated. The respondent says that things are often more difficult with young people who *just don't know*. It is very rare that NAV receives information from other players about young people who have contacted them.

One of the NAV offices worked systematically with the county follow-up service on arranging vocational courses in order to *give young people a reality orientation on how the labour market works, what is required*. According to the NAV respondent, feedback from schools has been positive. At the same time, it has been noticed that companies often select from *the top shelf* when they choose who they want as apprentices. If a pupil has a history of absences or poor habits, another pupil will often be given priority. This can be negative for young people who have many absences because of mental health problems.

The NAV respondents emphasise that the main tools employed for young people are positive discussion, activity obligation, work placements and Active Youth courses. One respondent said that the most effective tool that NAV has at its disposal is the positive discussion. One NAV office has worked with motivating interviews. One example of the type of question asked is: *Where will you be in five years?* According to

respondents from NAV, they work with giving the young person reality checks in relation to dreams and the future.

Activity obligation means that the young person must participate in specific activities in order to continue to receive benefits. One NAV office was in the process of introducing a job application day. Young people who NAV feel should be in work have to spend one fixed day a week sitting in the NAV office applying for jobs. A counsellor from NAV is present to provide help. Another NAV office has introduced a scheme whereby the young unemployed have to work for the municipality, doing basic maintenance tasks, to retain their benefit. If a young person refuses an activity/job, they lose their benefit.

Work placements is the tool that most respondents from the follow-up service and NAV emphasise. When on a placement, the young person receives financial support from NAV, and the employer also receives some funding from NAV[2]. According to respondents from the follow-up service, the idea is that, through placements, the young person will have the chance to try out various jobs and see if there is anything that could interest them in the future. The young person finds out what it is like to work, and can receive a certificate; *if they clearly want to work, and get up in the morning, there are many employers who will accept them.*

The initial placement period is three months, but it is often extended for a further three months; it may even be extended up to a year. NAV receives feedback from employers about the placement. This is important information in following up every single young person. NAV collaborates with the follow-up service on young people who are on placements.

According to respondents from the follow-up service, the aim of placements is to motivate young people to return to school and complete upper secondary education. According to NAV respondents, what occasionally happens is that employers who have young people on placements contact NAV and state that the young person in question has mental health issues that make it difficult for the person to work. However, it is not clear what NAV does with such information. The same respondent calls for resources to follow up young people on work placements. The interviews show that questions can be asked about whether it is more difficult to find suitable placements in small villages rather than large towns and cities.

All three upper secondary schools we visited offered education workshops as an addition to placements. This is an arrangement for young people who do not comply with school regulations and who are being watched by the follow-up service. Many of these young people are on placements four days a week, and spend one day a week at the education workshop.

In an education workshop, the young person studies one or two upper secondary subjects one day a week. This enables many young people to complete upper secondary subjects that they find difficult, such as mathematics and science. The idea is that when these pupils have completed a subject, they would find it easier to return to upper secondary education.

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2   Work placements were replaced with work training on 1 January 2016. This change means, for example, that young people under 18 are not entitled to activity benefit (but the employer can receive a subsidy).

Active Youth is a six-month course that begins with four weeks of theory / training / counselling, followed by 22 weeks of a work placement. Active Youth is run by the careers centre, commissioned by NAV. The aim is to identify interests, and provide training, and work experience. The target group is young people who have dropped out of upper secondary education and who suffer from complex problems.

Many interviewees from NAV talk about good collaboration with the follow-up service and the upper secondary schools. At the NAV offices we visited, these were the only players that NAV collaborated with on a regular basis. In addition, NAV employees talked about collaboration with other players, such as the Child Welfare Services, social outreach services, and Child and Adolescent Psychiatry (BUP). It is mostly other players that contact NAV about collaboration on young people.

One difference between Norway and the two other countries concerns how the range of social and welfare services is organised. While these each occupy their own service area in Iceland and the Faroe Islands, in Norway they are organised under NAV. One noticeable feature is that social welfare issues are less evident in the interviews with NAV representatives in Norway than in the interviews with representatives from the social/welfare sectors in Iceland and the Faroe Islands. Our data is not sufficient for us to discuss what consequences this has for the range of services.

Since 2012 there has been a move towards appointing municipal psychologists. In both the municipalities where we collected data, municipal psychologists had been recently appointed. Municipal psychologists are involved in direct counselling, talking with individuals/families, and systematic work (counselling of other people). These include nurses, doctors, child welfare services, and educational psychologists (PPT). The idea behind the municipal psychologists is also to provide a low-threshold service, with the shortest possible waiting times. One of the municipal psychologists in our survey mostly received referrals from other services, but individuals also made contact directly.

The school health service in upper secondary schools is a municipal service physically based in the schools. This is a low-threshold service, operating on an 'open door' principle. This means that young people can simply come and knock on the door if they want to talk with a nurse about their needs. In the schools we visited, the nurses have emphasised the importance of being easily accessible. The telephone number is on the door, and the nurse communicates with pupils via text messages.

The extent of the school nurse service varies according to municipality and school. In all the municipalities we visited, more resources were going to be allocated to school nurses at upper secondary schools. The school nurses receive many referrals about pupils' health situation. Referrals can be related to, for example, contraception, pregnancy tests and mental health. The nurses say that a young person will often ask questions about physical health as a way in to talking about mental health. Girls talk about contraception as a way in to talking about other things that they are worried about. Generally speaking, the nurses we talked with get more referrals from girls than boys. The most important tools for the nurses are discussions and counselling.

The nurses we talked to spend a lot of time in collaboration with other bodies. These are mainly counsellors at the school, educational psychology services, the follow-up service, child welfare services, mental health services in the municipality, and Child and Adolescent Psychiatry (BUP) and Adult Psychiatry (VOP). Some of the nurses have regular meetings with some of these players.

In order for a young person to be admitted to a BUP ward, there must be a referral from a doctor. Several respondents talked about BUP as being rather remote, and that the situation must be very serious before a child or young person can be admitted to BUP. The following example shows how a school and BUP have tried to increase collaboration by arranging for a BUP staff member to spend one day a week at the school.

