ORIGINAL ARTICLE

Swedish school nurses' perspectives on caring for and promoting the health of adolescents with mental health problems – A qualitative study

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ABSTRACT

Background: Over the last few decades, there has been an increase in mental health problems among adolescents, manifested as physical symptoms, such as stomach pain, headaches, feelings of anxiety, worry, stress and sleeping problems. Surveys among school nurses' have revealed that mental health work now forms a key part of their role. Although an increasing number of adolescents are suffering from mental health problems in upper-secondary schools (16-19 years), there are few studies focusing on this matter. Therefore we wanted to explore the matter from the school nurses' point of view. The aim of this study was to explore Swedish school nurses' experiences of caring for and promoting the health of students suffering from mental health problems.
Methods: The present study had a descriptive design and a qualitative approach. A purposeful sample of eight (n = 8) school nurses was interviewed. Their working experience varied between 4 and 29 years. The data were analysed using content analysis. The ethical principles stipulated by the Swedish Research Council were carefully followed throughout the study.
Results: Three main themes with sub-themes were found: A caring relationship as the foundation for health promotion, organizing health-promoting work and interprofessional cooperation as a prerequisite for good caring.
Conclusions: The findings strengthen the evidence of the importance of the health dialogue as a tool for the school nurses to identify students with mental health problems. Creating a caring relationship with the students is a prerequisite for caring and health promotion. Further education concerning mental health and evidence-based-practice should be arranged on regular basis. More research and cooperation between different stakeholders is needed.

Key Words: Adolescents, Caring, Health dialogue, Interview, Mental health, Qualitative, School nurse

1. INTRODUCTION

In Sweden, the school nurse is part of the School Health Service (SHS), and all children and adolescents aged 6-19 years are entitled to student health services, including medical, psychological, psychosocial and special education services. Student health is primarily concerned with health promotion and prevention. The SHS is led and managed by the principal of the school and includes professions such as school nurses, school physicians, psychologists, guidance counselors and special education teachers.[1] In upper-secondary school, the school nurse invites each student aged 16-19 to a health dialogue during the first year with the aim of promoting and strengthening the health of the student.[2] Various health and lifestyle questionnaires have been developed and used

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during the health dialogue.[3–5] School nurses serve as a link between various professionals in the school, the family, and other helpful agencies outside the school.[6]

1.1 Theoretical perspective

This study has caritative caring as its starting point. The theory emphasises a holistic image of the human being in which the different dimensions – body, soul, and spirit – are integrated. Caring is one of the core concepts in this theory, and the basic motive of caring is to alleviate suffering and to serve life and health. The caring relationship consists of love, compassion, and respecting human dignity.[7] According to the WHO (1986), health promotion is a process that enables people to increase their control over and improve their health. Health is seen as a resource for everyday life, not the objective of living.[8]

1.2 Background

There is strong evidence that mental health is determined during childhood.[9] The prevalence of mental disorders is greatest among young people between 16 and 24 years. This is coupled with a strong reluctance to seek professional help due to stigma, embarrassment and problems in recognizing symptoms.[10] Therefore, promoting mental health in children and adolescents is an investment for the future. Adolescents spend a great deal of their time at school, so schools have a significant influence on their behaviour and development. Early mental health problems can increase the risk of antisocial behavior and school drop-out.[11] Mental health problems may be manifested as physical symptoms, such as feelings of anxiety, worry, feeling depressed or stressed, stomach pain and headaches.[12–14] Over the last few decades, there has been an increase in the rates of mental stress among adolescents, as seen in various international studies. In Norway, a recent national survey reported that adolescents struggled with mental health and sleeping problems, feelings of hopelessness and bad self-image; of those, 10% reported symptoms of depression. Girls were more affected than boys and sought help more frequently.[15] Swedish school nurses evaluated pupils in general as physically healthy, though girls consulted the school nurses more often because of subjective health complaints.[12] In a recent Swedish study, school nurses perceived that the physical and mental health among school-aged children was somewhat better in 2015 than in 2005. However, this was the case among school nurses employed in low-risk areas. In high-risk areas, physical and mental health were perceived to have grown worse.[16] Moor et al.[17] found similar results in that inequalities in health among school-aged children had increased after 2002, especially in Europe and North America.

