



Adolescent Health in the Nordic Region

Health promotion in
school settings



Nordic Welfare
Centre

Adolescent Health in the Nordic Region

Health promotion in school settings

Editor: Lidija Kolouh-Söderlund, Senior Adviser

Editorial group: Lidija Kolouh-Söderlund, Louise Hertzberg,
Judit Hadnagy and Leslie Walke

Executive editor and publisher: Director Eva Franzén

ISBN: 978-91-88213-32-7

Print: 500

Graphic design: Accomplix

Print: TB Screen

Published by

Nordic Welfare Centre

© February 2019

Content

Preface	03
---------	----

In Focus

What is the current state of mental health and well-being among adolescents?

Mental health trends and the role of the school	08
---	----

On the Ground

How can we work with health promotion in schools?

Sweden: Reading ambassadors and physical activity both improve health	18
---	----

Sweden: Breaking down professional barriers	22
---	----

Denmark: New assessment system relieves pressure on upper secondary students	24
--	----

Finland: The role of the bystander – a key to avoid bullying	28
--	----

Finland: Principal Vindängen School: KiVa-programme gives me tools to rely on when it comes to bullying	32
---	----

Norway: Dreamteam at school makes it easier for new pupils	36
--	----

Iceland: Pupils' health – engaging the whole of society	40
---	----

Politics

Compulsory health education in schools – can we learn, import and adapt?

Compulsory health education makes Finland unique	48
--	----

"Every new generation needs to be informed"	52
---	----

Research

Positive mental health – Nordic research from a new perspective

A night in Venice – the start of an unique health study	58
---	----

International Overview

How do we strengthen the youth perspective in our welfare services?

Huge step for youth participation in international cooperation	66
--	----

Give young people a voice... but don't exploit us!	72
--	----

References	77
------------	----



Preface

Pupil health is an important part of the educational activities in Nordic schools. One major challenge regarding pupils' well-being is mental health.

With this report, our aim is to inspire everyone who, in some way, works with pupils. The report concerns how we in the Nordic region can work in schools to promote pupils' positive mental health. We present general initiatives reaching everyone in a school environment, rather than specific initiatives for individuals. Another important thing we emphasise is the importance of giving children and young people the tools they need to help take control over their mental health.

Positive changes can come from many directions, and sometimes it can be enough with small changes in a single school. For example, it might be sufficient with organised activities in the breaks to prevent anyone feeling excluded, or by introducing reading ambassadors. In a wider perspective, at national level, it may concern incorporating a health component in schoolwork, as is the case in Iceland.

Sweden, Finland and Norway are forerunners in research on bullying. The Finnish antibullying programme, KiVA, has a scientific basis, and is constantly being evaluated and developed by researchers. The result is that fewer children are subjected to bullying, which can be important for their health for the rest of their lives. Read the article about KiVA in this report.

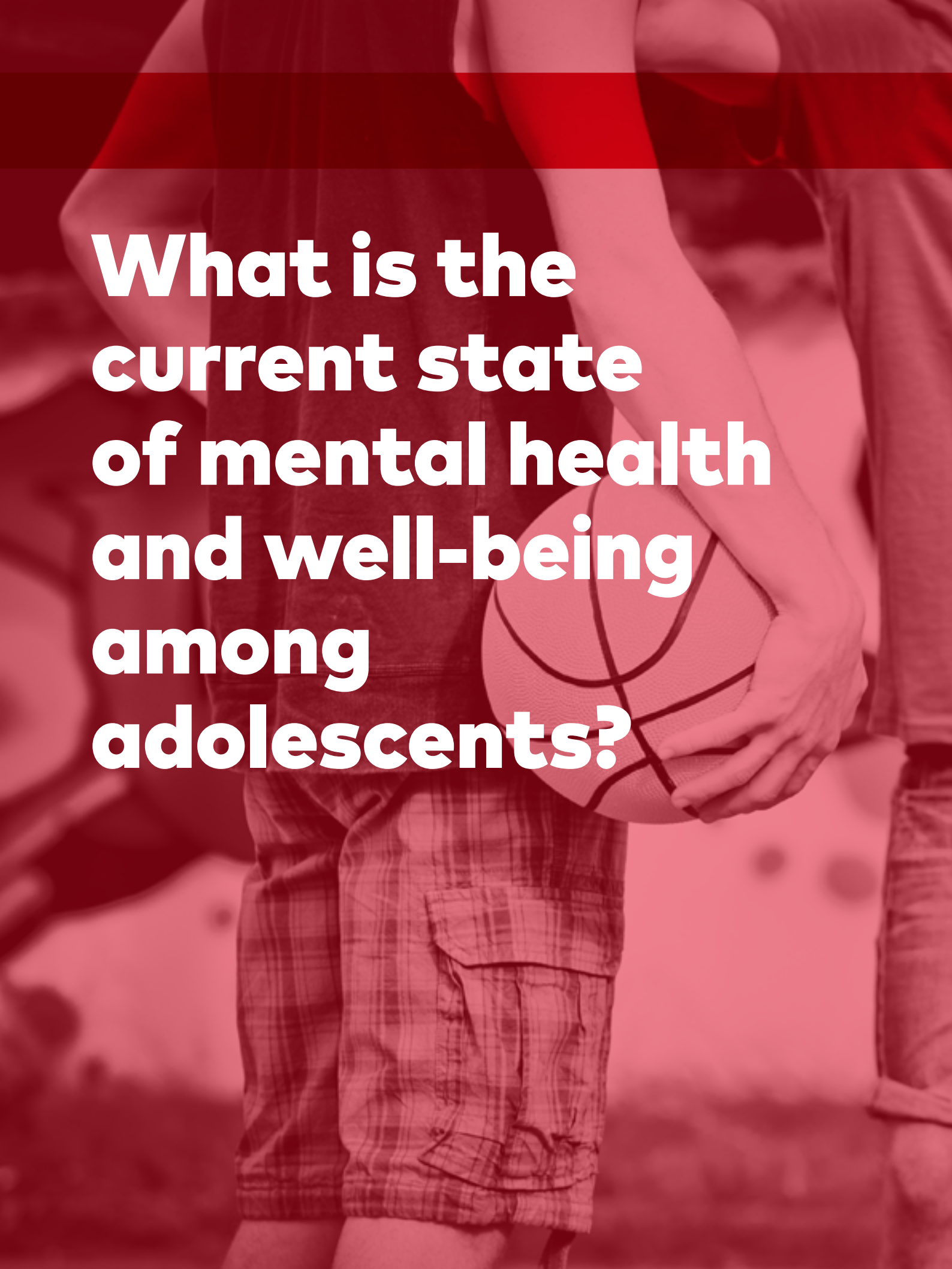
The Nordic researchers in the HBSC network, Health Behaviour in School-aged Children, have been monitoring pupil health for 30 years.

The study has provided outstanding and detailed information that enables us to monitor how children are feeling and implement changes where necessary. The researchers in the HBSC network explain in this report how the network provides opportunities for collaboration in the Nordic region, and give their personal reflections on trends in pupil health.

In our report, we take up these issues and examples. We hope you will enjoy reading about inspiring examples and exciting initiatives about how we, in different parts of the Nordic region, are working to improve pupils' mental health.



Eva Franzén
Director
Nordic Welfare Centre

A person is shown from the waist down, holding a basketball with both hands. They are wearing plaid shorts. The image is overlaid with a large red semi-transparent rectangle. Inside this rectangle, the text "What is the current state of mental health and well-being among adolescents?" is written in white, bold, sans-serif font.

**What is the
current state
of mental health
and well-being
among
adolescents?**





Mental health trends and the role of the school

This report examines how the Nordic countries are working to promote health and well-being among young people. This section considers mental health and adolescence. What is the current state of mental health and well-being among adolescents, and are there any worrying trends that need to be addressed?

Text: Charli Eriksson

Adolescence

Adolescence is a stage of life in which many changes take place in different domains – physical, sexual, cognitive, identity, and relationships with parents and peers (Shulman & Scharf, 2018). Adolescence is also a period where a person's health can have serious implications for their later health as an adult. At individual level, the health of adolescents is strongly affected by social factors at personal, family, community, and national levels. In global terms, the strongest determinants of adolescent health are structural factors, such as national wealth, income inequalities, and access to education (Viner et al., 2012).

While most adolescents enjoy good mental health, physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health issues (WHO 2018). Adolescents face many challenges, including increasing academic expectations, changing social relationships with family and peers, and the physical and emotional changes associated with increasing maturity. They are becoming more independent and making decisions that will shape their health, behaviour, education and future socioeconomic opportunities. Adolescence is also a time for first experiences of various kinds, such as being away from the direct control of parents,

Charli Eriksson
Professor emeritus
in public health science
Guest researcher, Department
of Public Health Sciences
Stockholm University





exploring alcohol and drugs, staying away from home, and first sexual experiences (Seiffge-Krenke, 2017). In this process towards independence, adolescents develop habits that may have long-term implications for their health and well-being.

Health-related behaviours and health problems established during this transition period may continue into adulthood, and patterns of inequality may become entrenched and increase. This concerns issues such as mental health, the development of health disorders, overweight, tobacco use, physical activity level, and alcohol use. Although young people in the Nordic countries all live in welfare states, they experience different social conditions, and these conditions change over time, exemplified by periods of economic crisis and economic globalisation.

Mental health and well-being

The World Health Organization (WHO) describes mental health and well-being as being "fundamental to quality of life, enabling people to experience life as meaningful and to be creative and active citizens. Mental health is an essential component of social cohesion, productivity, and peace and stability in the living environment, contributing to social capital and economic development in societies" (WHO 2005, p 1). Good mental health can be defined as a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to their community (WHO 2014).

Mental health is also fundamental to our collective and individual ability as humans to think,

display emotions, interact with each other, earn a living, and enjoy life. The promotion, protection and restoration of mental health can be regarded as a vital issue for individuals, communities and societies throughout the world. The state of mental health in a population is linked with societal factors and the way people love, play, work, and live their lives together.

Global mental health

The WHO recently presented key facts about adolescent mental health (WHO, 2018). One in six people in the world is aged between 10 and 19. Mental health conditions account for 16 per cent of the global burden of disease and injury in this age group. Half of all mental health conditions start by the age of 14, but most cases are undetected and untreated. Globally, depression is one of the leading causes of illness and disability among adolescents, and suicide is the third leading cause of death in young people aged 15-19.

The consequences of not addressing adolescent mental health conditions extend to adulthood, where mental health can impact physical health and limit opportunities to lead a fulfilling life. Mental health promotion and prevention are therefore vital in adolescents' well-being. Building life skills in children and adolescents and providing them with psychosocial support in school and community settings can help promote good mental health (WHO, 2018a). This report includes examples of best practice from each of the Nordic countries.

Mental health determinants

Adolescence is a crucial period for developing and maintaining social and emotional habits important for mental well-being. These include adopting healthy sleep patterns, taking regular exercise, developing coping, problemsolving, and interpersonal skills, and learning to manage emotions. Supportive environments in the family, at school, and in the wider community are also important (WHO, 2014).

Multiple factors determine the mental health of an adolescent at any given time. The more risk factors adolescents are exposed to, the greater the

potential impact on their mental health. Factors that can contribute to stress during adolescence include a desire for greater autonomy, peer pressure to conform, exploration of sexual identity, and increased access to and use of technology.

Gender differences in mental health symptoms are well known, with girls reporting poorer mental health than boys. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their aspirations. Other important determinants for the mental health of adolescents are the quality of their home life, their relationships with peers, violence (including harsh parenting and bullying) and socio-economic problems. Children and adolescents are especially vulnerable to sexual violence, which has a clear association with negative mental health.

Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services (WHO, 2018). Adolescents with mental health conditions are also particularly vulnerable to social exclusion, discrimination, stigma, educational difficulties, risk-taking behaviours, physical health problems, and human rights violations.

To improve understanding of how adolescent mental health may be affected in times of change, it is important to understand processes and mechanisms relevant to the changes that adolescents experience and examine how these changes affect mental health (Shulman & Scharf, 2018). Recent societal changes, including increasing social and economic uncertainties and instabilities, are likely to increase stress for adolescents and their parents. Here, resilience research may contribute through the understanding of positive adjustment under conditions of adversity.

Mental health conditions

Worldwide, it is estimated that 10-20 per cent of adolescents experience mental health conditions (WHO 2018). These figures may be an underestimate, due to underdiagnosed and undertreated signs of poor mental health where there is a lack

of knowledge or awareness about mental health among health workers, or where stigma prevents adolescents from seeking help. Mental health conditions can be divided into a number of groups.