Particularly in the rural areas we visited, distance to BUP services is a problem. Like the other two countries, long distances are a problem, and it is time consuming to access specialist health services at BUP. Another problem is the challenge of getting a stable supply of expertise to the rural areas. At the same time, the school health service in upper secondary schools, and the funding of municipal psychologists, means that young people can now access mental health support closer to their everyday lives. Our interviews highlighted the challenge of setting up good collaboration between the mental health service and other players.

EXAMPLE 11

A member of the BUP staff spends one day a week at the upper secondary school, sitting together with the pupil service. The BUP staff member in school does not carry out any form of treatment, but carries out follow-up at the school. The arrangement is financed by the hospital, and is limited to follow-up of pupils who are already in the BUP system. The BUP staff member cannot help other pupils.

One aim of the presence in the school is to ensure a better flow of information between schools and the hospital: *Some pupils come for an examination, and we see that they need help and then I go into the issues. Some are here because they have specific problems, and by being here I can work with the problems that are school related. We can practice going to the dining hall, and we can practice in all the arenas that the pupil finds difficult, if the pupil wants to. So it is a bit more arranged around their needs.*

SUMMARY

In all three countries, there is a political wish and an expectation in society that young people should continue to upper secondary school when they leave compulsory school. One problem is that too many young people are choosing upper secondary education programmes/study specialisations that provide a qualification for higher education, and too few choose vocational courses. The problem is linked both to the need for skills in society and the individual's choice.

In the aftermath of the financial crisis, both the Faroe Islands and Iceland increased focus on young people, particularly their drop out from upper secondary education and lack of participation in working life. In both countries, various measures were implemented to prevent young people from being excluded from working life. It became clearer in Iceland than in the Faroe Islands that this work and focus also continued in the years after the crisis.

All three countries operate some form of absence registration in upper secondary education. However, it is striking how much it is up to the individual school how this is done, and how pupils with absences are followed up. In none of the countries is there a common procedure that applies to all schools.

Another common feature is that schools need more resources for following up absent pupils. At the schools we visited in Iceland and the Faroe Islands, it is the school management / counsellors who follow up absence. In particular, counsellors say that they are responsible for following up a large number of pupils and that it is difficult to provide all the follow-up that they say they need. In Norway, it is the pupil service, in collaboration with class teachers, who follow up absence. Even though there are many professional resources connected with the pupil services, many of these are also calling for greater focus.

There are two other particular differences in the way the services are organised in the three countries. Firstly, one of the reasons for setting up NAV was to improve interaction between, for example, employment and social/welfare services. However, what our results show is that social issues were less prominent in the Norwegian interviews compared to the other two countries. Secondly, the interviews in the Faroe Islands give the impression that there are fewer services organised specifically for the target group. When the support services in the Faroe Islands describe the services for young people, they say that services are directed more towards the entire population rather than the target group specifically. One example is the production schools, which are directed towards all unemployed people.

In all countries, mental health was seen to be a reason for drop out from upper secondary education. This is also a common challenge for this group across the welfare sector in all three countries. However, we did not find in any of the countries developed policies or services across sectors to meet the challenges that this group of young people face. In all countries the main tendency is for employment offices to regard this group of young people as unemployed, social offices regard them as clients, schools regard them as pupils, and the health service regards them as patients.

In this chapter we have shown several examples of cooperation between two and three service areas but, with certain exceptions, this cooperation has arisen locally between service pro-

viders. There are fewer examples where public agencies have taken initiative to collaboration across services. One exception is the collaboration between the Directorate of Labour and the social welfare offices in Reykjavik.

With regard to how each service organises its activities towards young people, it is first and foremost the health service that stands out from the other service areas. Particularly in rural areas, there are calls for a more extensive front-line service in psychiatry. The challenge in many areas is that there are long distances to, and limited capacity in, other mental health care services, so many young people get help too late and/or they are removed from their everyday lives to receive this kind of help. However, the interviews showed that the situation is changing. For example, in Norway resources have been put into municipal psychologists, in the Faroe Islands the rural psychiatric centres are being expanded, and in Iceland, upper secondary schools have started to appoint school psychologists. There is a call for greater access to specialist expertise, particularly in child and adolescent psychiatry, in all areas where we conducted interviews.

Young people who have dropped out of school and who are not in work can get help from any of the employment offices/unemployment insurance funds/NAV if they have been employed, or from the social welfare offices/NAV if they have not. In all three countries, trials are being conducted for some kind of activity obligation. This means that, in order to receive financial benefit, young people must participate in some form of activity. Such activities include participation in a course, meetings for active jobseeking, or participation in production schools or similar. Common for most of the activities offered is that they are, to a certain extent, designed to help participants prepare for further studies or work. By participating in activities, the young people show that they can work, but this measure does not qualify them for other types of work.

The obligation to take part in an activity can be seen in the context that many of the support services in the three countries, are trying to make young people 'do' something, i.e. an activity that helps them to provide a structure to everyday life. Many of the interviews talked about young people who become nocturnal when they just spend their days at home. In particular, many boys seem to play computer games all night. This may make it more difficult to return to school or work, if the young person also has to adjust their daily rhythm.

The respondents from the support services have different experiences regarding any gender differences linked to mental health. This depends on how the mental ill-health is displayed and how young women and men display their mental health issues.

DISCUSSION: WHAT THEY KNOW AND WHAT THEY WANT; WHY CAN'T THEY GET IT?

WHAT DO THEY KNOW?

MENTAL HEALTH

Apart from mental health problems, another common feature of the young people we talked to is a weak or lack of association with school and working life. We noted this in the interviews in all three countries. What was described as difficult stemmed from experiences in childhood and adolescence – bullying, loneliness, feeling different to others, family breakup and insecurity. In various ways, these experiences have left their mark on the young people's existence. Even if the experiences and events took place during childhood, while they were at primary and secondary school, they are still battling the consequences of them every day. We see many of the same traits in a similar Norwegian study conducted by the Nordland Research Institute (Anvik and Gustavsen 2012), which showed that difficult conditions in childhood and adolescence are significant in what they face as young adults.

Common to the support system, across countries and sectors, is a concern for this youth group. We feel it is fair to say that the support system, regardless of subject matter, is generally working with issues related to youth and mental health. By describing how public agencies and services operate, it was clear how many are engaged with the youth group.

