SWEDISH COMPULSORY TEACHERS’ KNOWLEDGE AND EXPERIENCE IN MENTAL HEALTH PREVENTION FOR STUDENTS

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Abstract

The current study explored how teachers in Swedish schools experience their involvement in the prevention of mental health issues among students, within what areas they need enhanced knowledge as well as how they think their relationship to their students influence the students’ mental well-being. Data were collected through nine semi-structured interviews with fourth to seventh-grade teachers, and analyzed using thematic analysis. Teachers engage in prevention through methods such as structuring the environment around the students, arranging the educational environment, and cooperating with professionals and parents. Teachers’ preventive work was further described to center around establishing warm teacher-student relationships. Prevention programs were seen as dissatisfactory in teachers’ preventive work due to a lack of scientific evidence and their indirect approach to mental health issues. Working experience was identified as important regarding teachers’ knowledge about prevention of mental health issues. Shortages in economic resources, time, and support were perceived as barriers to the preventive work. Future recommendations include more research on prevention programs for internalized behavior problems within a Swedish school context. This study also identifies the need for more research regarding how preventive actions can be implemented by teachers through the teacher-student relationship. Teachers and schools are part of a unique community resource for prevention of mental health issues among students, but much more research is needed to further consolidate their position in the prevention of mental health issues.

Keywords: teacher-student relationship, school-based prevention, students’ mental health issues

Abstrakt


Nyckelord: lärare-elev relation, skolbaserad prevention, elevers psykiska ohälsa
Swedish teachers’ knowledge and experience in mental health prevention for students

The World health organization (WHO, 2001) predicts depression to be the second leading cause of disability worldwide in 2020. Results from The public health agency of Sweden (2014) show that the majority of Swedish students are at good mental health, but there has been a worrying increase in mental health issues among them over the past years. Young people seem to be more susceptible to depression and anxiety because many developmental changes take place during the transition into adolescence (Putnick, Bornstein, Hendricks, Painter, Suwalsky, & Collins, 2010; Scherf, Behrmann, & Dahl, 2012; Steinberg, 2005).

According to The Swedish national agency for education (2017), there is over one million children and adolescents currently enrolled in the Swedish elementary schools. This gives the school the potential to function as a platform for preventive actions when it comes to mental health issues, particularly because the school reaches out to a lot of children and adolescents (The Swedish national board of health and welfare, 2009). Ferguson and Woodward (2002) conclude that adolescents who suffer from depression are at high risk for developing alcohol abuse or dependence and suicidal behavior. High levels of depressive symptoms in childhood often lead to a more pessimistic explanatory style during adolescence and adulthood (Nolen-Hoeksema, Seligman, & Girtus, 1992). Children and adolescents who suffer from depressed affects have closer access to negative thoughts and interpretations, which follow them into adulthood (Blaney, 1986). Furthermore, Ferguson and Woodward (2002) find that depression in adolescence is closely linked to school failure and a reduced likelihood of getting a higher education. Depressive symptoms in adolescents also serve as a predictor for later development of depressive and anxiety disorders in adulthood (Ferguson & Woodward, 2002; Kovacs & Lopez-Duran, 2010).

It is important to prevent mental health issues such as anxiety and depression among students since mental health issues can determine educational outcomes (Wells, Barlow, & Stewart-Brown, 2003). Educational outcomes and academic performance are closely linked to socio-emotional competencies among students. Students who master socio-emotional competencies have shown greater well-being and better academic performance. These competencies include recognizing and managing emotions, setting and achieving positive goals, appreciating the perspective of others, establishing and maintaining positive relationships, making responsible decisions and handling interpersonal situations constructively. In contrast, deficits in socio-emotional competencies can lead to academic difficulties (Guerra & Bradshaw, 2008).

In 2007, the Swedish national board of health and welfare (2009) investigated what methods are used to prevent mental health issues among children and adolescents in Swedish schools. These results stated that Swedish schools have great potential to detect symptoms of mental health issues such as depression and anxiety, but that the methods to do so are not yet fully developed. Of particular note, the report concluded that teachers need more support and knowledge within this field. Although the schools’ primary goal is limited to learning and academic performance, it can still be beneficial for the school to work with prevention of mental health issues. It prevents depression and anxiety in adulthood and good mental health is closely linked to the ability to learn, understand, and perform academically. Indeed, anxiety, depression, and withdrawal have shown to be more strongly predictive of classroom performance and cognitive functioning than intelligence (Rapport, Denney, Chung, & Hustace, 2001). The effects of depression, such as impairments in attention, memory, and
problem solving, tend to impact the daily activities of children and adolescents, often leading to decreased academic performance as a result (Vilgis, Silk, & Vance, 2015).