One ethical challenge for school nurses was documenting mental health problems in the student health record. The fear of the misinterpretation of such notations was a major reason for not documenting mental health problems.[12] At the same time, school nurses wanted to document all aspects of health and saw the importance and value of documenting such for future consideration. The structure of the health record, which emphasises physical health, made it more difficult to document sensitive issues, although doing so was considered important.[18] Earlier studies of school nurses have shown the importance of building a trusting relationship with adolescents. It was important that the school nurse was present and had an "open door" for counselling and discussion. It was also important that the school nurse showed an open mind in terms of being interested in and listening to what was on the student's mind. Creating an atmosphere of trust and confidence was seen as a key to promoting health.[19, 20] A caring school nurse was perceived as supportive of adolescents.[21] From the adolescents' point of view, confidentiality and trust were important factors when seeking help.[10] Factors such as attentiveness, respect, authenticity, accessibility and continuity were important in order to create an effective health-promoting dialogue with the students.[16]

National surveys of school nurses' work have been undertaken in many European countries, emphasizing that mental health work now forms a key part of their role.[23] A survey of school nurses in USA found that they had not received training in mental healthcare and did not feel that they had enough knowledge about identifying mental health problems and making appropriate referrals to mental health services. The findings indicated that school nurses' training in how to effectively identify mental health concerns significantly predicted their perceived ability to identify students' mental health problems and their comfort level when making mental health referrals.[24] Similar findings were revealed in a UK survey. Although mental health problems formed a considerable part of the school nurses' work, only 54% had undertaken any post-registration training in mental healthcare. The majority of the staff reported that they needed more training to enhance their knowledge and confidence concerning mental health problems, as reported in earlier studies.[16]

Although an increasing number of adolescents are suffering from mental health problems in upper-secondary schools, there are few studies focusing on the matter. Therefore, we wanted to explore this issue from school nurses' point of view in order to shed more light on it and further develop the body of knowledge in caring science and the health-promoting work of the school nurse.

1.3 Aim

The aim of this study was to explore school nurses' experiences of caring for and promoting the health of students suffering from mental health problems.

2. METHODS

The present study had a descriptive design and a qualitative approach based on the general premises of a naturalistic inquiry. A qualitative design was appropriate because the aim of the study was to explore the experiences of the people being researched.[27]

2.1 Setting and sample

An invitation to participate in this study was sent by e-mail to all 30 school nurses, working in upper-secondary schools, in a major city in western Sweden. Of those nine school nurses accepted to participate. One declined later because of illness. A purposeful sample of eight (n = 8) school nurses, aged 46-64 years, were interviewed. All were female, with work experience as a school nurse ranging between 4 and 29 years. The school nurses were nurses specialized in pediatric nursing or in public health. They worked 60%-100% of the year, most of them full time. Those working full time were responsible for 500 students aged 16-19 years.

2.2 Data collection

Individual interviews were conducted using an interview guide that included five overall opening questions and supplementary questions. The opening question was: "Could you please tell me about your experiences and challenges in caring for adolescents with mental health problems?" Other themes were concerning documentation, the need for further education, tools used when encountering the adolescents and finally visions about how to further develop the care and health promotion for the adolescents. The interviews had the character of a conversation, and the respondents were encouraged to narrate their experiences. The duration of the interviews varied between 45 and 75 minutes. The interviews took place in the school nurses' offices. All interviews were recorded with a portable digital recorder and transcribed verbatim.