Many respondents show deep concern for the number of young people with mental health problems. Examples of recurring comments are: *there are many young people with anxiety and depression disorders, all sorts of problems; there are many who are struggling with mental health issues, who have mental health symptoms and who actually have a mental illness; and when I came into this system, I was very surprised and caught off guard by how many young people who cannot cope with going to school, for various reasons, and they have mental health problems and issues, quite simply.*

They are also concerned that the number of young people with mental health issues appears to be rising: *Mental health is a growing problem, you see it here, mental problems. Stress, anxiety, depression; an increase in the past ten years of patients with anxiety and depressions.*

The interviews with the young people showed differences in how they talk about their challenges (Anvik and Waldahl 2016). From other Nordic studies we know that many young people report mental health issues (Gudmundsdottir et al. 2010). In Iceland, the young men did not talk explicitly about their mental health. While men both in Iceland and Norway spoke consistently more about behavioural problems, concentration difficulties, drugs and similar, women spoke more explicitly about anxiety and depression. Many of the Norwegian men also mentioned self-harm, suicide attempts, loneliness and bullying.

Young men and women in all three countries talked about shame and bad conscience linked to their experiences and situations. Consistently, we also find that many of the young women and men described having a close relationship

with their mothers, both as a caregiver and, to a certain extent, someone they can talk to, even though they feel a need to protect them. Several youths from divorced families also mentioned an absent father as a problem.

Interviewees in the support systems relating to young people expressed differing views about possible differences between the genders (Anvik and Waldahl 2016). Some said that mental health problems are displayed in different ways; girls are more likely to suffer from anxiety, while boys struggle more with depression, while other players suggested that possible differences are more due to boys and girls articulating mental ill-health differently. They said that girls are better than boys at verbalising their situations. Others said that this is becoming less of a problem, as boys are getting better at describing their problems.

The front-line services, such as nurses and school psychologists, reported that they receive more referrals from girls than from boys. Nurses in Norway report that girls contact them about other issues, such as contraception, and use it as a way to lead in to discussions about mental health. Others in the support systems said that people are different, and it's a matter of how to receive the individual. In the one school we visited in Norway, we observed that the different employees in the pupil service communicate in different ways, and therefore meet different pupil groups in different ways. The pupil service tries to utilise close collaboration by showing students how to utilise each other's strengths. They also emphasise the importance of having both men and women working in the pupil service.

Another recurring feature in the interviews with both young people and representatives of the support services is the stigma attached to mental health. This is a particular problem in small communities in the Faroe Islands and in rural areas in Iceland and Norway. Some of the interviewees talked about how mental health problems are kept hidden, something people do not talk about or which are difficult to talk about. This is shown by the interviews with many young people who grew up in small towns and villages; they said it was difficult to talk openly about mental health problems.

We also see in the interviews with representatives of the support services that low-threshold services are less extensive in rural areas. The consequence of this is seldom addressed. The problem then is that young people are not identified early enough and that problems become magnified and complex before they get help. We see many examples of this in the interviews with young people.

The support services are in no doubt that many young people have problems that they need help with. At the same time, there is cause to ask the question about whether the support services really understand the complexity of the challenges that many of these young people face. Although everyone more or less talked about young people with mental health issues, there is a tendency for representatives from the school and employment administrations to talk about learning difficulties and concentration problems, and health care representatives to talk about mental diagnoses.

With some exceptions, we found few instances where the complexities were addressed, and the consequences this has for the work in and between the various services. One exception was

linked to the services that touch upon the young people in their everyday lives, and that either receives information from one of the other service areas or are situated in another service area than the one to which they are affiliated. Examples can be school psychologists or nurses who both have professional training, but who have their workplace in the school and whose policy is to be accessible for young people. There are also examples of people who have worked in different parts of the support services, and who now work close to the young people, for example as counsellors.

CHALLENGES IN EVERYDAY LIFE

Only two of the 22 young people have completed upper secondary education. When asked why they either did not start or dropped out of education, some said they had made the wrong choice of programme, others said they had little motivation for school, high absenteeism, or a lack of basic knowledge from secondary school; however, mostly it concerned how poor mental health has taken up most of the attention and energy and led to various forms of withdrawal and isolation.

When the study was conducted, a few of the interviewees were in customised educational programmes, where upper secondary education is completed over more years than normal (Norway), and one was, until recently, in higher education (Faroe Islands). Most of the young people who were not in education, participated in some form of activity measure (such as a work placement), arranged by either the employment office/unemployment insurance funds and social welfare office (Iceland, Faroe Islands) or NAV (Norway).

The support services are worried about young people who drop out of upper secondary education and who are not in ordinary work. However, there is no overview of how many this actually involves. Particularly in the Faroe Islands and Iceland, there is a tendency to explain drop out from school as a 'sabbatical', or that the young people are working for a period. Norway is a little different, mainly because of the follow-up service, which has specific responsibility to follow up this group. The follow-up service coordinators have an overview of where each individual young person is, and aim to help find alternative services when the young person drops out of, or does not even start, upper secondary education.

In Iceland and the Faroe Islands there are examples of individuals or individual services that have tried to obtain an overview of where all the young people in their immediate environment are at any given time. However, there is no service in these countries that has overall responsibility for this overview. The lack of knowledge and overview makes it difficult to implement targeted measures to help the young people in question.

The young people who contact the Directorate of Labour (IS), unemployment insurance funds (FO), social welfare office (IS and FO) or NAV (NO), are mostly met by an obligation to participate in an activity in order to receive financial support, either unemployment benefits or social security benefits. This activity may be a regular job via an ordinary employer, a labour market initiative, or an offer of training. Both in Iceland and the Faroe Islands, production schools have proved to be an important and successful initiative.

The young people who participated in this type of measure (e.g. production schools) reported that the activity did not feel meaningful. This is in contrast to the support services, which were positive about the production schools and similar measures. The positive aspects they emphasise are that the young people are given a structure to their everyday lives and they show that they can work; the support services say that it is easier to find another job when the young person is already in employment. The young people all agree that an activity is better than nothing, and that it gives a content to everyday life. More telling however, is that they feel the activity is meaningless and tedious.