- **Emotional disorders** commonly emerge during adolescence. In addition to depression or anxiety, adolescents with emotional disorders can also experience excessive irritability, frustration, or anger. Symptoms can extend across more than one emotional disorder, with rapid and unexpected changes in mood and emotional outbursts. Younger adolescents may develop emotion-related physical symptoms, such as stomach ache, headache, or nausea. Research has shown an association between emotional symptoms and household wealth (Nielsen et al, 2015). Emotional disorders can be profoundly disabling to an adolescent's ability to function, affecting schoolwork and attendance. Withdrawal or avoidance of family, peers or the community can exacerbate isolation and loneliness. At its worst, depression can lead to suicide.
- **Childhood behavioural disorders** can appear during adolescence, when rules, limits and boundaries are tested. Such behavioural disorders represent repeated, severe and non-age-appropriate behaviours such as hyperactivity and inattention (attention deficit hyperactivity disorder) or destructive or challenging behaviours (conduct disorder). Childhood behavioural disorders can affect adolescents' education, and sometimes involve contact with judicial systems.
- **Eating disorders** commonly emerge during adolescence and young adulthood, generally affecting females more frequently than males. Eating disorders, including anorexia nervosa, bulimia nervosa and binge-eating disorder, are detrimental to health and often co-occur with depression, anxiety and/or substance misuse.
- **Disorders that include symptoms of psychosis** most commonly emerge in late adolescence or early adulthood. Symptoms of psychosis can include hallucinations or delusions (including fixed, non-accurate beliefs). Experiences of psychosis

can severely impair an adolescent's ability to participate in everyday life and education. In many contexts, adolescents with psychosis are highly stigmatised and at risk of human rights violations.

- **Mental health issues** can cause adolescents to self-harm. Suicide is the third-highest cause of death in older adolescents (15-19 years). Suicide attempts can be impulsive or associated with a feeling of hopelessness or loneliness. Risk factors for suicide include harmful use of alcohol, abuse in childhood, stigma against seeking help, barriers to accessing care, and access to means.
- **Many risk-taking behaviours** harmful to health, such as substance use or sexual risk-taking, start during adolescence. Limitations in adolescents' ability to plan and manage their emotions, normalisation of the taking of risks, and contextual factors, such as poverty and exposure to violence, can increase the likelihood of engaging in risk-taking behaviours. Such behaviour can be both an unhelpful strategy in coping with poor mental health and can negatively contribute to and severely impact an adolescent's mental and physical well-being.
- **Harmful use of alcohol or drugs** is a major concern in most countries. Harmful substance use in adolescents increases the likelihood of further risk-taking, such as unsafe sex, which increases the risk of sexually-transmitted infections and early pregnancy. The use of cannabis is another concern. In recent years, smoking and alcohol use among adolescents has declined in the Nordic countries, and a similar pattern has been observed among American adolescents since 1990 (Arnett, 2018).
- **Perpetration of violence** is a risk-taking behaviour that can increase the likelihood of low educational attainment, injury, involvement with crime, or death. Interpersonal violence was the second-highest cause of death of older adolescent boys in 2016.



Mental health trends among Nordic adolescents

Mental health problems increased in adolescents and young adults in Europe between 1950 and 1990 but slowed in all Nordic countries except Sweden between 1990 and 2010 (Bremberg, 2015). Suicide rates at ages 15-24 decreased in most Nordic countries between 1990 and 2010, but again with the exception of Sweden, where a small increase was noted.

Compared to other Nordic countries, self-reported psychosomatic problems are worse among adolescents in Sweden (Hagquist, 2015), where frequency has increased since the 1980s. In Sweden, the number admitted to hospital with a mental health diagnosis has more than doubled in the past 20 years, a pattern that applies to both boys and girls. The pattern in the four other Nordic countries is clearest for older adolescents, particularly girls. Self-reported psychosomatic problems have increased in Finland and Norway, while the figures for Denmark have remained stable (Hagquist, 2015).

The Public Health Agency of Sweden has recently analysed potential factors causing the increase in multiple health disorders among children and adolescents in Sweden, focusing on four main areas: factors within the family, socioeconomic conditions of the family, school and learning and structural changes (PHAS, 2018). The overall conclusion is that malfunctioning of the Swedish school system and greater demands in the labour market probably lie behind the increase in multiple health disorders among children and adolescents.

Time trends among Nordic school-aged children are analysed in on-going research collaboration (Eriksson, 2019).

Promotion and prevention

Interventions to promote adolescents' mental health are aimed at strengthening protective factors and enhancing alternatives to risk-taking behaviours, as well as helping adolescents build resilience, enabling them to cope better in difficult situations or adversities (Barry, 2001).

Mental health promotion is a distinct concept with its own features (Tamminen et al., 2016). Its attributes include mental well-being, positive mental health, empowerment, participation and collaboration. Several positive outcomes have been identified: strengthened protective factors; reduced risk for or prevention of mental ill-health; wider societal consequences (e.g. reduced structural barriers to good mental health, better educational performance, greater productivity of workers, improved relationships within families, safer communities); improved quality of life and physical health; more positive mental health; and improved mental health and well-being.

Health-promotion programmes for all adolescents and prevention programmes for adolescents at risk of mental health conditions require a multilevel approach with varied delivery platforms, such as digital media, health or social care settings, schools, or the community.

A settings-based approach emphasises that mental health evolves where people live their lives, in contexts such as the home, school, workplace and community. Interventions must work at the level of strengthening individuals and communities and removing structural barriers, i.e. initiatives to reduce poverty, discrimination and inequalities (Barry, 2009). Responsibility for promoting mental health is therefore cross-sectoral at government level, requiring a health perspective in all policy areas.

Three levels of intervention

Interventions must be considered on all levels – individual, community and structural (Barry, 2009). Interventions at the individual level address psychosocial determinants through initiatives that promote cognitive and emotional resources, and coping skills and behaviour that promote and protect mental health. The foundation of mental health lies in the perinatal period and early childhood, so interventions that promote and enhance early attachment, warm and affectionate parenting, a secure and safe home, and sources of community support can be beneficial. This could also include home visiting programmes, high-quality

pre-school education and group parenting classes. Community-level interventions include improving people's sense of belonging, strengthening networks, building social capital, improving environmental and community safety, and providing community services that support mental health. Structural-level interventions include initiatives to reduce poverty, discrimination and inequalities, and promoting access to education, meaningful employment and housing. Services and support to those who are most vulnerable are essential.

The role of schools in promoting health

School is a key setting for health promotion among children and adolescents. One reason is that children spend a large proportion of their childhood in schools, and another is that health and education are intrinsically linked. Poor physical and mental health affects academic performance of children and adolescents (Suhrcke & Paz Nievas, 2011), and improvements in health bring education benefits (Basch, 2011; Durlak et al., 2011).

The WHO's Health Promoting School (HPS) framework was developed during the 1980s (Nutbeam, 1992). It was based on a broad and positive perspective of health, and extended school-based interventions beyond health education to promote adolescent health (Shackleton et al., 2016). A whole-school approach to promoting health, including multi-level interventions, has been developed. In the European region of WHO, the Schools for Health network (www.schools-for-health.eu) was set up in 1992. A Health Promoting School is "a school that implements a structured and systematic plan for the health, well-being and the development of social capital of all pupils and of teaching and non-teaching staff" (Turunen et al., 2017, p 177). The whole-school perspective has six essential components: healthy school policies, physical environment of school, social environment of the school, individual health skills and action competencies, community links and health services.

The importance of the school setting in improving children's health and well-being has been

reviewed, and three main success factors were identified: (1) involvement of the school community as a whole, considering all aspects of school life; (2) addressing the school social environment (relationships between pupils, staff and parents); and (3) development of children's life skills (Stewart-Brown, 2006).

Multi-component school programmes are effective in promoting sexual health and preventing bullying and smoking (Shackleton et al., 2016). Another review found that the HPS approach could reduce students' body mass index (BMI), increase physical activity and fitness levels, increase fruit and vegetable consumption, reduce cigarette use, and reduce reports of bullying (Langford et al., 2014).

There is limited evidence of impact on academic achievement, partly because it has rarely been included as outcome in intervention studies (Langford et al., 2017; Eriksson, 2012). There are several studies currently taking place in the Nordic countries that will address this gap in the evidence base concerning schools and health.

This report provides examples of successful initiatives in schools in the Nordic region. The case study from Iceland highlights the health promoting school framework as implemented throughout the country. On a more local scale, the Swedish case study shows how one municipality is working with health promotion in schools in Kalmar. The Norwegian case study is based on a special approach to health promotion in a school, while the Finnish case reports on a successful anti-bullying programme. The Danish case study report from a school, which changed their policy with regard to assessment of the school achievement.

The background of the slide is a photograph of a row of school lockers. The lockers are made of metal and have a perforated pattern. A semi-transparent red overlay covers the entire image, creating a uniform color scheme. The text is white and bold, positioned on the left side of the image.

**How can we
work with
health promotion
in schools?**





Pulse session: It doesn't matter what you do
as long as you keep moving.

Reading ambassadors and physical activity both improve health

Västervik municipality received a grant of 3.4 million SEK from the National Agency for Education to test new ways of promoting health and learning. Conclusions from the experiments include that movement is an important part of the school's work to promote health, and that much can be learned from the ideas being applied in all schools. "There is no general solution," says Ewa Myhrén, Director of Primary and Secondary Schools in the municipality.

Text and photo: Louise Hertzberg

Västervik is a municipality in Småland with 36,000 inhabitants. The county is associated with being cautious with money, but in the winter of 2016, the municipality was able to loosen the purse strings. The National Agency for Education approved Västervik's application for a grant, and the municipality was awarded 3.4 million SEK to help promote health and learning in schools.

"That was a tremendous amount of money for us," says Ewa Myhrén, now Director of Primary and Secondary Schools but who was then project manager for the initiative.

The money was a government grant, earmarked for health promotion and preventive initiatives. Text relating to the application included the following:

"It is important to constantly ask and review the question about what affects pupils' health and learning. Learning and health are largely affected by the same factors. The overall learning environment is therefore important in helping every pupil develop to the best of their ability."

FACTS

Health promoting school development

In Sweden, it is the municipalities that have main responsibility for formal primary and secondary education. The National Agency for Education is tasked with supporting, implementing and providing advice relating to the Swedish Education Act, other legislation and regulations. The Agency provides support to municipalities working with health promotion, such as through government grants. Health promoting school development involves both improving pupils' well-being and attainment of goals in the education.

Ewa Myhrén and the school administration in Västervik had many ideas for developing the learning environment, and once the grant had been awarded it was time to start implementing the ideas presented in the application.

The list was long:

- Dance mathematics
- Physical activities led by after-school teachers during breaks ('Friend at Break')
- Pulse sessions
- Mid-lesson physical exercise
- Yoga led by pupils
- Reading ambassadors
- Vector mathematics for preschool classes

Physical health and mental well-being

Many of the initiatives had already been tested in some schools, and the grant gave the opportunity to test them on a larger scale. One recurring theme in many of the initiatives was physical movement. Movement contributes to both physical and mental well-being, and improves the pupils' cognitive abilities.

In dance mathematics, pupils use their own bodies to form numbers and learn to understand mathematics in a physical way. In vector mathematics, for the youngest pupils, the mathematical exercises are baked into a game, to develop pupils' understanding and perception of figures.

"These activities are demanding for the children, so we introduced physical movement directly after the sessions. This helps them recover more easily," says Ewa Myhrén.

For the older pupils, many of the schools have introduced pulse sessions. When we visited Skogshagaskolan, a primary school a Year 6 class was having a pulse session. The sports hall is full of girls and boys who are running, playing knock-out badminton or tag. The idea is to keep moving. Everyone is wearing a pulse band and can monitor their own activity on a screen. Their pulse should be 70 per cent of maximum during the activity. If it is too low, the screen goes grey, and if it is too high it becomes red. After 20 minutes of activity at the right level,

the pupils remove the pulse meters and end the session with showers.

Amra Smailji and Felicia Besheri love the pulse sessions, and hand in their pulse meters reluctantly at the end. "Did you see me running around? I was nearly up to red!" says Amra proudly.

The girls chatter excitedly, and explain how much it helps to start the day with a pulse session, particularly when they haven't slept well. Today, the pulse session will be followed by a mathematics lesson, and the girls are happy about that too.

"I'm not too keen on maths – I find it difficult to concentrate. But after the pulse session, I find I can focus better on what I'm doing. I really enjoy the pulse sessions. I never want them to end," says Felicia.

Friend at Break

The two girls have known each other since they were six, when they met in the preschool class. They enjoy school. They feel safe and secure, and tell us there are no groupings – everyone can join in, regardless of age or the type of clothes they are wearing.

They think the Friend at Break system has helped with that. Friend at Break means that the after-school teachers are available at breaks. They organise activities that all pupils are welcome to take part in. "For example, they might take out a long skipping rope, and everyone can join in," explains Amra.

Skogshagaskolan started the Friend at Break initiative seven years ago. When Västervik was awarded the grant by the National Agency for Education, many other schools tested the system for the first time.

Susanne Pettersson, an after-school teacher, says that her work has completely changed since Friend at Break was introduced.

"Seven years ago, we always seemed to be dealing with conflicts. You almost had to wear protective clothing if you were out at break, and you spent most of the time shouting at children. But this never solved any problems."