2.3 Data analysis

The data were analysed using content analysis.[28] Qualitative content analysis is an interpretive process, focusing on subject and context and dealing with differences and similarities between and within parts of a text. The transcripts were read through several times by the second author to obtain a sense of the whole dataset. Passages related to the participants' experiences were then extracted and brought together into a single text. From this, units of meaning, each comprised of several words, sentences or paragraphs related to one another through content and context, were condensed and labeled with codes. The codes and units of meaning were interpreted in context, compared for differences and similarities and abstracted to build tentative subthemes comprised of recurrent threads of meaning.[28] Through reflection and discussion, the authors agreed on a set of subthemes and formulated three unifying themes.

2.4 Ethical considerations

The ethical principles stipulated by the Swedish Research Council (2011)[29] were carefully followed throughout the study. Based on Swedish Law we did not need the approval of an Ethical Committee to carry out the study. Written and oral approval was obtained from the management officers in the city where the data were collected. All participants were provided with both oral and written information concerning the purpose of the study, as well as assurances regarding confidentiality and anonymity and the option to withdraw from participation at any time. The respondents were also advised that the interviews would be recorded and provided with an estimated duration for the interviews. The interview guide was sent to the participants in advance. All interviews took place during working hours, in the school nurses' offices, in peace and quiet, without disturbing elements. All informants signed a written consent form, and the interviews were coded with an individual code, from (1) to (8).

3. RESULTS

The aim of this study was to investigate school nurses' experiences of caring for and promoting the health of students suffering from mental health problems. The school nurses narrated their experiences willingly, and the interviews provided dense material. Three main themes were found, which contained several sub-themes.

3.1 A caring relationship as the foundation for health promotion

The school nurses in this study described building caring relationships with the students as essential. Much time was spent building trustful relationships with the students.

3.1.1 *The health dialogue, a tool for discovering students with mental health problems*

It was important that the student felt comfortable, dared to seek help from the school nurses and, more importantly, wanted to come back after the first contact was made.

"I, myself, think that it's perhaps all about this relationship you have built up, that it's actually about a confidentiality and that someone is listening. I mean, you don't really do that much – you listen and take this individual seriously..."

(2).

Building relationships involved activities such as health dialogues and going into classes to present themselves and their work: *"... the health dialogue is held during the first year, and after that, the building of the relationship continues, and really building in a broad sense – a relationship with everyone!"* (1). The school nurses strived to achieve 'low-threshold' counselling, with open doors and easy access for the students. The students were described as lonely and at a loss about what to do. They often did not have anyone to talk with and did not know where to turn with their worries. *"It's still very, very common that they don't talk with their mum or dad. I am the only one they talk with."* (5). Many of the school nurses emphasized how much they cared for and cherished the students. Taking care of and being truly present for the students was seen as an important duty, especially for those students who had not managed to obtain any help from outside the school. They emphasized listening to and confirming the thoughts of the student in the conversation. *"If you don't take part in the conversation with all your might, it's easy (for the student in need for help) to just slip past."* (8). Having these dialogues was time-consuming, but despite that, most of the school nurses gave priority to such conversations and devoted time to them.

According to the school nurses, there are more students with mental health problems today. *"During the years I have been working (as a school nurse), one can see that the adolescents' mental health problems have grown worse."* (3). According to many school nurses, one of their main duties was to identify students with mental health problems.

"I think about it very much... the important mission we have and that it's actually to find... children and adolescents in our school environment who are not feeling well and about the primary prevention we actually can do." (1).

One of the most difficult tasks was to create a relationship so that the student would 'open up their heart'. Some students had difficulties expressing what they experienced, and therefore, it could be difficult to understand their problems. *"But it's difficult when you feel uncertain about a student... How is this student really feeling?"* (4). School nurses saw themselves as an important link in promoting mental health, and the most important tool in this process was the health dialogue. During the health dialogue, mental health problems were often detected.

3.1.2 *An ethical challenge in documenting mental health problems*

According to school nurses, it was seen important to document mental health problems for the sake of the student

in terms of patient safety and follow-up and also for the nurses themselves as a memorandum to consider before future counseling. Most of the school nurses agreed that their documentation differed based on whether it concerned physical or mental health. They were more cautious about how they expressed themselves concerning sensitive information.