While the support services are positive about production schools and similar initiatives, there was also a desire to be able to follow up the young people who participate. Many people, particularly in Iceland, called for more resources for counselling of young people.

There is a difference between the production schools in Iceland and the Faroe Islands. In the Faroe Islands, production schools are more used as a tool against unemployment and as part of a pre-defined plan, while in Iceland, they are increasingly used as an activation measure for young people without it being included as part of a planned process for the individual. In none of the countries was it specified whether the activity prepares the participants for work.

The young people who are on adapted work placements say that it is positive to have employers and colleagues who understand their situation, to participate in a good work environment, and to be given meaningful tasks (Norway). Another aspect of this type of measure is that it provides experience and is relevant for future work.

Some of the young people had no fixed activities outside the home. The apparent reason for this is that they had very difficult mental health issues and they struggled to cope. Many of them talked about tiredness, for example *It's strange that you can be tired from doing nothing*. This is a group that during the interviews were only rarely emphasised by anyone other than representatives of health care. There is therefore cause to question whether this is a group that becomes invisible to the other parts of the support system.

The support services seem to lack real knowledge about the young people's complex life situations. This makes it more difficult to direct support. For example, some of the Norwegian young women talked about anxiety over catching a bus. If they dare not take a bus, it does not help if there is someone willing to accept them in a support office, a workplace or a school. Across all three countries, we also see how anxiety is linked to social meeting places and societal arenas, where their peers are, and how they think their lives should be.

When we analyse the descriptions of everyday life, we see a clear difference between those who participate in some activity during the day and those who do not. Those who are either in school or on a work placement say that their lives now have a structure, unlike those who are not. This does not just involve getting up in the morning and having something to do outside the home, but also that other parts of everyday life are given a type of structure and routine.

For those who cannot cope with being outdoors, everyday life is described almost as meaningless and something to get through. What they battle against is time, loneliness, anxiety and sleep – either too much or too little of the latter. Their

everyday lives have little content, and lack the structure and routines that other people enjoy. Nevertheless, some try to fill their everyday lives with content and meaning. Those who live alone also struggle with a poor and uncertain financial situation and low living standards. In the support services, there are many who are concerned about the young people who have nothing to go to, and that many of these become nocturnal. The support services see this as an indicator that something is wrong and a condition that makes it even more difficult to return to some sort of activity.

SOCIAL NETWORKS AND FAMILY RELATIONSHIPS

All the young people we spoke with had limited social contacts, but many also described strong links to their families. Despite these close links to family, especially mothers, they spoke very little with them about how they feel and what they find difficult. They describe, for example, that their inability to cope with life leaves them with a feeling of shame and guilt. They also said that parents had enough on their plates, and that they did not want to burden them further.

In their stories about difficult experiences and relationships in childhood and adolescence, especially related to bullying, interviewees said that there were few adults who took action, especially in school, even when they saw what was happening.

We see some differences between the countries. The stories of young people in the Faroe Islands distinguish themselves in one particular way. The young people we interviewed were clearly very sick before they came under systematic treatment and help. The society of the Faroe Islands is described as being very traditional, with close informal social networks, based for example on strong family bands and religious affiliation. There were also tendencies towards this in Iceland and in rural parts of Norway. Interviews with young people in the Faroe Islands also mentioned sexual assault, but interviews with representatives of the support services very rarely mentioned this. This is a problem even the support services find it difficult to talk about. However, there is reason to wonder what effect this has on the young people who have experienced sexual abuse.

A positive aspect is that most of the young people have families around them that care for them, and vice versa. Much of the responsibility for identifying the young people who are struggling seems to lie with the families and the local communities, in the informal social structures and networks. This applies to all three countries. At the same time, this could also conceal difficult conditions, where it would have been appropriate for the support services to provide assistance. Many of the young people talked about feelings of shame and guilt – mental health is often seen as a taboo area.

Despite the fact that Norway is seen to have better access to expertise and more developed public services for the target group of young people, this group has many of the same kinds of difficult life situations and experiences as young people in Iceland and the Faroe Islands.

WHAT DO THEY WANT?

In the section above, we have summarised and discussed what the young and support agencies know, i.e. how the young people themselves describe their situation, about what is difficult and important for them, and how support agencies describe this group and what they can offer to help solve the young people's problems.

Asking the young people about the future is a way to capture how they feel about it now, at a time when they are in incomplete and, to varying degrees, static life situations. The future appears frightening and difficult when everyday life is currently difficult and the young person is not going anywhere or working towards a goal. Getting the young people to talk about the future also gave us access to their hopes and wishes, what they wanted from their lives.

These descriptions of the future varied. Some thought it was good to have a plan and a goal of education, employment and independent adulthood, while others were anxious about the future, feeling it was frightening and unpleasant to even contemplate it. These young people were also weary from the hopeless situation they found themselves in. Most feel that their lives are on hold, and that the future is beyond their horizons. The longer they are stuck in difficult and locked positions, the more hopeless the situation seems for them.

Everyone we interviewed said they wished for a better life. The interviews show that they lack someone who sees them, helps them, and does not give up on them – as one interviewee expressed it, *someone who takes control*. In other studies, where young people were asked about what they feel is important for them, what could help them get out of a locked life situation, the

answer is often simple. An adult who is there for them (Anvik and Gustavsen, 2012, Follesø, 2010, 2011, Halås, 2012, Natland and Rasmussen, 2012, Olsen et al., 2009, Thrana et al., 2009).

Their whole situation must be seen in context. Appropriate education, work, life experience, good living conditions, financial independence and security, and not least, good mental health, are all pieces in the puzzle called life. This needs a coordinated support system that collaborates in a directed fashion towards the individual young person.

In this report, we have regarded service providers as part of the support system. They feel they are there to help. Many people responsible for services, and service providers, talk about engagement for young people, showing practical examples of young people they have helped and frustration when they feel they have not succeeded. It concerns, for example, a teacher calling students to wake them each morning, even picking up students to take them to school, taking sick students to psychiatric departments in hospitals and sitting with them until they are admitted.