Then the proposal came up that the after-school teachers would be available at breaks. "All the teachers were positive, even though it led to the

after-school staff spending less time helping in the classroom," says Susanne Pettersson.

One big advantage of Friend at Break is that nobody needs to be alone. If a child has no one to play with, they can join in with the activities arranged. Another advantage is that the after-school teacher can more easily see how the children are feeling. They can observe the different constellations and see if there is someone they need to keep an eye on.

"The presence of adults during the breaks is so important," says Susanne.

In the breaks, music is played in the school playground, and anyone who dares can dance. Susanne explains that, at first, the children in the preschool classes just stood and watched, day after day, while the older pupils danced.

"Eventually, I said to them: 'Why don't you join in?' And they did, a bit cautiously at first, but before long they were really getting stuck in. I think some

of them had been practicing at home first, before they finally dared to take part."

Ewa Myhrén explains that Friend at Break is one of the initiatives that the municipality's principals decided to retain, and it will continue to be a natural element in the school day. "It's important that we see that lessons and physical movement are interrelated. There shouldn't be a watertight barrier between them."

Ewa Myhrén also wants schools to feel that they can test things that are appropriate for them. "There's a big difference between a school of 40 pupils and another with over 200 pupils. Each of them must find what suits them best."

Felicia Besheri and Amra Smailji both think it helps to start the day with a pulse session, especially when they have a difficult subject.



Breaking down professional barriers

A common situation in schools is that the work of health professionals is completely detached from that of the teaching staff, and there are few points of contact.

Gerd Henriksson is vice principal and special needs teacher at Skogshagaskolan, a primary school for children aged 6-12 with an after-school unit and a youth club. She is constantly on the lookout for ways to create an inclusive school for both children and staff.

Text and photo: Louise Hertzberg

"How can we create a school environment that supports children with special needs, but also an environment that is good for ALL children?"

This way of thinking is completely in line with the Swedish Education Act from 2010 (SFS 2010:800), where a holistic approach is emphasised. Pupil health should not involve experts being called in when a pupil has problems that the teachers cannot help with. Pupil health must be part of systematic work to create a good school environment.

In Skogshagaskolan the principal, teachers, after-school staff and pupil health specialists continually meet, plan and discuss what can be done to improve the the social, educational and physical environment in the school.

Two forums are important – pupil health meetings, where the pupil health team collaborates with teachers at an early stage, and teaching meetings led by the school's senior teachers. Focus is placed on a language-developing approach and formative teaching, in which the teacher – with the help of the pupils – systematically and continually analyses how learning takes place in the classroom.

Reading ambassadors

Reading skills were a problem that was constantly discussed in school meetings. How could the school support pupils who could not keep up?

"We've known for a long time that a poor ability to read is a major risk factor. But we haven't known what to do about it," says Gerd Henriksson.

Identifying all the pupils who do not attain the goals would have needed three special needs teachers. The school could not afford this and, also, recruiting trained special needs teachers is not easy. So what realistic solutions were there?

Gerd had the idea of making reading skills an issue for the whole school. Everyone who was interested could become reading ambassadors. The system not only improved the reading skills of pupils who need extra help, but also increased collaboration between the different professional groups.

The reading ambassadors work with one or more pupils and practice reading with them in different ways for 20 minutes, three times a week. "The idea generated a lot of interest, and everyone is very positive," says Gerd. The reading ambassadors have to fit in their sessions around their timetables – some see the children during breaks, some before school in the morning.

The school principal was one of those who wanted to be involved, as well as Helene Windahl, an after-school staff teacher, and Sara Persson, who is a teacher of Swedish as a Foreign Language. "One advantage of this model is that so many members of staff develop good relationships with these pupils," says Sara Persson.

No stigma

Gerd agrees with Sara that the reading ambassadors help to break down the invisible walls that can easily build up between special needs teachers and other staff. They also see advantages for the children.

"There used to be 'reading assistants' that the pupils had to go to. Now when they come to me, I'm a person who also teaches other subjects, so there's no longer such a stigma attached," says Sara Persson.

Ahead of the introduction of the reading ambassadors system, the pupils' reading skills and comprehension was reviewed. Part of the review involved pupil interviews. The pupils were asked: How do you feel when you know you must read, how secure do you feel? Can you read the subtitles on TV when you watch a film? How do you feel when you are to learn a new word?

Just by considering the questions, the pupils themselves get an impression of whether they needed support. In the end, 37 pupils were assigned reading ambassadors.

"Nearly all children love to get their own time with an adult, so it's very unusual that someone says no to it," says Gerd.

What the reading ambassadors do depends on what the particular child needs. Some pupils have reading in pairs, and practice reading and listening, others need to increase their reading speed, while others need to learn to decode spellings or find strategies for their reading.

After the first eight-week period, the first evaluation was carried out.

"Of the 37 pupils, 35 had improved their reading skills. And the two that hadn't improved did so in the next eight-week period," says Gerd Henriksson.

"We're constantly on the lookout for a pupil not making progress. We have the support of a speech therapist and a psychologist. Those are the specialists that can diagnose, for example, dyslexia."

Other problems detected

According to Sara Persson, the reading ambassadors have also helped to detect other problems. "You get very close to the pupils, so we've discovered things like a pupil who needs a hearing test or another who needs their vision testing," she says.

Gerd, Sara and Helene talk warmly and enthusiastically about the reading ambassadors. But at the same time, they are worried about whether the enthusiasm will wear off. What will happen when the 'honeymoon period' is over? Only time will tell.

"The question is how we retain the enthusiasm in the longer term, how long the ambassadors can work in this way," says Gerd Henriksson.

She has no answer. This will be something else to wonder about, in the work to develop the school. Work that never ends.



Peter Brøndum, teacher, Øregård Gymnasium, Denmark
"There are many indications that the students made a better start to their upper secondary education when they were not given grades in the first year."

New assessment system relieves pressure on upper secondary students

Øregård Gymnasium in Denmark ran a pilot scheme aimed at improving students' mental health and well-being. This involved students in one first-year class being given personal evaluations instead of grades in each subject. The trial proved so successful that now no first-year classes are given grades. The school personnel believes that this improves both final results and the students' mental health. "It's particularly good for the academic high-achievers," says teacher Peter Brøndum.

Text and photo: Louise Hertzberg

Øregård Gymnasium is an upper secondary school in Hellerup on the outskirts of Copenhagen. The catchment is relatively affluent, the school website contains photos of happy students at the school gate, and the school has some of the best academic results in the country. However, there is also a down side – poor mental health among the students.

"Many students suffer from stress, anxiety, eating disorders and other problems. We know this from our many discussions with the students," says Peter Brøndum, teacher of history and social studies.

Tackling the problem

The teachers and the school management discussed how they could improve the situation. The solution they came up with was to reduce the pressure by testing a system in which traditional grades would not be given in the first year.

"In Denmark, students are being constantly assessed. From August to the end of November, the students are given 35-40 grade-related assessments," explains Peter Brøndum.

The initial trial involved one class that would not be given grades in the first year. However, this did not mean that no demands would be placed on the students. Inspired by John Hattie's Model for Visible Learning (see footnote), progress and reflection discussions were introduced. According to the model, students are given constant feedback about their academic performance, and the teachers too receive feedback and become evaluators of their own teaching. This is an approach to learning that does not involve being assessed, but rather identifying what the student needs to develop and learn more.

Positive outcome

The system was evaluated by consultants from the Ministry of Education. The evaluation showed that the class that were not given grades in the first year coped better in the second and third years. Absence rates were lower, and the proportion of students who submitted their written assignments was much higher than in the control classes.

"We can't be 100 percent certain that this was down to not having grades, but there are many indications that the students made a better start to their upper secondary education when they were not given grades in the first year," says Peter Brøndum.

When the students started their second year, returning to the traditional system with grades in each subject, the school immediately saw a change. It became more common that students did not submit written assignments, and absence rates also increased.

The evaluation suggested that grades affect the students' mindset, making them think strategically in the short term. One student explained, for example, that they missed physical education lessons when athletics sessions involved high jump and shot putt, because they were poor at these events, but attended when the focus was on running events, where they achieved better results.

The school felt that the outcome of the trial with no grades was so successful that, today, none of the first-year students are given grades, except in subjects only studied in the first year. Peter

Brøndum is convinced that this has a positive effect on students' health and on their academic performance.

"Most of the first-year students are really happy. They come to school, they do their homework. They ask teachers about things they may not otherwise have dared to ask, because before they were frightened that asking such questions might affect their grades."

High-achievers

Peter Brøndum says that the system with no grades is particularly positive for the high-achievers – the students who experience a constant internal pressure to get the top grades. The pressure can also be external, the need for the highest grades for admission to their dream programme at university.

"There's been a big debate in Denmark about the high-achievers. The 'perfect' students who put themselves under pressure to get the top grades all the time." Peter is particularly referring to the '12-point girls', girls who aim to achieve the highest grade, 12, in all subjects.

"You pace yourself"

Peter Brøndum is a tennis player. He compares the situation of the high-achievers with the training and performance of top sportsmen.

"When you're a tennis professional, there are periods when you do nothing but train. You pace yourself, you know when to train and when to relax, and you build up to the tournament when you are at your peak. If you could play to the limit of your ability all the time, that would be fantastic, but most players can't do that. There must be a training schedule ahead of a tournament, time when you hone your skills without the pressure of showing results."

Peter thinks Danish schools should work in the same way. Applying the tennis analogy, this would mean there would be periods when the students are assessed, and other periods when they simply develop their skills and knowledge in the subject without it affecting their grades.

"If you look at it from a health perspective, constant assessment brings uncertainty and pressure.

This pressure can also have a negative impact on the final result.

"When you're under pressure to perform at the top level all the time, you always do things in a way that you know works well. You don't take a step back, reflect and try new ways. It stresses the brain, and even affects the ability to concentrate."

Improved social environment

Constant assessment also has a negative impact on the social environment. At Øregård Gymnasium, one observation from the trial was that students worked together much better when there are no grades involved. The students with best understanding of a theme helped the other students. Peter explains what happened.

"They learn the skill of taking responsibility for a group, because they already know they are the best in terms of study results – they don't need to prove it. It's a big difference. Before, the most gifted students didn't want to work with slower students, because they felt it could bring their grade down."

The teachers have also seen that the dialogue in the class is better when there are not constant assessments.

"As soon as assessment becomes involved, something happens. It's only the brightest students who dare to open their mouths. Slower pupils are reticent about putting their hands up. 'If I say something, what effect will it have on my grade? What will the others think?' The reaction is all because of the grades," says Peter.

Teacher/student relationship

Grades also affect the teacher/student relationship. Peter feels that a modern teacher should be an important person in the student's life.

"I think that, as a teacher, you should show you're interested in the students as people, that you're committed to giving them a good education."

He argues that constant assessment creates barriers to building strong social relationships between teacher and pupil.

"If there are periods when there is no assessment, the equivalent of the training in the tennis

analogy, the student dares to ask questions and make mistakes. The personal evaluation also gives the student the chance to give their views on how I'm working as a teacher. We've noticed a difference in relationships when a class is not given grades."

Successful trial attracts attention

Øregård Gymnasium's trial with the new assessment system in the first year has attracted great attention in Denmark. The school has won a learning environment prize, awarded by the Ministry of Education. Over 30 articles have been published about the school. Because of this attention, Peter Brøndum wants to protect the students, so we are not allowed to interview them. They must be allowed to concentrate on their studies. But this is how one student, Clara De La Cour, explained to the Politiken newspaper, why she felt it was positive to have no grades in the first year.

"Previously, I was really nervous before tests, but now I can see I'm much calmer, because we're not being graded. I study hard, and always do my best, but the constant pressure that I used to feel has improved."

Footnote

The evaluation about the experiment with no grades first year can be downloaded here (in Danish): https://www.oregard.dk/fileadmin/user_upload/Evalueringsrapport_projekt_karakterfrihed__1t_paa_OEregaard_Gymnasium_i_skoleaaret_2015-2016.pdf You can find the evaluation here www.oregard.dk/undervisning/surch_for_karakterfrihed

John Hattie and Visible Learning

Visible Learning is a synthesis of more than 800 meta-studies covering more than 80 million students. The book identified which education variables had the biggest impact on learning, and created a new mindset that has caught the attention of educators around the world. In Visible Learning, students know what they need to learn, how to learn it, and how to evaluate their own progress. Using the Visible Learning approach, teachers also become evaluators of their own impact on student learning.



From left Elisa Poskiparta , Christina Salmivalli

The KiVa programme is under constant evaluation, and the effects are clear (see footnote).

"The more a school uses the KiVa programme, the less bullying there is at the school," says Professor Christina Salmivalli, University of Turku. She is the leader of the KiVa programme, together with Elisa Poskiparta, PhD, with expertise in educational psychology.