"I try to write a little square-shaped... I am more cautious with my... in how I shall express myself in writing... concerning mental illness." (6).

This was especially the case if other members of the family were involved in one way or another. *"I would possibly write less on suspicion of sexual assault... or be a little more cautious."* (7). Many reported that it was difficult to remain in line with the subject terms in the digital journal and therefore preferred to write more freely because they did not find subject terms that fit the student's situation. A frequent explanation was that it was difficult to write about the feelings expressed by the student in a brief text. Some school nurses felt that they lacked a professional language when documenting mental health. Insufficient documentation was quite common, and this was discussed with colleagues, who did not want to document mental health problems and thus risk stigmatizing the adolescents later in life.

"But I have had this discussion with some of my colleagues... and when some colleagues say: Yes, but it's ... think if... it heals completely, and then, you don't want to have it with you all your life... that it's written there..." (5).

Notwithstanding, all participants agreed that they did not leave out any important information when they documented mental health problems. In documenting such issues, ethical challenges were always kept in mind in order to protect the student and preserve confidentiality.

3.2 Organizing health-promoting work

The school nurses enjoyed working with the students and found the work both challenging and meaningful. They thought that they could make a difference in another individual's life, and they wanted to do a good job out of respect for the student.

3.2.1 *Not enough time and resources for health promotion*

The school nurses perceived that they could promote mental health to a much greater degree if they had the right prerequisites. *"I do like my work very much. I want to do it well! I really don't want to do mediocre work."* (5). A lack of resourses was seen as a main reason due to the limited working hours in relation to the number of students. Many of the participants emphasized the changing role and duties of the school nurse as mental health problems had increased. The school nurses experienced that they did not always have

the knowledge or the time to manage all the bits and pieces that were seen as their responsibility.

"But, as mentioned, the service must be looked over, and it was decided that the school nurse should spend 50% of working hours out in the classes (doing health-promotion work and prevention) and the other 50%, for example, working with health dialogues. Then, we cannot be responsible for the number of students we are now." (1).

Many participants raised questions about school nurses being very lonely in their work and the fact that the principal, who led the work, was not a health professional. *"Sometimes I feel that it's difficult to be alone"* (4). Feeling alone was a burden when there was no one to discuss questions related to the profession with. The guidance counselors, the network of school nurses and the school physician were important colleagues.

The school nurses wanted to be accessible so the students could get in touch with them easily if needed, but this was not always the case.

"I want them to feel that I am there if they need me. On the other hand, you will always hear: 'You are never there.' But that's another thing,… but it's all those meetings… " (3).

The leaderships' view of the school nurses and teachers varied across schools. In some schools, a shortage of school nurses, but not a shortage of teachers, was accepted.

"It is not enough to say: Yes, yes… There is a school nurse at the school. If there are two-and-a-half posts, there should be two-and-a-half posts. This would never have been accepted concerning teachers. I think we have to become tougher in terms of giving signals." (5).

Not managing to find external help affected the school nurses on two levels: especially, by creating more duties in terms of supporting the students who are not feeling well, and moreover, potentially affecting relationships in a negative way.

"The waiting lists are far too long, but the student… stays with me anyway. It feels as you have almost cheated the student by sending them to someone else because you say: 'You should see someone else.' That is to say, my couseling is not enough, and then they will come back to me… So there you are… " (5).

This may undermine the confidence of the school nurse and also lead to feelings of powerlessness and uncertainty among both school nurses and students.

3.2.2 *A need for more knowledge about mental health*

Many of the participants reported that they did not have enough knowledge about mental health issues and how to manage the situation when a student was suffering from mental health problems. Their knowledge was initially based on earlier experiences and encounters: *"Yes, well, it comes from earlier encounters with the students. I mean, it's not a course I have attended… where I got that knowledge"* (6). The knowledge gained during further education provided confidence, and this knowledge was used. *"It's all the years I've been working. That is a knowledge you take with you and, of course, the confidence the further education gave me"* (5). There was a time period of almost 30 years between the educations of some of the school nurses. Somewhat surprisingly, such education did not seem to have changed that greatly concerning mental health based on the school nurses' narratives.