These are stories showing how individuals in the system work for this youth group. If we go beyond individuals and look at service areas or authorities, the picture is more nuanced (in Norway, we have no data on authorities). Generally, the education sector wants more pupils to complete their education, the employment sector wants as little unemployment as possible, and the health sector wants to improve the health of as many people as possible.

Beyond such general wishes, service areas / authorities talk very little about tangible policies or visions for taking explicit measures to help young people who are at risk of dropping out. According to Halvorsen (2012), one success criterion is that a country has a clear and coherent policy for the youth group. He cites Denmark as an example of a country that has a *coherent and intensive youth policy*, and calls for the same in Sweden. Halvorsen highlights that the "exclusion of young people does not attract as much attention as general unemployment" (ibid.:28).

The employment and social welfare services in Iceland and the health services in the Faroe Islands are examples of service areas that clearly want to collaborate more. In Iceland, the Directorate of Labour and the social welfare office in Reykjavik were working on a process for how they, through greater collaboration and division of labour, could better follow up this group of young people. Other parts of Iceland also show examples of similar processes. In the Faroe Islands the Ministry of Health has started work to increase collaboration between the health, social and education sectors to develop a better and more coordinated range of services. Common for these examples is a wish to collaborate on services to improve the ranges of services for young people. This is in line with earlier research that shows the need for "good coordinated initiatives from, for example, schools, social welfare and health services and the employment service" (Halvorsen et al. 2012:29).

We also find examples of tangible cooperation between service providers to help this group. Example 5 in Chapter 3, from Iceland, shows this. The example shows close collaboration between the local employment office, the social welfare office, and professionals working in the municipality with young people. The youth counsellor at the employment office works several days a week at various youth projects run by municipalities. The result is a close dialogue between the employment office and the municipality, and new initiatives aimed at young people are being constantly tested. In Norway, we see some of this collaboration between the pupil service, NAV, and Child and Adult Psychiatry.

The need and wish for more and better systematised knowledge to form a basis for earlier interventions was shown in two ways. Firstly, individual service areas are calling for better statistics in order to be able to monitor development and see the effects of initiatives. In particular, many authorities and organisations in the Faroe Islands want better statistics on, for example, drop out and through-flow in upper secondary education. Generally, many people complain about the lack of statistics in central societal areas in the Faroe Islands. Secondly, individual service areas are calling for reviews so that they can target measures. One such example is the school nurse services that want to use a screening tool to get a better overview of which students in upper secondary school are facing challenges and need closer monitoring. Both an improved knowledge base and screenings could be a base for earlier and more targeted interventions.

WHY DOES IT NOT WORK?

THE YOUNG PEOPLE – WHEN LIFE ITSELF IS SOMEWHERE ELSE

When we discuss why the young people cannot get their lives in order, it can be interesting to see it in the light of regarding adolescence as a transition period between childhood and adulthood. Adolescence is a formative phase of liberation, on the way towards education and independence.

Socialisation with peers is key. Interrelationships with others are important in the development and shaping of a person and his/her personal identity. This forms the basis of the adult identity (Frønes 2013). For many of the young people in our study, childhood and adolescence has been characterised by bullying, loneliness, insecurity and exclusion. Many of them still lack secure, established friendships. One boy described his situation as It's me. It's me I have. One girl described how she has become used to being alone. Another boy talked about how bullying during childhood has led to him today not being able to trust his peers, and is uncertain about how they will react in different situations.

These young people have experienced a lack of support and security in their surroundings, and are worried not only about their current situation but also about the future. They are locked, in time, in a kind of no-man's land, and where the future only offers a small hope of an established adult existence. Many expressed shame and a sense of guilt over their situation. This can be seen in a context where adolescence is characterised as an individualised, complex and non-linear transition (Henderson et al. 2007; Wyn and Dwyer 2000), where success, failure and navigations skills are seen as the individual's business and responsibility (Pless 2014).

While their peers make steady progress towards a secure and established adult life, the young people we interviewed find themselves in a chaotic, locked situation from which they see no way out. To qualify for adulthood, they must handle the instruments needed for it. They all understand that the road to adult life passes through the education system and working life. Many of them find it difficult to get through this phase and sort out their current situation and everyday life. Thoughts about the future can be frightening and paralysing. They find themselves in an incomplete waiting phase, where they painfully experienced that time is passing and that the gap between the expectations of what should happen and what actually does happen is huge.

To benefit from the help, trust must be created. Young people in this study, and many others, have felt let down throughout their childhood and adolescence, and lack security and trust in the support systems (Anvik and Gustavsen 2012; Follesø et al. 2016). The young people must dare to trust their surroundings, trust those who offer to help them onwards. They also need help in many different conditions of life, not just education or work, but also with issues relating to health, housing and finance. Being offered a place on a course or a work placement is often not sufficient, particularly when life itself is difficult enough.

SUPPORT SERVICES

First of all, it is important to emphasise that a lot of good work is done in the support services. Many of the examples presented in Chapter 3 show this. At the same time, the interviews with the young people and other research studies (Halvorsen et al. 2012; Olsen and Tägtström 2013b) show that society is facing challenges in finding good ways to meet and help young people with mental health issues and who are

struggling to complete upper secondary education and enter working life.

Other research shows that many young people are at risk of long-term exclusion from society because of mental health problems (Hagquist 2015). At the same time, an evaluation of what support agencies do not get depends on what they want. As the section 'What do they want?' showed, this is not obvious, apart from that many professionals in the services want to help the young people they meet in their everyday work. The question is what can be done, bearing in mind the framework in which the services work is not very clear. One requirement for offering a better range of services to young people with mental health issues is a more precise political direction. However, this is a challenge, as it involves at least three different ministries in the three countries. A more precise political direction requires a coordinated intent across ministries and societal sectors. At the same time, it is positive for future research that the service organisations have many professionals who care about the target group of young people they work for and with.

Structural barriers

When respondents from the different service areas described the challenges in providing services to the target group, their responses included legislation, delineation of areas of responsibility, finance and lack of services. It is these conditions that we call structural barriers.

Legislation in education, employment, health and social/welfare stipulates how the services are executed. Many respondents in the support services mentioned legislation as an important factor. For example, respondents in the Faroe Islands said that legislation is a barrier to exchanging information between upper secondary schools and other players.