The role of the bystander – a key to avoid bullying

The Nordic countries have been pioneers in research on bullying. This knowledge base formed the foundation of the KiVa programme, which is now being exported all over the world. “We have the expertise, and the politicians gave us resources and exposure. A really successful cocktail,” says Professor Christina Salmivalli, University of Turku.

Text and photo: Louise Hertzberg

The abbreviation KiVa comes from the Finnish word ‘Kiusaamista vastustava’, which means ‘against bullying’. At the same time, ‘kiva’ is the word for fun/pleasant in both Finnish and Finland Swedish. The success of the antibullying programme is encouraging – there are many children and young people in Finland who, thanks to the programme, no longer experience unpleasant encounters with bullies when they come to school.

The KiVa programme is under constant evaluation, and the effects are clear. “The more a school uses the KiVa programme, the less bullying there is at the school,” says Professor Christina Salmivalli, University of Turku. She is the leader of the KiVa programme, together with Elisa Poskiparta, PhD, with expertise in educational psychology.

Massive impact

In 2006, Christina Salmivalli and her team were commissioned by the Ministry of Education and Culture to develop and test an antibullying programme that was to be distributed to schools in Finland. The programme was initially trialled on over 30,000 students, and proved so successful that the Finnish Government offered free participation to all schools that were interested.

FACTS

KiVa – antibullying programme from Finland
In 2006, the Finnish Ministry of Education and Culture commissioned the University of Turku to develop an evidence-based antibullying programme. This resulted in the KiVa programme, and the Ministry then paid for dissemination of information about the programme to all interested parties.

Since then, ninety percent of schools in Finland have implemented the programme, and those that actively use the programme report that bullying has decreased. The programme emphasises that bullying is a matter that concerns the whole school, not just perpetrators and victims. One unique aspect is the emphasis on the role of the bystander. More information can be found at www.kivaprogram.net

Ninety percent of all schools in Finland have since implemented the KiVa programme. There is now a certain cost involved with participation, which has cooled the interest somewhat, but at the same time the programme has attracted great international interest.

When we meet Christina Salmivalli at the University of Turku, KiVa leaders from many countries are undergoing training. The programme is used in many schools in Europe, and there are now schools as far afield as New Zealand and South America evaluating the programme to see if they think it is worth adopting.

In many parts of the world, bullying is not even a recognised concept, while the Nordic region has a long tradition of research in the field. At the end of the 1970s, Professor Dan Olweus started the first scientific investigations into bullying. Christina Salmivalli's mentor was Professor Kirsti Lagerspetz, who was conducting research into bullying. This inspired Christina Salmivalli to continue in this field.

Research and practice

Development of the KiVa antibullying programme and research into bullying go hand in hand. Wherever the programme is being evaluated, the researchers are acquiring more knowledge about the nature of the relationships in a school.

"Yes, there's something universal about the ways we treat each other," says Christina Salmivalli.

When the KiVa programme first appeared, it was unique in its focus on group dynamics and the role of the bystanders. "It's often the bystanders that fuel the bullying behaviour. They're perhaps laughing, they stand in a circle around the victim," says Christina Salmivalli.

At the same time, most people deep inside feel that bullying is unpleasant. "We try to make the bystanders understand that they are the solution," explains Christina Salmivalli. "We help them find safe strategies for supporting the victim of bullying. They don't need to be superheroes – small actions are sufficient. The first step can be not laughing, not joining in. The aim is to change their role from bystander to upstander."

At a KiVa school, everyone receives general in-

struction on how to interact with each other and how to contribute to a good climate. There is also the KiVa team, which intervenes if bullying is detected (see the next article, on Vindängen School).

"The idea is that the members of the KiVa team have been trained in handling cases, and that they are constantly improving in the way they handle things," continues Christina Salmivalli.

Difficult cases in the teenage years

Researchers have found age-related patterns in bullying. In the first school year, many children report bullying, but the child can be both someone who subjects others to bullying and someone who is a victim. Bullying then decreases until the age of 11-12, after which it increases again.

"In the teenage years, it's a smaller group that's bullied, but many bullies home in on that particular group. It's a very unfortunate situation. And it's usually the same pupils who have been subjected to bullying throughout their time at school."

The KiVa programme has been shown to have best effect in the younger year groups. Bullying at secondary school is more difficult to reach. "The bullies have fine-tuned their 'skills' by then," says Christina Salmivalli. "They seek out the pupils who are most vulnerable."

The next challenge for the researchers is to develop the programme to increase its effect even further. Every child who is bullied is one child too many. It is important to help everyone understand that bullying must be tackled systematically and that the work never ends.

"I usually compare KiVa with buying a really good vacuum cleaner. You won't clean properly if you don't use the vacuum cleaner regularly and systematically," concludes Christina Salmivalli.

Footnote

Read more about the evaluations of KiVa:

<http://www.kivaprogram.net/is-kiva-effective>



Emma Johansson and Nea Berg think it is good to reflect about relations at their school.

Principal Vindängen School:

KiVa-programme gives me tools to rely on when it comes to bullying

Vindängen School, a primary school in Espoo in Finland, has implemented the KiVa programme to prevent bullying. "It gives a great sense of security," explains the Principal, Ulrika Willför-Nyman. "If we get signals that a child is being bullied, I can assure the parents that we have a system in place to tackle it."

Text and photo: Louise Hertzberg

Vindängen School in Espoo outside Helsinki lies in one of Finland's most desirable residential areas. On the day of our visit, it is winter, and the football pitch in the school grounds has been prepared for ice skating. At the entrance to the school, we notice a special road sign: Bullying forbidden.

Preventing bullying in this small, idyllic school sounds like a simple task. But the Principal, Ulrika Willför-Nyman, says that the bullying mechanisms are the same, regardless of where they occur. She knows a lot about the subject. Before she became Principal, she worked with in-service training of school staff in the KiVa programme, and was employed at the University of Turku.

"In all groups, power hierarchies are constantly at work. These occur more often in some periods than others, but we must have a system in place for tackling the problem."

A girl in Year 6 at Vindängen School, who wishes to remain anonymous, understands exactly what the Principal is talking about.

"I'm the sort of girl that the others follow," she explains without hesitation. She also talks about conflicts, occasions when someone has tried to exclude

A special road sign outside
Vindängen School says bullying is forbidden.

her, and when she and another girl wrote unpleasant things to each other online.

"I'd shut her out, and she got very upset and said something really nasty to me, and so I started to be nasty back." This went on for a year, and neither parents nor the school knew anything about what was going on.

"But now we're great friends. It was just a little thing that got blown up out of all proportion. We should have thought about it and should also have said something to the teachers much sooner," she reflects.

The invisible pupil

In Years 1-6, the pupils in each year group have two double lessons on bullying. The first sessions concern getting to know one another, and later sessions focus on how the pupils should act towards each other at school, what bullying is, its consequences, and how to react if someone is being bullied.

The interviewed girl is positive to the KiVa programme in the school, feeling it helps to put things in perspective. "By the end, I'd already learned that you shouldn't bully people, but KiVa has also helped me understand how it feels for someone who is shut out. That they become invisible," she explains.

Her classmate, Stella Rosenqvist, describes one of the exercises. "We were divided into groups, and you weren't allowed to talk with the people in the other group who had a piece of tape on them. Then we switched groups, and this time it was us who weren't respected."

Stella Rosenqvist said that the exercise prompted her to reflect. "After we'd done this exercise, I remembered something about when we were younger. I had a best friend. When we played together, we didn't let anyone else play with us. The exercise helped me understand how it feels not to have anyone," she says.

She tells us that the KiVa lessons also helped her understand that her best friend sometimes wanted to be with other people. "I learned to accept that, and instead be part of the group my best friend wanted to be in."



Roleplays

The KiVa programme includes roleplays based on fictional dramatic situations. The pupils work together to devise a situation, where it would take place, and what would happen.

"I know that those pupils who had been victims of bullying felt these roleplays were very important. They help spread awareness that bullying does take place," says Ulrika Willför-Nyman.

None of the girls we talked to thought there was any bullying at Vindängen School, but the KiVa lessons can nevertheless be useful.

"The best thing is that it provides an opportunity to discuss things – that we can talk about relationships with friends, and how people behave when difficult situations arise," says Nea Berg, Year 6.

A cornerstone in the KiVa programme is for the pupils to see their own role in what is happening at the school. "I usually say that bullying is never just about two people, but about a group where a lot of people see what's going on," says Ulrika Willför-Nyman.

The pupils close to the situation have a much greater chance of detecting bullying, earlier than the school staff. This particularly applies to the subtle and discreet bullying that goes on, for example the bullying that involves facial expressions and passive exclusion of someone. Pupils close to the situation have an important role to play in stopping the bullying, by not joining in, by not laughing, or not just standing and watching when someone else is being bullied. Other skills that the pupils practice including taking proactive action by speaking out, or telling an adult.

Indicated actions

The KiVa package includes a Parents Guide, in which parents are encouraged to keep an eye on their child's behaviour regarding school, and also to investigate how their child acts when another child is being bullied at school.

As well as general actions, which apply to all pupils in the school, KiVa includes indicated actions. Indicated actions are managed by the KiVa team.

"Our team is currently made up of three teachers, but it can be other members of staff too. Previously, the team has included an assistant and a member of the after-school staff," says Ulrika Willför-Nyman.

If the team finds out that bullying is taking place, they contact the parents. Ulrika Willför-Nyman emphasises that it is not about accusing anyone.

"We say that, just now, your child is currently caught up in a social dilemma. We must all work together to solve the situation."

There are never any meetings with the parents of the perpetrators and the victims of bullying – the KiVa team talks with the pupils concerned at the school. The team first has a meeting with the victim, to find out what has happened. This is followed by individual discussions with the pupils who are directly involved. Then there is a group meeting, where all the pupils involved can talk aloud about what they have agreed upon.

Indicated actions are always followed up, and classmates agree to support the pupil who was being bullied.

The results are very good. In Finland as whole, the indicated actions are virtually always effective. In 80 percent of cases, the bullying stops. In 18 percent of cases, bullying is reduced. In two percent of cases, the actions have no effect, but the bullying does not escalate either.

"KiVa provides a support structure. We know what to do, and we know that it's effective," says Ulrika Willför-Nyman.

Footnote

More information can be found at www.kivaprogram.net



Fia Kivikoski , Stella Rosenqvist, Emma Johansson and Nea Berg likes the Kiva- programme
"KivA provides an opportunity to discuss things – that we can talk about relationships with friends,
and how people behave when difficult situations arise," says Nea Berg, and her friends agrees.



Mille Hågensen, Frida Galanoyks-Bronkebakken, Oskar Straith, Fredrik Saxeide and Helene Dalen, "the dreamteam at dream-school" welcoming new pupils to their school.

Dreamteam at school makes it easier for new pupils

During a child's years at school, there are some known risk factors for mental ill-health. One of these is when pupils change schools. Drømmeskolen – a system in which the oldest pupils take care of the new young pupils – has been shown to reduce the problems.

"It's about time we understood the value of contact from one pupil to another," says Arne Hagen, student counsellor at Skøyenåsen School in Oslo.

Text and photo: Louise Hertzberg

Changing schools

Many of us can recognise the feeling. Moving from the known to the unknown. Moving from a school in which you are the oldest, to a new school where you are suddenly the youngest. For many, this means a few butterflies in the stomach, but for others it can be much worse than that. The feeling may be so unpleasant that the pupil does not even want to go school.

Arne Hagen is student counsellor at Skøyenåsen School, a secondary school with 530 pupils from Year 8 to Year 10. He remembers himself how difficult it was when he was a pupil starting Year 8.

"I was immature and not very tall. I'd been at a small school – it was so safe and secure, and everyone knew everyone else. When I started at secondary school, everything was so different. You suddenly couldn't play anymore. Now you had to hold conversations. I didn't feel at all comfortable with that, and I was also bullied."

Arne Hagen is passionate about making sure that all pupils feel welcome at Skøyenåsen School. He feels that Drømmeskolen provides good support.

FACTS

Drømmeskolen (the Dream School)

is a school model aimed at all pupils. The focus is mainly on new pupils and classes, but also on the psychosocial environment in the school as a whole at secondary and upper secondary level. The model has been developed by the non-profit organisation, Voksne for Barn ('Adults for Children').

Drømmeskolen is part of the Directorate of Health's initiative on mental health in schools. The aim is to set up frameworks and tools for cohesive work on the psychosocial learning environment in schools, increase staff expertise on how to create a good psychosocial environment, strengthen relationships between pupils and between pupils and staff, and strengthen the pupils' sense of belonging, participation, their ability to cope with school work, and motivation. In Drømmeskolen, the pupils are resources in systematic work to promote a good psychosocial learning environment.

Drømmeskolen is a tool developed by the non-profit organisation, Voksne for Barn. The focus is on the psychosocial environment in the school, and particularly on the transition from one school level to the next. A key part of the model is that mentors among the older pupils help the new pupils.

At Skøyenåsen School, the work starts already in the preparation for the transition. "On Monday, I'll have with me a mentor, Emma, when we go to one of our feeder schools," explains Arne Hagen. "Emma herself went to that school. It feels good to have her along. Seeing her calms the pupils and it calms the teachers. There are many more questions for her than for us adults from the school."