Most of the school nurses experienced that their further education did not supply them with sufficient tools for use in practical work. *"We studied psychiatry and mental health in further educations, but at that time, I didn't have 'the eyes' I have now."* (1). They seemed to search for knowlegde on their own, and some had also obtained useful knowledge through further education at the workplace.

"I think that knowledge, that is, about the experience, relates to everything that is woven into it… On the other hand, I am not a psychiatric nurse, who would know all these things… So you need to get a little help." (4).

The school nurses wanted more training, especially concerning methods of conversation, in order to be able to support and help the students and also to identify mental health problems and begin an early intervention.

3.3 Interprofessional cooperation as a prerequisite for good caring

3.3.1 *Cooperation with external healthcare professionals*

The cooperation with the "Child and Adolescent Psychiatry" (in Swedish: Barn och Ungdoms Psykiatri, BUP), was seen as one of the greatest challenges in the work. *"I really miss, I really miss BUP"* (6). The school nurses missed feedback from BUP. *"I must request feedback. I have to ask for a report if they have come to a conclusion about a diagnosis… There are only a few cases in which they have contacted the school"* (4). Closer cooperation would lead to mutual understanding and better cooperation concerning the student. *"So you will get an understanding of each other's roles, and they (BUP) will even come to understand how important their feedback is"* (5). Sometimes, the students were not admitted to BUP, even though the school nurse, the school phycisian and the guidance counselor had made an assessment that the student was in need of specialist care. Alternately, when a situation became truly serious, for example,

when there was a risk of suicide, then BUP took charge of things. *"When immediate urgency is needed... then... BUP takes responsibility"* (1).

More generally, the school nurses found it difficult to find help for students and to cooperate for their sake. *"Cooperation is a big challenge... with all the persons involved around us not being at our beck and call ... I think that is most frustrating"* (1). Above all, the difficulty of finding the right level of care for the student was clear. *"And you have to more or less plead for help"* (5). Many school nurses found it difficult to know who to turn to because there were so many actors in the field. One demand was a telephone number, or a chance to ask for advice, and an easier way to admit students was also called for: *"We ought to have a telephone number via which you can call and ask for advice... when it gets, I mean... We don't call if we don't have to."* (4). They felt that more could be done at school for those students with mental health problems so that fewer would have to seek help from external professionals.

"But I believe that we, in student health, have a very important role to play before a student needs to seek help from BUP. We could handle most things at school if we had enough resourses. We could promote mental health and prevent many, many negative consequences. The pressure on psychiatric care would be reduced." (5).

There were suggestions about sending a welcoming letter to new students and their parents to inform them about the SHS and obtain information about potential problems at an early stage. Other suggestions included arranging meetings for parents, the school phycisian and teachers to inform the parents about what they can do to support their adolescents.

3.3.2 *The teachers – important partners in health-promotive work*

The teachers were considered important partners, and there were schools in which cooperation functioned very well, and the teachers played an active role. However, most of the school nurses described teachers who did not dare to engage with students with mental health problems. These teachers did not dare to ask such students how they felt, because the teachers were unsure about what to do about the students' responses.

"Do I dare to talk with her? And I say: Ask her! I mean, if she gets sad and upset... Well, that's the way it is, but we need to encounter the students, or what...?" (6).

This can delay the process that leads the student to the school nurse's table, and by that time, the student may be in a worse condition. The school nurses experienced that many teachers did not want to take responsibility for such students. Al-

ternately, it was seen important that the teachers had good conduct and attitudes towards students suffering from mental health problems.

"... it's about a human being, and it's about creating that relationship to encounter this human being. It's not dangerous to ask, 'How are you today?' It's not dangerous, because it's the most important thing. We have participated in so many lectures that all come back to Well, this student managed well because there was a teacher who actually asked, "How are you today? How is it? How are things going?" (2).