Confidentiality was mentioned in many of the interviews. Confidentiality was consistently seen as a barrier to cooperation, emphasised by players who rarely interact with others, while the players who do tangibly collaborate across service areas feel that confidentiality is not an obstacle. A Norwegian in-depth study of confidentiality (Flatø 2009)concluded that it is not the legal regulatory framework that provides challenges for confidentiality, but how people relate to it. Referring to confidentiality as a barrier to necessary exchange of information can instead be seen as an indicator of lack of collaboration rather than a physical barrier that has to be overcome.

An extension of legislation is the delineation of areas of responsibility, i.e. who is responsible for what. Labour is divided "on the basis of a rational division of different functions and tasks" (Olsen and Tägtström 2013a:22). However, as Olsen and Tägtström (2013) point out, this is not necessarily a functional solution. A clear example we found is the division of labour in Norway between NAV and the county councils, which are responsible for upper secondary education. When a young person is registered in upper secondary education, the county council in question is responsible for that young person. It is not until the young person has signed their final report that NAV takes over responsibility. The lack of clarity arises when the follow-up service is to monitor all young people under 21. This means that NAV in effect has no responsibility for young people under 21, as long as they are registered in upper secondary education under county council administration. However, the problem is that it is NAV that has the instru-

ments, and administers the alternatives to upper secondary education.

Our material shows examples of collaboration between NAV and upper secondary schools, how this lack of clarity is overcome, and also examples where this is seen as more demanding. In Iceland we find an example of duplication of work between the social welfare office and the Directorate of Labour. The social welfare office has contact with working life and is responsible for persons not entitled to unemployment benefits, while the Directorate of Labour is responsible for those who are entitled to unemployment benefits. The result has been that there are two bodies, one municipal and one governmental, that work in relation to working life. Through processes taking place when we conducted the study, attempts were being made to improve the situation, so that services could cooperate more on the contact with working life and in following up the unemployed.

The example from Iceland concerns collaboration between different administrative levels. Asymmetric collaboration, i.e. between bodies at national, regional and local levels (local-regional, local-national, regional national) can often be challenging (Bukve 2012). In all three countries, we find examples of this type of collaboration, without any grounds for saying that these collaborations are any more difficult than any other type of collaboration. A respondent from an employment office in Iceland (national level) said that *municipalities look upon their inhabitants as their responsibility, but they get help from here and there*. This perspective allows any barriers to be overcome relating to the administration of services at different levels.
The challenge seems to become apparent when a service is lacking. The clearest example of this is the lack of a public front-line service in psychiatric/mental health work in the Faroe Islands and Iceland. This means that when a school, an employer or a social welfare office needs a counsellor, collaboration, or to refer people to mental health support, there is nobody to contact. The only thing they can do is contact a hospital. However, the psychiatric wards at the hospital have limited capacity, so that it appears relevant only in relation to young people who are very sick.

This has several consequences. In relation to the young people we talked with, it means that many of them have not been offered mental health support until they have become very ill. For the support system, it means that they have limited possibility to offer systematic guidance. In the Faroe Islands, change may be coming about through the expansion of rural psychiatric centres.

Access to financial resources also appears to be a structural barrier. For example, the lack of front-line services in psychiatry can be explained by the lack of financial resources. Lack of knowledge and statistics in the Faroe Islands, and implementation of desired screenings in Norway, are both attributed to lack of resources. It can be difficult to differentiate between what is due to lack of financial resources and what are lacking because of financial prioritisations. It is interesting to note that, in connection with the financial crisis, both Iceland and the Faroe Islands chose to increase efforts and broaden the services for young people. This occurred at the same time as major financial challenges.

Lack of professional resources is particularly apparent as a barrier in rural areas and small villages and towns. This is particularly relevant to the supply of psychiatrists. Both in the Faroe Islands and Iceland, doctors have to travel to other countries to specialise in psychiatry. Both countries have observed that many of these delay their return, or never return at all. This means that the supply of specialist skills, such as psychiatrists, is a challenge for the entire country, but is particularly evident in rural areas.

Institutional barriers

Earlier, we have shown the complexity of the challenges facing many of the young people we talked with, and we have discussed the degree to which the support system understands this complexity when they offer their services. In some of the Norwegian interviews with representatives from the support systems, we asked the respondent to draw a network with the young person at the centre (see Figure 1). Common for those who drew network charts, and those who only

Network chart

described their networks in words, is the large number of institutional bodies they indicate as revolving around the individual young person (called Anne/Christian in Figure 1). One striking aspect of the network charts is that the services see each young person as isolated, and no connections are drawn between the different institutional bodies. The connections between the various services are only occasionally mentioned in the interviews. It was only when we asked specifically about examples of tangible collaboration that these, or the lack of them, were described.

If we consider the complexity of the young people's challenges, and how many institutional bodies there are in relation to the individual, three aspects are interesting – the lack of coordination, lack of meeting places, and lack of information.

With the exception of some follow-up service coordinators in Norway, there is nobody in the systems in the three countries who is responsible for helping the young person access coordinated health support. To a very large extent, the support system meets the young people as individual institutional bodies. In this report, we have described different collaboration constellations, but these do not comprise a clear pattern. And we do not find anything that includes all the sector areas that we have emphasised in this report – school, work, health, and social/welfare.

In all three countries, health is the sector that collaborates least with the other players and, as the other service areas describe it, health is the sector that is most difficult to collaborate with. At the same time, this sector's services for young people struggling with mental health problems are very important. Some of this can be attribu-

ted to structural barriers, such as health legislation differentiating from other types of legislation, and also that two of the countries lack a front-line service in mental health. However, even in Norway, there are special challenges involved in getting the health sector to collaborate with the other support areas.

When we have discussed collaboration with the different respondents in the support services, we have also touched upon the issue of meeting places across the sectors. There are examples of permanent, formalised meeting places between different service providers, but not many. One example was the school in Norway that chose to house in a single unit nurses, follow-up service coordinators, and socio-educational counsellors. In this way, they have created a natural, but informal, inter-professional meeting place. Experience of this arrangement shows that it has generated a better flow between the services, and a more coordinated approach to helping the young people.