Action for Others

In Norway, pupils at secondary school have an optional subject two lessons a week. Examples are physical activity, drama, and Action for Others. Approximately 30 pupils chose Action for Others, and work, for example, with the school's collection for Cambodia, and visit elderly care homes, helping the residents with IT. Another option is to act as mentors for Drømmeskolen.

Mentors Mille Hågensen, Frida Galanoylis-Bronkebakken, Oskar Straith, Fredrik Saxeide and Helene Dalen, all in Year 10, explain that the biggest activity takes place when the new pupils start school.

"We arrange a lot of activities and games for the new classes and for the whole school. This makes it easier for them to open up for each other," says Helene Dalen.

At the start of the school year, the mentors arranged various activities, including an Activity Day. The pupils gathered on the sports field for relays, football and other games. The mentors say that, in reality, it does not really matter what the activities involve. The most important thing is that the new pupils get to know each other.

"We divided the pupils into teams. They weren't allowed to choose teams, or they would have only chosen to be with people they know," says Mille Hågensen.

The mentors' task is also to be on the lookout for anyone on the outside, not joining in. "If we see that

someone is standing on their own, we make sure they can get involved," continues Mille Hågensen.

Understand better than the teachers

The mentors are convinced that these activities would not have been so successful had it been the teachers who organised the day.

"It's better to talk with someone who has recently been through the process of changing schools, rather than someone who did it 20 years ago," says Oskar Straith.

At the same time, there are teachers and Arne Hagen on hand if they need support and advice. "When we had the Activity Day, there was one boy who was very withdrawn – he just stood on his own with his teacher. We talked with the teacher, who explained that the boy wanted it that way. He wasn't happy being in a group," says Helene Dalen.

As well as the activities at the start of the school year, the mentors have fixed class activities. For example, they have one lesson where the mentors work with the new class and draw up rules for how to behave with each other. Examples are that everyone must say hello to everyone else, and that they help each other with schoolwork.

After a few months, the results are followed up. "We usually reach the goals," says Helene Dalen.

The mentors also look after the school's Instagram account. They post news of important things happening at the school, and photos and a small text about a randomly selected pupil, Pupil of the Week.

"Many more pupils read what we write about than would read a mail from the Principal," says Fredrik Saxeide, who looks after the account together with Oskar Straith.

Even gender distribution

Girls are more often mentors than boys, but at Skøyenåsen School the gender distribution is quite even.

"I'm very pleased about that. There's always a risk that it's only the bright girls who become mentors. There are negative sides to that. It's not certain that those are the pupils who best understand the worry of new pupils starting in the school," says Arne Hagen.



Arne Hagen (above)
Student counsellor Arne Hagen loves to work with Dreamschool. He really likes the young mentors and see that they make a difference.

He goes on to say that it has become easier to run Drømmeskolen by using the pupils who have chosen Action for Others. "Through Action for Others we have scheduled time for the mentors. I know that the upper secondary schools are envious of this."

At the same time, he was worried that Action for Others would become a 'girl's option'. At the school, there are many outstanding footballers. Arne Hagen did not think that the footballers would choose Action for Others, but many did. The boys themselves say that one big advantage of being a mentor is that you get to know so many people at the school.

"It's also very good experience to stand and talk in front of the classes. You get used to it," says Oskar Straith.

In the Drømmeskolen concept, teachers and the school management should take great responsibility, but because of staff turnover it is Arne Hagen and the mentors who stand for most of the continuity. Arne Hagen also feels great support from being part of a network of other schools using the Drømmeskolen model.

"I think it's important for a model like Drømmeskolen to be flexible, allowing solutions in a way that works. In the same way, I want to give the mentors as much freedom as possible to work in ways that they feel work best."

He is very proud of the mentors. "There's so much talk about pupils who don't fit in. At the same time there are so many clever and fine pupils. It's fantastic to be able to tap into that too."

Footnote

An evaluation of Drømmeskolen and the Attendance Team (Närvaroteamet) is currently being undertaken, lead by the University of Bergen. When measuring the effects after one year the researchers saw that schools that had used a combination of the Drømmeskolen model, which is aimed at all pupils, and the Attendance Team (Närvaroteamet) for pupils at risk of dropping out, had lower absence measured in hours, than the control group. The difference is small, but the schools that had best succeeded in implementing the programmes have also had the largest differences, indicating that the programmes are effective.

Delrapport fra Complete-Prosjektet <https://complete.w.uib.no>



In this school you will not get popular by smoking and drinking,
says Katla Tryggvadottir and Hugrun Anna Unnarsdottir.

Pupils' health – engaging the whole of society

The Icelandic model for ensuring the health and well-being of schoolchildren is based on a broad engagement, with strong collaboration between pupils, parents and teachers, and between the state, schools, municipalities and the healthcare service.

"We worked like this to reduce alcohol consumption among young people, and now we're doing the same with pupils' well-being," explains Ingibjörg Guðmundsdóttir, public health specialist.

Text and photo: Louise Hertzberg

Ingibjörg Guðmundsdóttir works at the Directorate of Health in central Reykjavik. She is responsible for implementing and monitoring the Health Promoting Schools Programme. She herself has worked as a teacher employed by the state, she has also managed a youth recreation centre, and now she has an extra job as a swimming coach. Her career reflects what is needed if Iceland is to improve pupils' well-being – it requires engagement at all levels, from the local swimming club up to the Icelandic Government.

In 2011, a milestone was reached, when health and well-being became defined as one of the six pillars of education in the national curriculum. The main health-related factors to be encouraged are positive self-image, physical activity, nutrition, rest, well-being, positive communication, security, hygiene, sexual health, and understanding of one's own feelings and those of others.

A school's mission is to support children's development from all perspectives, irrespective of where they live in Iceland. To implement this in reality, Iceland works with the Health Promoting Schools Programme. The programme is based on the WHO's principles for health promoting schools, defined as schools that implement a structured and systematic plan for the health and well-being of all pupils and of teaching and non-teaching staff.

FACTS

Health Promoting Schools in Iceland

Since 1999, Iceland has been running the Health Promoting Schools Programme. The World Health Organization (WHO) defines a health promoting school as "one that constantly strengthens its capacity as a healthy setting for living, learning and working." Such a school has a structured and systematic plan for the health and well-being of all pupils and of teaching and non-teaching staff.

The work on Health Promoting Schools has been intensified since 2011, when health and well-being became defined as one of the six pillars of education in the national curriculum. The Ministry of Education, Science and Culture is one of the key stakeholders participating in the development and implementation of the Health Promoting Schools Programme in Iceland. The programme promotes a long-term and sustainable approach to health and well-being.



Principal Kristin Johannesdottir wants the pupils to have physical activity every day, also when there is no swimming or physical education (PE) on the schedule. Bjarki Gislason, teaching physical education, supports her ambitions.

The Programme

Health Promoting Schools is a comprehensive programme that applies to both physical and mental health. The area of mental health alone contains 60 items; schools must report a score for how each item is being managed. Each item is scored 1-5, with 5 meaning that the school has completed work in that area.

All schools participating in the programme have a policy group. Ingibjörg Guðmundsdóttir describes how these groups work.

"Many of these groups started by saying, 'OK, this is easy, we just go through this list, item by item, and try to tick everything off.' But that isn't a successful approach. What's needed is a more holistic approach – you make preparations, have a plan, have a clear division of responsibility, a common view on the goals that are to be attained, how they are to be attained, who is involved, and so on."

Involvement/inclusion is one of the most important items. This cannot be achieved solely by the staff and pupils in the school. They must see which external actors associated with the school can exert influence. Schools can expect help from the municipality – in the national healthcare plan, it is stipulated that municipalities must also promote health.

"It makes things easier when a municipality collaborates with Health Promoting Schools," says Ingibjörg Guðmundsdóttir.

She gives the example of a sports centre. In many schools, physical education lessons take place in a sports centre that is also used by adults. Visitors can buy soft drinks and sweets. In such cases, the school can talk with the municipality and the sports centre about removing these during school hours, so that the children are not tempted.

A holistic perspective

Iceland has worked successfully to reduce alcohol consumption by implementing a holistic perspective: a combination of, for example, national legislation and support for local initiatives that encourage young people to make sensible choices regarding alcohol. Collaboration on promoting health is now taking place in a similar way.

The main role of the state is to set up frameworks that enable attainment of the goals. Ingibjörg Guðmundsdóttir demonstrates the interactive website where school staff can enter their results, evaluate them, and get various tips. She is the human support for the programme. Her work has involved

many trips around Iceland, and many discussions with school staff.

When she met the staff at Oddeyrarskóli school in Akureyri, she was impressed with their work, and recommended that we visit the school to learn more about how schools can work successfully with improving pupils' mental and physical well-being. We take her advice, and fly from Reykjavik to Akureyri.

Oddeyrarskóli, Akureyri

Oddeyrarskóli is a secondary school in Akureyri in northern Iceland. The Principal, Kristín Jóhannesdóttir, meets us at the airport and drives us first to the swimming centre. We meet physical education teacher Bjarki Gíslason, wrapped up in full winter clothing while the children swim in the heated outdoor pool.

The air is filled with the noise of children happily splashing in the pool. To an outsider, it all seems idyllic, but on the car journey to the school, the principal had explained that many of the pupils come from difficult backgrounds. This has also been reflected in the regular national surveys, where the results for mental health are among the worst in the country.

Kristín Jóhannesdóttir has a possible explanation for these results. The school is located in a low-income area and many pupils have moved to the school from other schools because they were not happy there. "Paradoxically, we've got a reputation of being so successful at helping children with problems that children in other schools feel unhappier and end up moving here," she says.

The school has long been working on children's mental health. The work was so comprehensive and focused that, now that they are working with the Health Promoting Schools Programme, it does not feel like a burden at all – rather, a tool that helps develop already ongoing work.

"We have regular discussions in the classes about how everyone's feeling. The pupils then feel less alone and vulnerable than if they were sitting alone with a specialist," says Kristín.

Pupils positive

Some of the pupils in Years 8-10 talk openly about

how the discussions work in their classes.

"Once a week, we talk about how we're feeling. That's great, because sometimes it can feel like the class divides into two groups, and you can't talk to people in the other group. Life can't be like that – you have to be able to cooperate with all sorts of people," says Lilja Katrin Johannsdottir.

Thuridur Lilja Rósenbergsdottir leads the discussions. She is a careers advisor, but she has also been the school's support person for mental health. Thuridur argues that talking is not enough – structure is needed too. She was trained through DBT Skills in Schools: Skills Training for Emotional Problem Solving for Adolescents and, when working with the younger pupils, she uses stories that are structured to take up difficult issues, and mindfulness.

Physical movement

The Principal shows on the interactive website that the school has now met all the criteria for mental health. Five points out of five for all items. The challenge now moves on to another area – physical activity. This also affects the mental health. The pupils say that the classroom atmosphere became more peaceful when their classmates became more physically active.

"In my class, there are many pupils who have a lot of energy. Now that they do more physical exercise, they're calmer in the classroom and they don't disrupt as much," says Lilja Katrin Johannsdottir.

The school has limited resources and space. In order to create room for more physical activity, they had to think in new ways. In the end, they replaced a sofa with a table tennis table. A group of stuffed birds also had to move, to make space for wallbars. These are now full of children in the breaks.

"Nobody looked at those birds any more anyway," laughs Linda Óladóttir.

She is part of the policy group responsible for promoting health at the school. "Of course, we'd been thinking of doing something to increase physical activity, but the Health Promoting Schools Programme gave us a structure for the work," says Kristín.

The next goal is to introduce physical activity during lesson times, even on the days when there is no

physical education or swimming on the timetable. "We haven't found a solution yet, but we will do," says Kristín.

Staff positive, but engaging parents an issue

Before the Health Promoting Schools Programme was started, interest was gauged via an anonymous vote among the staff. Everyone on the staff (apart from one) wanted the school to participate.

When the programme was started in 2016, the school staff invited all parents and children in Years 5-10 to a meeting. The children were keen, but the response from the parents was cooler. This is a problem found all over the country. Both locally and at central government level, there have been discussions about why this is the case. The main reason is thought to be that most parents quite simply lack time.

One way to involve the parents is through the pupil progress talks, which parents usually attend.

"Here, our school actually has the advantage that so many children need extra support. Around 30 percent of the pupils have progress talks as often as every sixth week," says Kristín. "At these talks, we can inspire the parents to engage in promoting health. They mustn't feel we're meddling in their lives, but we can perhaps convince the parents that they can help instil good habits in their children."

The same attitude applies between the municipality and the schools. Staff in the municipality inspire the schools, but do not tell them what to do. The approach is also seen in the school, when pupils in Years 8-10 encourage the younger pupils to eat healthy snacks, part of the requirements of the Health Promoting Schools Programme.