According to school nurses, many teachers did as they pleased, although there were routines for the staff regarding how to work with questions about absences from school and reporting students to the SHS. Many teachers were active and contacted the students and parents if something was the matter. These teachers saw and confirmed each student. The school nurses were both supports and supervisors for the teachers. These school nurses hoped for more education for teachers concerning these matters and for more direction on the part of the leadership in order to create a humanistic and holistic approach to school. *"If the teacher feels uncertain, then it's good if he/she comes... so you can do something together"* (4). Having a principal who prioritised the importance of SHS was considered very important in that it helped school nurses to succeed in their endevours. Most school nurses felt that health promotion was emphasized and that there was good interprofessional cooperation in attempts to find solutions for students. However, there were also examples of principals who did not have sufficient time to address mental health and, in some cases, did not prioritise SHS and the student's health.

3.3.3 *The school – a safe haven and a tough environment for adolescents*

The school nurses talked about the school as a safe haven for students, a place that should represent the healthy, the normal, the routine and the productive, a place where students with mental health issues should be able to focus on something positive, something other than how they were feeling. *"Because it's here where she or he will get support and feel that 'You are normal. You are doing the right thing. You can.'"* (6). At the same time, school nurses considered the school to be a tough place, especially for those who were not feeling well. The students were thought to have great ambitions, and they truly attempted to succeed in their schoolwork. *"It's tough in the school. It's tough to be a student. I think a grown-up would never be able to cope with it"* (7). There was often a conflict between demands related to achievements and a given student's ability when suffering from mental health problems, and this made it difficult for the teachers to decide

how to act towards the students. The teachers became confused and needed a great deal of advice and supervision from the school nurses in order to determine the correct approach to every single student. *"And then it may be difficult for the teachers. They may say, 'I don't know how much pressure I can put on her, because I notice that she withdraw herself more and more.'"* (6) Absence from school was seen as a sign of mental health problems, and it was considered important to have good routines for dealing with mental-health-related absences from school.

4. DISCUSSION

This study set out to investigate how school nurses experienced caring for and promoting the health of students with mental health problems in upper-secondary school. The findings revealed that the basis for caring and health promotion was creating a caring relationship with the students. The school nurses described how much they cared for and cherished the students and spent a great deal of time building a trustful relationship with the students, both at an individual level and at a group level, by going into classes. Each student was invited to a health dialogue during his or her first year in upper-secondary school. A caring relationship was seen as an essential basis for this health dialogue so that the students would feel confident and respected and thus dare to narrate about their thoughts and worries.[20, 21] This is in line with the ethos of caritative caring, in which the nature of the caring relationship is determined by the nurses' ethical foundation and their motives for caring, responsibility, and will to invite a person into a caring relationship. The basic motive of caring is to alleviate suffering and to promote life, health and respect for human dignity.[7] According to the participants, mental health problems were often detected during the health dialogues, but the participants felt that they did not have enough knowledge to properly identify and manage mental health problems. They expressed the need for more education on the issue, as in earlier studies.[23–26] One ethical challenge for the participants was the documentation of mental health problems in the health record. This was because of the sensitivity of this issue and also because the health record prioritised information about physical health. However, if the school nurses charted subjectively it might be easier. A subjective statement by the student at a certain point in time only, objectively observed by the school nurse. This study revealed the importance of school nurses having professional knowledge and an ethical foundation grounded in caring science when encountering the students. One interesting finding of this study was that the participants felt that their higher education had not provided them with sufficient knowledge and tools concerning mental health. This

was somewhat surprising and implied that during the last 30 years, higher education at universities has not been sufficiently developed to meet the reqirements of our changing society. The school nurses searched for knowledge on their own and used their earlier experiences as a guide. However, none of the participants mentioned that they had searched for knowledge in evidence-based resources. This implies that knowledge about research and evidence-based practice should be enhanced during higher education.