We did sometimes hear that the situations are so small and that everybody knows each other so there is no need for regular meeting points between services. An attitude that recurs is that, if anyone wonders about anything, they simply pick up a telephone. However, when we as part of VISUM Norway put players from schools, work, and NAV together in the same room, they nearly all had to introduce themselves to each other. Also, when they talked with each other, it became apparent that they had limited knowledge of what tangible services and instruments were offered by the different services.

Another common feature is that they do not always know who to contact to get help from other agencies when following up young pe-

ople with complex needs. Earlier research has shown that it is easier to set up good collaboration in smaller towns (NOU 2009). Our findings suggest that even in small towns, the need for meeting places and information should not be taken lightly. One thing needed for agencies to be able to collaborate and build up coordinated services to support the individual young person is that the services have good knowledge about each other's activities. It is not until a service knows what the others have to offer that the services together can provide a good support measure for the individual.

SUMMARY, DISCUSSION, AND RECOMMENDATIONS: HOW TO SOLVE A PROBLEM WITH MANY OWNERS

BRIEF SUMMARY AND DISCUSSIONS

In this summary report, we have presented the main findings, analyses and discussions about young people with mental health problems who are at risk of not being prepared for an independent adult life in terms of education, work, living conditions, and personal finance. The report is based on a larger research report from two qualitative studies conducted in Norway (2014) and in Iceland and the Faroe Islands (2015). These were based on a total of 80 interviews with young people and representatives for different public agencies and parts of the support system.

Based on the young people's personal stories about their background, childhood and adolescence, schooldays, work experience, their current situation and hopes for the future, we see that what is common for this group across the three Nordic countries is difficult and painful conditions during childhood and adolescence. This is something that has characterised their lives, affecting their education, and continues to affect them as young adults. None of the 22 young people included in the data presented in the report are in ordinary education or work. Their problems can be described as complex, and mental health problems comprise a specific challenge. Life is on hold, and the future is difficult to relate to.

The interviews with representatives from public agencies and support systems in the major sectors involved – education, health, employment, social/welfare – show that across the three countries there is a lot of concern for this group of young people. There is concern about what is reported to be a constantly growing group of young people with poor mental health, with incomplete education, with problems of gaining a foothold on the labour market, and who are struggling to support themselves financially. We also find that the complexity shown in the young people's situation is not reflected in the measures taken by the public agencies or support system. Many individuals in the different service areas want to help the target group, but how they think and systematically work with initiatives directed towards the target group at system level varies and is generally less clear.

VULNERABLE AND COMPLEX TRANSITIONS

In this report, we have illustrated different types of situations that young people find themselves in and that include vulnerable transitions, seen from the perspective of both the young people and the support systems. Both transitions and marginalisation are complex processes that must be seen in context. Adolescence comprises transitions from childhood to adulthood, from dependence to independence, between different stages of education, working life and living conditions. Marginalisation can be described as cumulative and multi-dimensional (Sletten and Hyggen 2013), and often occurs in this group in vulnerable transitions. For many young people,

marginalisation begins already in childhood and adolescence, with experiences that place them at the side of a social and secure environment to grow up in. This has consequences later in life, and marginalisation is exacerbated by the risk of falling outside education, participation in working life, social life, setting up home and basically affecting the opportunity to establish an independent adulthood.

The transitions concern phases of life and societal areas, such as the transition between child-adult, school-dropout, working life-disability pensions, sickness-health, exclusion-participation, etc. The transitions also embrace different political jurisdictions, where no single body has coordinating responsibility. The services for young people relate to their individual sectors, rather than monitoring the transitions young people face and their complex challenges.

It is easier to see the context in which services are provided in the user's life. The young people are not struggling with just one problem or another: "They do not have one problem at a time" (Frøyland and Fossestøl 2014:xi). Often, it is life itself that is difficult, and the challenges facing the individual young person include health, personal finance, and lack of skills to offer working life (Anvik and Gustavsen 2012; Follesø et al. 2011; Natland and Rasmussen 2012; Ose et al. 2014). The problems faced by the young people transcend the administrative structures of the services and sectors. Consequently, many bodies 'own' the young people's problems, and that is where the main problem lies. In this lies large, cross-sector challenges.

It is in the nature of support systems and bureaucracy a need to standardise, normalise, typify, and work efficiently in a target-oriented way.

At the same time, this divides up the individual client into classifiable components, such as school, disability benefit, patient, etc. In bureaucratic contexts, certain aspects of a person are seen understood to represent the whole person (Gullestad 1996).

We see the same pattern in our results. Representatives of schools talk about pupils, the social welfare offices talk about clients, NAV talks about users, psychiatrists talk about patients. Various aspects of administrations and support agencies are responsible for their respective parts of the individual's life situation, and see the problem from its sector authority and responsibility, but the young person needs help across sectors. Young people want to live a 'normal' life, with the central ingredients of education, work, stable personal finances and good health. They need help, support and follow-up from different parts of the support system simultaneously.

Across the three countries, we see very little systematic work relating to the transitions that young people have to pass through and find difficult. This concerns the transitions between secondary and upper secondary school, between school and working life, and between school/work and support services. Young people who are struggling with mental health problems are not identified until late in their school career. It often takes time before they can receive targeted and effective treatment, and the transition back from illness and absence to school is not optimal. The system sees them as either someone's pupil, client or patient. The young people see themselves as individuals who struggle with school, health and everyday life.

We see examples of people in the support services who do their utmost to help the young

people they encounter. Those who do so most successfully are those who go beyond their own mandate or role. A coordinator in the follow-up service who applied preventive measures instead of waiting for the young person to drop out of education is one example of this. In the follow service, preventive action can be carried out, but this work is often not prioritised, because initiatives and resources are directed towards gaining an overview of young people who have already dropped out.

Evaluation and mapping of the follow-up service also show great variation in how the roles are understood and the tasks prioritised (Buland and Mathiesen 2008; Grøgaard et al. 1999). Early involvement, i.e. to follow up young people before they drop out of education, seems to give the best circumstances for later follow up (ibid.). What characterises the follow-up service is that its employees operate with a flexibility in how they perform their role, but these are also personal and rarely systematised solutions.