Pupils play a key role

We watch a session where some of the older pupils give their presentations on how to eat more healthy food and how many hours of sleep you should get. The presentations thought to be the most fun and most inspiring will be shown for the younger classes.

There are several aims: the older children get to practice giving presentations aimed at inspiring the

younger pupils, the older children learn more themselves, feel involved in the health work, and become role models for the younger pupils.

"Getting involved in what happens at the school is obvious for me. I come from a school where it wasn't like that. There, we heard 'you must do this, you must do that'. I feel much more comfortable with this approach," explains Katla Tryggvadóttir.

She and her schoolmates give a relaxed and friendly impression. They explain patiently in English how things work at the school. It is hard to match our impression of the school with the results shown in even the most recent survey, i.e. that many of the children do not feel well.

"First the results improved, then it swung back. It's a case of two steps forward and one back. But we carry on working, we don't get hung up on results. We do everything we can to create a good environment for the children. We can't do more than that. Our impression is that they nevertheless feel good when they're at school. There may be other things happening in their lives that affect the results in the survey," says teacher Hafdis Bjarnadóttir.

Ingibjörg Guðmundsdóttir at the Directorate of Health thinks the school has a good approach. However, there is a long way to go in all categories. This applies to Oddeyrarskóli school and schools all over the country. "This isn't just a temporary project. It's about finding a sustainable method of working," she says.

Footnote

Schools for Health in Europe (SHE) is a network coordinated by University College South Denmark, with national coordinators in 43 countries in the European Region. The network has produced evidence-based guides, and focuses on making school health promotion an integral part of policy development in the health and education sectors in EU member states.

"We are members of SHE. We use their material, but have adapted it to our conditions in Iceland," explains Ingibjörg.



In the national healthcare plan, it is stipulated that municipalities also have to promote health. One practical example is that sport centers should not sell soft drinks and sweets during school hours.



**Compulsory
health education
in schools – can
we learn, import
and adapt?**





Lasse Kannas, Professor emeritus of Health Education
"There were many schoolchildren who smoked, drank too much,
and had poor sleeping habits. Mental health issues were be-
coming more common."

Compulsory health education makes Finland unique

In the 1990s, the HBSC survey and other studies showed that many young people in Finland were in poor health, both physically and mentally. In an attempt to tackle the problem, health education was introduced as a compulsory subject in schools. This is unique in the world.

Text: Louise Hertzberg **Photo:** Joakim K E Johansson

The regular HBSC surveys in Europe and North America show how children at school rate their own health (for further details see the article on HBSC, page 59). In the 1990s, the HBSC and other surveys began to show a clear and worrying trend in Finland, with many young people reporting poor health, both physically and mentally.

Lasse Kannas, Professor emeritus of Health Education, was a pioneer in the field. He is one of the researchers who started the HBSC studies of pupil health, and later helped to develop the health education subject in Finland.

"There were many schoolchildren who smoked, drank too much, and had poor sleeping habits. Mental health issues were becoming more common," he explains.

The surveys attracted great interest in the media and prompted public debate. This led to political interest. Health education, originally integrated in other subjects, was introduced as a separate compulsory subject in Finnish schools in 2004. This was something new. The subject became equivalent to other compulsory subjects, with implications for university positions, research and teacher training.

"It was a big thing. It attracted a lot of attention internationally, and we are frequently asked how we succeeded. There were several reasons. Firstly, the health of children of school age and the need for health promotion measures, as shown in several national studies and the international HBSC study, were

very prominent on the political agenda at the end of the 1990s. Secondly, there was a strong societal consensus in favour of the new school subject. Teachers' associations, especially the physical education teachers' association, the Finnish Medical Association, public health organisations, the ministries of education and social and health affairs, the National Public Health Institute, and the National Board of Education all supported this innovative school subject. A third success factor was that health education had a long history as part of other subjects, and we were able to take time from the voluntary subjects during the school week. We could introduce the subject without taking time from other compulsory subjects."

Lasse Kannas was part of the group that developed the curriculum for the subject. He insisted that the subject must have a solid scientific basis and that teachers must be trained and suitable.

"It's one of the most difficult subjects to teach. The areas that teachers feel are most challenging to teach are sexuality, mental health and drugs. These are some of the key modules in the health education subject."

Lasse Kannas explains the challenge of teaching a subject where it is impossible to ignore your own experiences, and even emotions, and where you must be so receptive to the different needs of the pupils.

"A teacher who can manage this has to be emotionally mature and capable of protecting the pupils' integrity and safety. We usually say that health education is everywhere. This applies to both pupil and teacher."

In the curriculum, it is stated that the aim of tuition in the subject is to promote knowledge that supports the pupil's health, well-being and their feeling of security. Another aim is to develop the pupil's cognitive, social, emotional, functional and ethical skills.

Lasse Kannas calls this health literacy, helping the pupils to understand themselves and others, learning how to talk about difficult things, and having strategies for dealing with them. He says that a general misconception is that health education only involves talking about what is healthy and what is not. This is far from how he sees the subject.

"The challenge for the teachers is to introduce subjects relating to health in an interesting way. It's a subject full of mystery, science, life stories, grief and happiness. It's really multi-faceted."

Health education is integrated in teaching from Year 1, but it is not until Year 7 that it becomes a separate subject. Then it continues until the end of upper secondary school. In the first years, much of the subject involves learning terminology and, for example, learning how to express feelings in words. In the older year groups, the pupils are also taught tools for handling difficult situations they may encounter in their own lives and in their own families, and gain a broader understanding of health.

"They get a lot of guidance. They learn that you can develop from experiencing a certain situation, and that there are things they should avoid. They learn about risk factors and other factors that are beneficial."

Consequently, health education is not just about health, but also about the difficult situations that people may encounter in their lives, such as illnesses and disabilities.

"It's about understanding other people," explains Lasse. "For example, what it's like living with a chronic disease. What happens when someone is given a cancer diagnosis, and such things."

The subject also includes some fixed modules, such as learning to administer first aid, how to avoid contracting a sexually transmitted disease, and the dangers associated with drinking and smoking. When health education was introduced, one of the objectives was to tackle the problems of drinking and smoking among young people in the 1990s. Much has improved since then. Young people in Finland now smoke and drink less, and the number of cases of chlamydia has fallen, along with the number of abortions.

Is this a result of health education?

"It's impossible to say. We don't know if the subject has brought about the change or whether other developments in society lie behind it. The most important thing for me is that we give the pupils tools that will help them manage their lives."

The subject is very popular. Our research has



The challenge for the teachers is to introduce subjects relating to health in an interesting way. It's a subject full of mystery, Lasse Kannas explains.

revealed that about 80 percent of Year 9 pupils are positive and feel that they have learned something important about health, and think that health education is very useful school subject. As many as 40 percent say that they discuss the subject at home with their families.

"It's not just a subject you study to get a good grade," says Lasse Kannas.

It is clear that Lasse is proud of the health education subject. "We should even be exporting it," he laughs.

But there are also challenges. The pupils' results in the subject are generally good, but the gap bet-

ween those who are successful in the subject and those that perform badly is very wide. Pupils who progress to traditional academic upper secondary school programmes generally perform better in the subject than those who move on to vocational programmes.

"It's really a challenge for schools to ensure that every pupil reaches their full potential, and to get on top of the inequality issues," concludes Lasse Kannas.



Pekka Puska, Center Party MP, Finland

"For over 70 years, Finland has been serving free school lunches to pupils, and we're one of the few countries in the world that serves one hot meal per day."

"Every new generation needs to be informed"

"When we talk about promoting health in schools, it's what happens in the youngest classes that's important." The words of Pekka Puska, currently a Center Party MP in Finland, but who can also include doctor, professor, and former Director General of the National Institute for Health and Welfare on his CV.

Text and photo: Jessica Gustafsson

Puska talks warmly about his party's proposal regarding infant schools. The idea is to combine preschool with the first two years of school (6-8-year-olds), creating a flexible unit where the aim is to ensure that the children have the basic knowledge and skills to progress to the next level.

"As well as making sure that, for example, reading and writing skills are up to scratch, you can also check that the child has the necessary social skills. In this way, we could guarantee that everyone keeps up and that no one gets marginalised at an early stage."

Free school food and physical activity project

When we talk about what schools can do to promote pupils' health, Puska also mentions the importance of a healthy diet and physical exercise.

"For over 70 years, Finland has been serving free school lunches to pupils, and we're one of the few countries in the world that serves one hot meal per day. Perhaps people don't always appreciate that."

To ensure that pupils get enough physical exercise, the Finnish Government has started a special project, Finnish Schools on the Move. The main ideas of the programme are that children will spend less time sitting, that learning will be supported with physical activity, that pupils will be more active during breaks, and that they will travel to school under their own steam.

FACTS

Health education

- Health education is a multidisciplinary subject. The aim is to promote knowledge that supports the pupil's health, well-being and their feeling of security.
- Knowledge and skills are developed in health, lifestyle, healthy habits and illnesses, and also the pupil's ability to take responsibility for their health and act in ways that promote health, their own and that of others.
- The teaching in health education is planned in collaboration with other subjects – biology, geography, physics, chemistry, household economics, physical education and social studies. Staff in the pupil healthcare service also participate in planning the subject.

Source: Finnish National Agency for Education

"Health education is a subject I think all the Nordic countries should introduce in their schools"

Pekka Puska,
Center Party MP, Finland

The aim is that every child at primary and secondary school will be physically active for one hour each day.

In 2018 the government published a report on sport policy. It presents the guidelines for the governments initiatives the coming years.

Health education in all Nordic schools

Finland is the only Nordic country in which health education is included in the curriculum for primary and secondary schools. The aim of the subject is to promote knowledge that supports the pupil's health, well-being and their feeling of security.

"Health education is a subject I think all the Nordic countries should introduce in their schools," says Puska. However, he feels it is important not to teach certain things at a too general level – the subject must be practical. Puska is not convinced, for example, by the subject 'life studies', trialled at schools in Sweden. He feels that health education is a much better way to describe what it is about.

"In health education lessons, the pupils learn the basic knowledge they need about health. We must remember that every new generation needs to be informed about these things, and that knowledge is just a start to bringing about change."

According to Puska, the best ways to bring about change in people's behaviour with regard to health, as well as knowledge, are conviction, learning of practical skills, social support, making the necessary changes in the immediate environment, and social organisation, for example political decision making. Puska calls this process the 'steps of change', with health education as the first step.

An equal school

What then are the future challenges regarding health promotion in Finnish schools?

"The most important thing is to make sure the Finnish school remains 'a school for everyone', i.e. not to divide up the school world into 'finer' and 'poorer' schools. Everyone must be included," emphasises Puska.

He concludes by pointing out that we must, nevertheless, remember that not all the responsibility can be placed on the schools.

"The building blocks for your living habits are laid in childhood and adolescence, and here the home and parents play the most important role. That's something we can't fix by legislation."



A photograph of a group of young people, likely at a social gathering, laughing and smiling. The image is overlaid with a semi-transparent red filter. The text is positioned on the left side of the image, overlaid on the red filter.

Positive mental health – Nordic research from a new perspective





A night in Venice – the start of an unique health study

It all started an evening in Venice. A few young researchers met at a restaurant and started to discuss the need of building knowledge on health and health behaviours among school-aged children. The shared vision among the colleagues from England, Finland and Norway led to development of something new.

Text: Louise Hertzberg och Charli Eriksson **Photo:** Jessica Gustafsson

Lasse Kannas, professor of Health Education, University of Jyväskylä, Finland, remember that evening in Venice:

"I was a young researcher attending an international conference, but sometimes the most exciting happens outside the official program. We noted that there were systems for monitoring adult health and diseases, but such systems were lacking for adolescents' health and health behaviour".

The dinner discussion soon led to actions. After a pilot study in three countries, the Health Behaviour of School-aged Children (HBSC) Study expanded. The HBSC study now includes 49 countries and regions across Europe and North America. The study is now a WHO collaborative cross-national study, collecting survey data every four years from 1984 to 2018 on health, well-being, health behaviours and social environments. Data collection is carried out in school classes via self-completion of questionnaires. An asset of the study is that the HBSC focuses on understanding young people's health in their social context at the family, peer, school, neighbourhood, and country level. The researcher comes from different disciplines and traditions such as sociology, psychology and public health. The investment in the HBSC study gives unique opportunities for high-quality research and monitoring in the different countries.



International study with national values

The results of the HBSC surveys have been published in international and national reports and in at least 796 peer reviewed publications in scientific journals. The HBSC study has a high quality and it has a good international reputation. Important reasons are the long time series and sustainability of the study and that the study is part of the WHO monitoring system.

Professor Pernille Due, Statens Institut for Folkesundhed (SIF) explains that the HBSC has been important for researchers in Denmark:

"When we were working on a report on mental health among young people in Denmark during the last 20 years, the Danish HBSC study was the only study that could be used for trend analysis. There are of course other high-quality studies, but these had only collected data at one or two time points".