One common view was that the duties of the school nurse had changed during the last years due to increased mental health problems.[23, 24] As society changes people become more aware of mental health problems and talk more about these problems. Therefore students come forward more. According to the participants, many more health-promotive activities could be accomplished if there were enough time and resources. This might prevent mental health problems and ease the burden on healthcare professionals outside of the school. The school nurses attempted to be flexible and strove for a low-threshold policy. Due to lack of resources, they did not have as much time as they wanted for health promotion at the group level. One pattern that emerged was the feeling of being lonely and having difficulties in obtaining help for the students. There were large variations between the schools, and it is obvious that there are inequalities in health care work depending on which area the school nurse worked in. This was supported by earlier studies.[12, 16, 17, 30] The leadership, not a health professional, and the teachers in the school also played a crucial role. A principal who prioritised health promotion and saw the connection between health and learning facilitated the work, but if the opposite was the case, the principal became an obstacle.[30] In some schools, a shortage of school nurses was accepted, but a shortage of teachers was not. In well-functioning schools, the teachers saw each student, and there was good cooperation between the various professionals. However, there were also schools at which such cooperation did not exist. One major problem was that many teachers did not dare to ask the students how they were feeling, even though the teachers saw that something was wrong. The teachers need to be educated to know that they don't need to be afraid to ask the questions if they see that something is bothering a student and refer them to the school nurses. If they ignore the situation they are only perpetrating a problem the student has and sending a message to the student that no one wants to know or cares about the student's problems.

The participants emphasised the importance of all stakeholders contributing to a sound school environment. The school nurses called the school a safe haven for the students, one representing soundness and health. The teachers needed a great

deal of supervision, and further education in mental health care should be provided for the teachers. All participants emphasised the importance of interprofessional cooperation in strengthening health promotion and care for the students. The prevalence of mental disorders is greatest among young people 16 to 24 years of age.[10] Adolescents spend a great deal of their time at school, and therefore, health promotion should be prioritised as an investment for the future. The school nurse invites each student to a health dialogue and is therefore in a key position in terms of promoting and strengthening the health of the students, together with other professionals and parents.

Limitation of the study

One limitation of this study is that only eight school nurses were interviewed. It is possible that the findings would have been different if some of the informants had been from municipalities outside the city. However, the school nurses represented schools with various conditions, which provided a broad perspective in terms of the informants' experiences. The school nurses were aged 46 to 64, with working experience ranging from 4 to 29 years. They narrated willingly about their experiences and provided rich data. The findings are in accordance to those in earlier studies which strengthens the thrustworthiness.

5. CONCLUSIONS AND IMPLICATIONS FOR SCHOOL NURSING

The findings of this study reinforce the importance of the school nurses in identifying students with mental health problems and their key role in caring for and promoting the health of the students. This study strengthens the evidence regarding the importance of the health dialogue. It is important to allocate sufficient resources for health dialogues because mental health problems often are detected during these encounters. A caring and trustful relationship is a prerequisite for a health dialogue and health promotion. It is crucial that school nurses have accurate knowledge and understand the deep importance of creating a caring relationship. Futhermore, the study shows that the demands on and duties of the school nurses have changed over time. The need for more knowledge in mental health care should be recognized by universities when planning higher education. Mental health and the management of mental health problems interprofessionally should be integrated into the curriculum. This study showed the need to strengthen knowledge in research and evidence-based practice. Cooperation within the SHS should be emphasized, and more research is needed in this regard. Teachers need more knowledge about mental health issues. Health inequalities should be recognised, meaning that there should be more school nurses in high-risk areas. Many of the participants in this study experienced ethical dilemmas when documenting mental health issues in health records. There is a need to develop the documentation so as to make it more structured in relation to mental health. Research conserning cooperation among various stakeholders within health care, municipality services, voluntary organizations and parents would be beneficial.

CONFLICTS OF INTEREST DISCLOSURE
The authors declared no conflicts of interests with respect to the research, authorship and/or publication of this article.

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