We also find examples of targeted work that includes support systems in work, welfare, social, education and health areas. The challenge is often that the young people are facing complex challenges – they need individually tailored adaptations, but there is too little flexibility in the systems to find good, individual solutions. Services offered clearly do not match the needs. Lack of a coordinated support system for young people with complex needs is known to be a major challenge in the Nordic welfare states (e.g. (Frøyland and Fossestøl 2014; NOU 2009; Ose et al. 2014)). Coordinated initiatives or instruments are needed.

RECOMMENDATIONS

A greater focus is needed on early interventions, through both universal and more specific measures. It involves building up good, secure, adolescent environments for all children and young people, while also identifying at an early stage those who are facing specific challenges. This includes responsibility for targeted, regular and seamless follow-up through the various vulnerable transitions on the journey from childhood to adulthood.

The challenges facing vulnerable young people are too complex for one sector in society to take responsibility for and solve on its own. The services must pull in the same direction much more than they do at present, and joint measures should be applied.

The individual services have a range of instruments at their disposal. Because of the lack of interaction between the services, these instruments are not optimally tuned to resolve the complex challenges. Our recommendations propose tangible measures that we feel can improve the work, both in relation to the individual young person and at system level. What these measures have in common is that they are closely linked to where the young person is or wants to be.

There are three main areas we particularly want to emphasise.

Easily accessible and cross-sector pupil services in upper secondary schools

There is a need to build up and strengthen a cross-sector pupil service in upper secondary schools. The service must be easily accessible and be highly visible. There are several key elements.

- Particularly important functions and professional areas that should be part of the service are adequate nurse resources, and professionals with particular expertise in mental health and socio-educational and social sciences. There should be a function with particular responsibility for following up the pupils who are in danger of dropping out or who have already dropped out. In Norway, there are good experiences of trials with employment, social and health services actually placed in an upper secondary school.

- The pupil service needs a coordinating function, which both supports the coordination around individual young people, and serves as the liaison between the different players within the school and externally to other relevant services. In Norway, there is experience of a function where a single professional follows up and helps young people who struggle to cope with school and working life, and also with coordination at system level.

- The pupil service should be physically located to ensure accessibility, ensure a high level of visibility and access (always an open door), create a good information flow between support services, and promote better coordination of the services.

Comprehensive alternatives to upper secondary school

There is a need to develop appropriate alternatives to upper secondary school. Several considerations should be taken.

- Services used today to give an alternative to young people who have dropped out of school or who cannot find a job should be more directed, individually adapted and coordinated.

- The services must be appropriate in terms of further school education and participation in ordinary working life.

- More comprehensive support must be given to meet the various problem areas and challenges facing the young people. This applies particularly to living conditions, personal finance and social relationships. Our study shows that a social focus is particularly emphasised in the Faroe Islands. In Iceland, there is good experience of collaboration between municipal services, such as between the social welfare offices and national services such as the Directorate of Labour.

Expand and strengthen a front-line service within mental health services

Particularly in rural areas in all three Nordic countries, there is a need to expand and strengthen a front-line service within mental health services for children and young people. This will help prevent serious mental illness in this group. Generally speaking, strengthening a front-line service could improve interaction between the health services and other welfare services in these areas.

FURTHER RESEARCH NEEDS

Earlier research into young people, mental health and exclusions is characterised by sector-based quantitative studies or evaluations of individual measures. This study is one of few that combines primary data about young people with system data, and that examines the range of services across sectors. This and other studies indicate the need for more collaboration. Studies are needed that attempt to understand how interaction takes place regarding this group of young people.

In terms of collaboration, there is a special need to examine more closely the relationship between the health service and the other players. Our research has shown that the lack of collaboration cannot solely be explained by structural barriers. Further research should examine the role of the health sector in more detail.

Social background has not been a selection criterion in recruitment of young people for this study, and the significance of this dimension has not come out clearly in the interviews. We know there is an association between social background and risk of marginalisation in children and young people. More qualitative studies are needed that explicitly examine social background as a dimension. Ethnicity is also a dimension that is largely lacking in our studies, and more qualitative research is needed, particularly in view of the current situation regarding refugees in Europe.

The interviews showed that the family was an important feature in the young people's lives. In particular, the mother was shown to be an important person for the young people. To get a better understanding of the situation of young people, future studies should include parents and guardians. Particularly lacking is knowledge about the significance of fathers, who were often missing in the lives of the young people interviewed in this study.

There is a need for better and more comparable statistics across the Nordic countries, both in terms of dropout, through-flow and prevalence of mental health problems.

There is a need for better understanding of the difference between drop out from and through-flow in upper secondary education. Today, drop out and through-flow are often used interchangeably. There is a need for studies that examine which measures help to prevent drop out, which improve through-flow, and how these measures affect each other.

There is a need to collect and systematise knowledge about different regulations and practices regarding confidentiality. Such a knowledge base could indicate appropriate solutions to overcome barriers to better cooperation between the various services around the young.

There is a need for more systematically collected knowledge about good practice in the work to reach vulnerable young boys. Such a knowledge base could be used to develop tangible models for preventive work aimed at boys.

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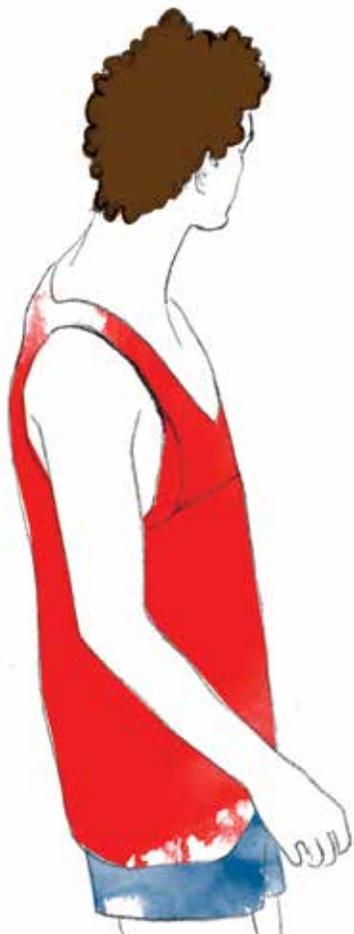
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