Children's voices for policy and practice

Pernille Due has been part of the international HBSC network since she was a student 1986, and

she is still an active partner. She points at the fact that the HBSC network includes both policy-makers and researchers.

"From the start everybody worked together and there were many interesting and challenging discussions. It has been very beneficial to have both people from the research communities and the national agencies. Both policy people and researchers are needed to make a strong and relevant study" says Pernille Due.

The international network developed an organization where the Principal Investigator assembly is the highest democratic decision-making body, where all major decisions are taken. Other important bodies are groups for Scientific Development, Methodology Development, and Policy Development Groups. The countries meet in Zone meetings. Different Focus Groups and Writing Groups have been organized for doing research on different topics. The International Coordinating Centre at St Andrew University in Scotland and the Data Management Centre at University of Bergen are key elements in the infrastructure of the HBSC study.

It is not self-evident that health development among children should be prioritized.

"Therefore, the HBSC is important. It has this important issue on the agenda and the voices of all



the children give clear messages to WHO, national authorities, policy-makers, researcher, practitioners and the general public".

Raili Välimaa, lecturer at the University of Jyväskylä, Finland, has the same opinion as Pernille Due.

"HBSC has great results, it can be widely used in health promotion. One asset is that it includes so many contexts; school, family, peers and the social economic situation".

The PISA study is the most well-known study of school-aged children for the general public. But according to Raili Välimaa other information is needed.

"PISA analyses the achievement of school children. This is hardcore as this relates to the future successes in working life for the children, how much money the children will earn in the future. Moreover, the foundation of our society. The health of our children is not so exciting for many people".

HBSC is an international collaborative study, which does not have a lot of central funding. Each country pays a fee for being a member (related to their national economy). Each country member must finance its own HBSC planning, data collection, and reporting. WHO contributes to the international reports and some support to new coming countries.

Pernille Due agrees on HBSC being not the highest priority for politicians or agencies.

"The latest study was the first time with support from the Sundhedsstyrelsen. At the same time, it is a freedom not to be tax-financed. HBSC's studies are also not the research funders' favourite".

"An investigation based on children's experiences is not considered as interesting as research on genetics for example", says Raili Välimaa.

HBSC is therefore often something that researchers engage in part-time based on interest. Professor Torbjørn Torsheim, University of Bergen, has now participated for 20 years.

"Economically, it's very little to be part of HBSC's network, but it has given me very much professionally and socially. We are a like a big family after all these years".

A Nordic Collaboration on Positive Mental Health

A Nordic collaboration was easily organized as an increased effort building on the Nordic participants in the HBSC study. A group planned a development and research program, which included a special effort to develop new measures on positive mental health including analysis of what can be learned from already

available data, planning of more in-depth research and production of this thematic report. Funding was approved from the Nordic Public Health Arena for two years.

"There is a need to look at the positive side of mental health. We need to be proactive, working with health promotion and prevention instead of just trying to treat problem", says professor emeritus Charli Eriksson, now at Stockholm University, Sweden.

Therefore, the research group did analyses of time-trends using available HBSC data from 2002 to 2014, which will be published in the next issue of the Nordic Welfare Research. New measures were included in the 2017/2018 data collection; measures of general self-efficacy, self-esteem, sense of unity, and loneliness as well as the Warwick-Edinburgh Mental Well-being Scale.

"We used to only ask about self-reported complaints. Now we ask more about their mental health resources and how they perceive themselves, in a positive sense", says Raili Wälimaa.

"It gives us new information about overall well-being. I think that mental health is such a crucial part of health that it is time to know more about it. We know much about the negative side and a shift is needed".

It is important to try to understand what is driving the development. The Nordic researchers also focus on different determinants where similarities and differences between the countries can give more in-depth knowledge.

— For example, we look at the tension between educational results and well-being. Finland has been the country with the best results but at the same time with low well-being. Norway has a high level of well-being but are not doing so well in terms of results. We usually assume that if you feel good, you're fine. It does not seem to be right. It is interesting, says Torbjørn Torsheim.

In Sigtuna, at a meeting in the Nordic research group when the interviews were done, it is like the first dinner in Venice. The researchers' work passes are mixed with social activities. The free subjects in the free time are also often about what they are working with. Several researchers suggest that our society is bad at giving children the right to be: children.

Raili Wälimaa sees it as an important reason to focus on health promotion from a broad social perspective.

"It would be great if we could find a way to look at the demands on young today. Previously, it was more relaxed to be young. How should we teach them to be self-assured and believe in the future when they are confronted with increasing demands all the times?

Pernille Due is on the same track, young people need to avoid too many demands.

"Unfortunately, I think that the school has used the same strategies for all children, which has been harmful. There is a group of predominant boys who take school work too easy or have considerable school-related problems. Once the school has increased the demands of all, the talented students, predominantly girls, have grown up and felt even more depressed, while the low-achieving boys still have not been helped and are not achieving".

Footnote

Health Behaviour in School-aged Children (HBSC) collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours. HBSC includes 48 countries and regions across Europe and North America. More info: www.hbsc.org

The Programme for International Student Assessment (PISA) is a triennial international survey which aims to evaluate education systems worldwide by testing the skills and knowledge of 15-year-old students. More info: www.oecd.org/pisa/aboutpisa/





**How do we
strengthen the
youth perspective
in our welfare
services?**



FACTS

IIMHL and IIDL

The International Initiative for Mental Health Leadership (IIMHL) is a unique international collaboration that focuses on improving mental health and addiction services. IIMHL is a collaboration of eight countries.

IIMHL organises systems for international innovation sharing, networking and problem solving across countries and agencies. The overall aim is to provide better outcomes for people who use mental health and addiction services, and for their families.

The International Initiative for Disability Leadership (IIDL) is a key part of IIMHL's activities.

Huge step for youth participation in international cooperation

Swedish authorities are taking part in a growing international collaboration, IIMHL, the International Initiative for Mental Health Leadership, whose purpose is to improve mental health and addiction services. A growing focus in the work of IIMHL is on strengthening youth perspectives in services. The ultimate objective is to deliver the best possible mental health services to those who need it, regardless of whether they live in a small village in Sweden or in New York.

Text: Helen Bohan, Louise Aronsson and Ian Manion **Photo:** Tilia

IIMHL identifies and shares the best managerial, clinical and operational practices, and facilitates access to information about developments in other countries. IIMHL provides member countries with a linkage to international leadership development that supplements their national policies and service developments with an emphasis on evidence-based practices.

In May 2018, Sweden hosted the annual meeting of IIMHL. Meetings were held in different places in the Nordic region and Europe, with Sweden and Stockholm as the core hub. The aim was to disseminate knowledge on an international level.

At the annual meeting in 2018, various 'matches' were arranged. The IIMHL Youth Match brought together representatives from six countries (Sweden, Canada, UK, Ireland, US and Denmark). The group comprised thirteen young advocates and twelve professionals, many of whom were at an early stage in their careers. The Swedish youth mental health organisation, Tilia, hosted the match, bringing a youth voice to the partnership with FRAYME (Canada) and the Mental Health Foundation (UK).

The purpose of the match was to provide an interactive space for young people and professionals to engage in meaningful discussions about youth engagement and youth perspectives in service design and delivery, policy, campaigns and advocacy.

Lidija Kolouh-Söderlund participated in IIHML Youth Match for two days. "One important outcome of the meeting was that the focus on youth perspectives will be even greater at the next annual meeting, in Washington, in September 2019," she says.

The following is a summary of the challenges and opportunities identified at the IIHML Youth Match regarding service design and delivery, and campaigns and policy. A number of suggested game-changers and ideas for best practice are also presented.

Service design and delivery

Challenges

- Mental health literacy among young people, their families and professionals is inadequate. This includes systems literacy – how does the mental health system work, from whom can (or should) you receive help and how can you access it, what are the rights of young people and families?
- A tendency among professionals and para-professionals providing care/support and peer support initiatives to 'play safe'. These services could provide much of what young people want, but appropriate planning and a greater level of ambition are needed.
- Services are not integrated or coordinated within or between sectors (health, housing, addictions, welfare, employment etc.) and organisations (NGOs, governments, health services). Services are not sufficiently aware of each other (particularly between sectors and organisations) to signpost effectively and ensure that people are able to access all the support that could be beneficial to them.
- Lack of standardisation in terms of quality, duration and nature of care provided. This includes responses from other professionals such as teachers, as well as more clinical areas. There

is also a lack of success criteria, although rigid criteria can also be a deterrent if young people do not feel they are 'ill enough'. Too often such criteria represent policy barriers to access, which is a particular problem for transitional-aged young people who fall between various age criteria.

- Lack of options regarding the range of care and support for mental health. This should be a continuum or a 'stepped' approach, rather than a one-size-fits-all model.
- Lack of continuity in care. This is something that young people consistently say that they want, but they are often unable to build relationships with those supporting them, as they do not see the same person each time, or their care is strictly time-limited.
- Insufficient funding (and security of funding in the long term) to provide any or all of the above.
- Stigma – including self-stigma and stigmatising attitudes amongst professionals – makes young people reluctant to seek help.

Opportunities

- Mental health awareness is greater than ever, with increasing focus on people's lived experiences. We have an opportunity to build on this awareness, to increase knowledge and co-operation, and to reduce stigma.
- Young people are an untapped resource, both for advocacy around mental health and in providing support to their peers. This could be used to meet the increasing levels of demand in an appropriate way.
- Online approaches also offer ways to increase the capacity to offer information and lower-level support in an instant way, removing the barriers caused by geography.
- The building blocks of good care are already in place – the major challenge for many is in making sure young people access the right service at the right time. A single point of contact to help young people and their families navigate the system could make a huge difference.





Campaigns and policy

Challenges

- The public focus with anti-stigma campaigns is laudable, but we should be looking at professionals too. Many young people highlight the stigmatising attitudes of professionals towards their distress as barriers to getting help – this might be diminishing their experience due to their age, or overly rigid criteria making young people feel 'not ill enough' to get help.
- Public opinion is changing, but those of us in the mental health world, even those who are advocating from our lived experience, can lose touch with how things are on the ground. We also need a system that is responsive to attitude changes – increased awareness of, and more positive attitudes about, mental health are likely to lead to increased demand. If there is no accompanying increase in capacity – or creative thinking about how needs can be met – this creates a problem.
- Long-term funding and resources for campaigns – it takes time to change attitudes, and results often do not appear in the first year or so. Advocacy work is often not evaluated or valued, so it can also be hard to show that interventions are actually changing attitudes, thereby jeopardising future resourcing.
- Mental health education of all kinds is needed, for students, staff and people in general. This education needs to strike a balance between mental health promotion and recovery on the one hand, and education about illness and crises on the other, both for those experiencing it and those offering support. Education should also be context-focused, e.g. teachers need training on managing mental health in school environments, and managers need training on supporting mental health in the workplace.
- Youth movements often lose momentum as people 'age-out', or when progress slows or stops. Young people do not control the processes that bring about change, so often come up against barriers they find hard to overcome. Opportunities for young people to continue their advocacy



work – particularly opportunities to develop their skills – once they are no longer ‘youth’ as such, are highly valued when they are available. On the other hand, we also need to ensure new voices join the debate, reflecting the reality of being a young person today.

- Personal cost of advocacy – many of those who are motivated to get involved in mental health advocacy are those with lived experience of mental ill health. They are often asked to share their personal story without fully understanding the possible implications, for example how it may be sensationalised or how their recovery may be portrayed, unhelpfully, as linear and final.

Opportunities

- Co-ordinating policies between countries make them more effective. Showcasing the good work being done in other countries can compel governments to replicate that good work.
- Lived experience is increasingly at the forefront of public debate, but we still need to ask who is NOT at the table. There are marginalised groups that are not part of these conversations, both in shaping the campaigns and as recipients of the messages.
- Mental health conversations are taking place. We have a huge opportunity to guide and shape these, e.g. we could incorporate more messages about services in these campaigns, re-focus the conversation on mental health as a resource rather than

a cost, and focus on health-promotion strategies rather than illness-focused messages.

- Young people need training in how to be the best possible advocates, through for example media training, while safeguarding their own well-being. Organisations using youth advocates need to commit to support plans for the young people they work with, during and beyond their time as advocates, whether this involves being in the public sphere or not.
- Adult champions can open the door for Child & Youth Policy (CYP), making it easier for them to deliver their messages, either through policy or in the public sphere. By linking up with adult champions, work may become more productive.
- Beyond stigma reduction: a consequence of reduced stigma is more people seeking help. Without significant adjustments to our care systems we may inadvertently increase demand that cannot be met by our current capacity or care models. This may actually create a negative first experience for young people seeking care, and they may disengage from the help they actually need. But this also creates an opportunity to develop our collective capacity to meet the actual demand and to transform our systems of care to meet the needs that exist.
- The recovery model was valued for its holistic view of people’s needs. A shift in organisational cultures towards a recovery-focused model, driven by staff training, is a potential way to improve attitudes amongst professionals.

Best-practice tips

Services

- Be prepared to respond to mental health problems, both as individuals and organisations.
- Share knowledge, both within and between sectors.
- Look at the whole person when addressing mental health needs – are there co-occurring issues, such as physical health, housing, financial, education, etc., that are also impacting on the person?
- Work towards a stepped care approach – right level of care, provided by the right person at the right time.
- Coproduce services together with young people, their families and carers.

Advocacy, campaigns and policy

- Use the evidence – there is so much. You might also find examples of good practice in other countries.
- Peer-deliver your campaigns whenever possible – this makes it more attractive and more likely to meet the needs of your audience.
- Train young people alongside adults to be good advocates with a clear role. Be prepared to support them before, during and after that process.
- Be responsive, adopt a 'trial and error' way of working.
- Think carefully about how and why personal stories are used.
- Advocate for each other in areas where we excel. Give up power in areas where we don't. Work together whenever we can.
- Think about the larger systemic consequences of stigma reduction, advocacy, mitigation and negative outcomes.

General points

- Don't ask for youth approval after something has been done, get them involved from the very start.

- Seek out youth perspectives, don't wait for them to come to you.
- Many forms of youth engagement are valid – it doesn't have to just be a panel.
- Be mindful of diversity – don't assume anyone you engage can speak for all young people.
- Make sure young people benefit from the process, not just the organisation engaging them.
- Make sure people are in the right place to engage effectively.
- Remember the positives – engagement is not just a forum for complaints.

Game-changers

The Youth Engagement Match identified six game-changers. These are six things that, if implemented, would drastically improve the way young people are engaged in services, research and policy. These same game-changers would also have a dramatic impact on young people's mental health.

1. Effective training and support for young people (constantly work to build capacity and capability)
2. Mental health, systems and research literacy
3. Person-centred, rather than professionally focused, practice
4. Co-ordinated response within and between countries
5. Fail forward – accept that mistakes can be made, so talk about what doesn't work as well as what does
6. Prevention, mental health promotion and early intervention



Brian Young, Canada

"I think that if you'd asked me a few years ago if I ever thought I'd be in Sweden, networking internationally at a mental health leadership conference, I'd have laughed. I began on this path of advocacy work after I was diagnosed with mental illness."

Give young people a voice... but don't exploit us!

Bryan Young was one of the participants at IIHML. He argues that young people must be involved in matters of support for young people with mental ill-health. But it is also important that the young people who get involved are given the chance to grow, and that they are not simply exploited.

Text: Louise Hertzberg **Photo:** jack.org

Bryan Young from Canada is an impressive figure. He is one of the youngest participants at IIHML, but also one of the most eloquent. Parallel with his university studies, he works for the organisation www.jack.org, whose aim is to spread information about mental ill-health and to reduce stigmatisation. He feels it is self-evident that young people must be involved in all work concerning the mental health of young people.

"We are the experts regarding our own experiences. Youth engagement and involvement means access to the youth voice, youth experience and ultimately, expertise. We know first-hand the challenges that face young people today, because we are living it. No matter the field, youth engagement is important, to ensure that we are never speaking for a group of people, but rather are allowing the gaps we have identified to be filled with young people from different walks of life to share their experiences."

You're only 21, and already networking internationally. What's your personal dream when it comes to working with mental health issues?

"I think that if you'd asked me a few years ago if I ever thought I'd be in Sweden, networking internationally at a mental health leadership conference, I'd have laughed. I began on this path of advocacy work after I was diagnosed with mental illness. The passion came from a place of frustration, because no one was talking about mental health in my community and I knew part of getting

better for me included talking about how I felt. Fast forward to now, the passion is just the same and fuels my work. It's so important that young people are involved in conversations around our own mental health. My dream is to continue this work as a career and use my future degree in education to ensure that mental health conversations take place in schools across Canada."

What will be the results when you involve young people?

"The result is a well-rounded, multifaceted, co-designed product or programme that has a youth voice interwoven into the very heart of the programme. If we're talking about programmes that directly impact youth, it's so important that young people are at the table, that their voices are valued and that they're leading the conversation. If we avoid tokenism by ensuring that multiple equity-seeking groups, including young people, are at the forefront of the conversation, not only will you have a final product that is directly relevant to young people, you're also allowing space for young people to grow, to learn and develop skills that will impact their future work. Essentially, we're allowing space for youth capacity building, as well as ensuring that the programme we're designing is directly relevant to the young people of today."

If you were to give one piece of advice to policy-makers what would you say?

"It's my hope that we're asking and ensuring that young people are represented in every aspect of this field. From research, to policy design, to front line work, the young people of today are the future leaders, so let's ensure their voices are included in the conversation, always."

When professionals/researchers do not have all the power, can this influence what will be done, also in a negative way? Can there be conflict between involving stakeholders and demanding that the work is evidence-based?

"I believe it's so important that we don't just throw young people into situations where they aren't

experts. But if we take the time to identify gaps in our evidence-based work, gaps where the youth voice could help design the next step, or round out the work already completed, that's the perfect opportunity not only to complete the work (with a youth voice) but also allow space for young people to gain new skills and ultimately learn lessons that will guide their future work. In this way, we're helping to educate and grow young people's expertise, as opposed to just using young people for their voice or opinion."

What is your most important message to someone in a similar situation that you were in when you were diagnosed with mental illness?

"The most important message I have, is that the time to talk about mental health is today. If we can focus on normalising conversations around mental health, normalising the fact that we all have mental health, normalising that we all have fluctuations in our health, and that sometimes, we need additional support when we're struggling. It's okay to talk about our mental health, and it's important to not only have these conversations with young people, but also to have them often."

The question then becomes, how do we effectively have these conversations?

"And the answer is, by ensuring we're educating young people around mental health literacy. Let's ensure that we have the vocabulary that will assist us in having tough conversations, let's equip young people with the tools and words they need to effectively describe their mental health, and let's ensure we know what we need to do when we're struggling with our mental health. This will help us when we have the tough mental health conversations and is the first step to ensuring that the time to talk about our mental health is today."

More information about IIMHL and IIDL can be found here:

<http://www.iimhl.com/iimhl-about-us.html>

"The most important message I have, is that the time to talk about mental health is today."

Brian Young,
Participant at IIHML



References

- Arnett, J.J. (2018). Getting better all the time: Trends in risk behavior among American adolescents since 1990. *Archives of Scientific Psychology*, 6, 87-95.
- Barry, M.M. (2001). Promoting positive mental health: Theoretical frameworks for practice. *International Journal of Mental Health Promotion*, 3, 25-34.
- Barry, M.M. (2009). Addressing the determinants of positive mental health: Concepts, evidence and practice. *International Journal of Mental Health Promotion*, 11 (3), 4-17.
- Basch, C.E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health*, 81, 593-598. doi:10.1111/j.1746-1561.2011.00632.x.
- Bremberg, S. (2015). Mental health problems are rising more in Swedish adolescents than in other Nordic countries and the Netherlands. *Acta Paediatrica*, 104, 997-1004.
- Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., & Schellinger, K.B. (2011). The impact of enhancing student's social and emotional learning: a meta-analysis of school-based universal interventions. *Child Development*, 82(1): 405-422.
- Eriksson, C. (2012). *Kunskap om hälsa och lärande – en översikt av ett forskningsfält under utveckling*. Stockholm: Vetenskapsrådet, Lilla Rapportserien 2012:2.
- Eriksson, C. (eds) (2019). Positive mental health among school-aged children in the Nordic country. Special issue. *Nordic Welfare Research*, in press.
- Hagquist, C. (2015). *Skolelevers psykiska hälsa*. Nordic Centre for Welfare and Social Issues, Stockholm.
- Kieling, C., Baker-Henningham, Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rodhe, L.A., Srinth, S., Ulkuer, N., & Rahman, A. (2011). Global Mental Health 2. Child and adolescent mental health world-wide: evidence for action. *Lancet*, 378 (October 22), 1515-1525.
- Keshavarz, N., Nutbeam, D., Rowling, L., & Khavarpour, F. (2010). Schools as social complex adaptive systems: A new way to understand the challenges of introducing the health promoting schools concept. *Social Science & Medicine*, 70, 1467-1474.
- Kristjansson, A. L., Sigfusdottir, I. D., Thorlindsson, T., Mann, M. J., Sigfusson, J., & Allegrante, J. P. (2016). Population trends in smoking, alcohol use and primary prevention variables among adolescents in Iceland, 1997–2014. *Addiction*, 111 645-652. doi: 10.1111/add.13248
- Langford, R., Bonell, C.P., Jones, H.E., Poulou, T., Murphy, S.M., Waters, E., Komro, K.A., Gibbs, L.F., Magnus, D., & Campbell, R. (2014). The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. *Cochrane Database of Systematic Reviews*, Issue 4. Art. No.: CD008958. DOI: 10.1002/14651858.CD008958.pub2
- Langford, R., Bonell, C., Komro, K., Murphy, S., Magnus, D., Waters, E., Gibbs, L., & Campbell, R. (2017). The Health Promoting Schools Framework: Known unknowns and an agenda for future research. *Health Education & Behavior*, 44(3), 462-475.
- Lundberg, O., Yngve, M.Å., Stjerne, M., & Björk, L. (2008). The Nordic experience: Welfare states and public health (NEWS). Health Equity Studies No 12. Stockholm, Sweden.
- Nielsen, L., Damsgaard, M.T., Meilstrup, C., Due, P., Madsen, K.R., Koushede, V., & Holstein, B.E. (2015). Socioeconomic differences in emotional symptoms among adolescents in the Nordic countries: Recommendations on how to present inequality. *Scandinavian Journal of Public Health*, 43, 83-90.
- Nutbeam, D. (1992). The health promoting school: closing the gap between theory and practice. *Health Promotion International*, 7(3), 151-153.
- PHAS (2018). *Varför har den psykiska ohälsan ökat bland barn och unga i Sverige? Utvecklingen under perioden 1985–2014*. Stockholm, Public Health Agency of Sweden. Available from www.folkhalso-myndigheten.se/publicerat-material

- Royal Swedish Academy of Science. (2010). *State of the Science: Trender i psykisk hälsa bland barn i Sverige*. [State of the Science Conference: trends in mental health in children in Sweden]. Stockholm, The Royal Swedish Academy of Science.
- Shackleton, N., Jamal, F., Viner, R.M., Dickson, K., Patton, G., & Bonell, C. (2016). School-based interventions going beyond health education to promote adolescent health: Systematic review of reviews. *Journal of Adolescent Health*, 58, 382-396.
- Seiffge-Krenke, I. (2017). Does adolescents' psychopathology change in times of change? *Journal of Adolescence*, 61, 107-112.
- Shulman, S., & Scharf, M. (2018). Adolescent psychopathology in Times of Change: The need for integrating a developmental psychopathology perspective. *Journal of Adolescence*, 65, 95-100.
- Stewart-Brown, S. (2006). *What is the evidence on school health promotion in improving health or preventing disease and specifically, what is the effectiveness of the health promoting schools approach?* Copenhagen: WHO Regional Office for Europe.
- Suhrcke, M., & Paz Nievas, C. (2011). *The impact of health and health behaviours on educational outcomes in high-income countries: a review of the evidence*. Copenhagen, Regional Office for Europe, no 35.
- Tamminen, N., Solin, P., Barry, M.M., Kannas, L., Stengård, E., & Kettunen, T. (2016). A systematic concept analysis of mental health promotion. *International Journal of Mental Health Promotion*, 18(4), 177-198.
- Turunen, H., Sormunen, M., Jourdan, D., von Seelen, J., & Buijs, G. (2017). Editorial. Health Promoting Schools – a complex approach and a major means to health improvement. Development of health promoting schools in the European region. *Health Promotion International*, 32, 177-184. Doi: 10.1093/heapro/dax001.
- UNDOC. (2018). *World Drug Report 2018*. (United Nations publication, Sales No. E.18.XI.9). Wien, United Nations Office on Drugs and Crime.
- Valkonen, T., & Vihriälä, V. (2014). *The Nordic model – challenged but capable of reform*. Tema Nord 2014:531, Nordic Council of Ministers.
- Viener, R.M., Ozer, E.M., Marmot, M., Resnick, M., & Currie, C. (2012). Adolescent Health 2. Adolescence and the social determinants of health. *Lancet*, 379 (April 28), 1641-1652.
- World Health Organization. (1986). *Ottawa Charter of Health Promotion*. Geneva, World Health Organization.
- World Health Organization. (2005). *Mental Health Action Plan for Europe: Facing the Challenges, Building Solutions*. Geneva, Switzerland: World Health Organization.
- World Health Organization. (2014). *Health for the World's Adolescents. A second chance in the second decade*. Geneva, Switzerland, World Health Organization. Available at www.who.int/adolescent/second-decade.
- World Health Organization. (2018). *Mental health: strengthening our response*. Available from <http://www.who.int/mediacentre/factsheets/fs220/en/>
- World Health Organization (2018a). *Adolescents: health risks and solutions*. Available at <http://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>.



Nordic Welfare
Centre