Overall, the school environment is a crucial component when trying to understand adolescent behavior and mental health. The relationships experienced at school influence mental well-being, self-esteem, and social adjustment among adolescents (Barth, Dunlap, Dane, Lochman, & Wells, 2004; Murray & Greenberg, 2000; Sarkova, Bacikova-Sleskova, Madarasova Geckova, Katreniakova, van den Heuvel, & van Dijk, 2014). Thus, a poor, high-conflict relationship between teacher and student can influence academic engagement negatively (Drugli, 2013). Poor academic engagement is closely linked to mental health issues among students as well (Bond, Butler, Thomas, Carlin, Glover, Bowes, & Patton, 2007). The quality of the relationship between teacher and student is therefore of great importance for the mental health among students (Drugli, 2013).

But exactly what is it in the school environment that can influence the children and adolescents? One part is the teachers, who are important for both emotional and academic development among children and adolescents (Baker, 2006; Drugli, 2013; Furrer & Skinner, 2003; Murray & Greenberg, 2000). Nurturing and supportive relationships between teachers and students can be positive for the fulfillment of basic psychological needs and promote higher levels of self-determination (Murray & Murray, 2004).

**Background**

**Defining terms**

**Mental health issues.** Although there is no generally accepted definition of the term, The Swedish association of local authorities and regions [SALAR] (2017) defines mental health as a state where individuals experience meaningfulness and inclusion, with potential to use their resources effectively to take on the challenges of life. When talking about children and adolescents, mental health issues are defined as “psychological symptoms that affects the emotional well-being and/or obstructs optimal development and the ability to participate in everyday activities” (The Swedish national board of health and welfare, 2009, p. 12).

**Depression.** According to the Diagnostic and statistical manual of mental disorders [DSM-5] (American Psychiatric Association [APA], 2014), depression is a psychiatric condition. There are different states of depression; this includes major depressive disorder and dysthymia. Symptoms of depression include depressed mood (feeling sad, empty, or hopeless), decreased interest in activities that used to be enjoyable, significant weight gain or loss, trouble sleeping or sleeping too much, psychomotor agitation or inhibition as well as fatigue or loss of energy. Symptoms also include feelings of worthlessness or excessive feelings of guilt, reduced ability to concentrate and make decisions and recurrent thoughts of death and suicidality (APA, 2014). To consider major depressive disorder, an individual need to have five out of nine of those symptoms for more than two weeks, nearly every day including a loss of function in important areas of life such as education, work and social life. Dysthymia is more persistent with symptoms existing for more than two years, nearly every day and includes impairment in everyday life. For children and adolescents, the duration of symptoms needs to be more than one year and can include irritability (APA, 2014).

**Anxiety.** Anxiety can be seen as a normal part of the development and as a normal part of life. As humans, we react with anxiety when perceiving threats. However, there are cases when anxiety becomes a problematic part of life. Problems occur when we start reacting with an unreasonable amount of anxiety to something that is not an actual threat (Dadds & Barrett, 2001). Anxiety starts being maladaptive and interfere with everyday life once this occurs. In the DSM - 5 there are many different conditions of anxiety. These
conditions all have different criteria (APA, 2014). Anxiety can be experienced as excitement, constriction or pressure in the body. It can vary from worries and easy anxiety to real anxiety which include strong fear or panic (Psykologiguideren, 2017). A condition is classified as an anxiety disorder when it is present over a longer period of time and causes loss of function in important areas of life (APA, 2014).

**Prevention program.** The aim of a prevention program for mental health issues is to prevent externalized or internalized behavior problems. The internalized programs aim to target symptoms of depression and anxiety (The Swedish council for health technology assessment and assessment of social services [SBU], 2016).

**Teacher.** A Swedish teacher has a bachelor degree in education. The bachelor degree takes four years to complete in order to teach fifth to sixth graders. To teach seventh grade, the bachelor degree takes four and a half years. All teachers with a degree get a teacher's license (Lärarförbundet, 2016).

**Methods of prevention in schools**

Prevention has historically been classified into primary, secondary, and tertiary interventions (Haggerty & Mrazek, 1994). Primary prevention interventions are characterized by their aim to target a larger group of people on a primary level, while secondary preventive interventions aim to target those people already defined as belonging to a risk group. Tertiary preventive interventions strive to target those already affected by illness or a mental disorder. This terminology originates from traditional preventive work within the field of public health, where focus has been to prevent diagnosable physical illnesses. In the mid 90’s, three new concepts were presented to replace the primary, secondary, and tertiary intervention concepts previously defined. The new concepts are defined as universal, selective, and indicated prevention methods (Haggerty & Mrazek, 1994).

Universal prevention is an intervention directed towards a wider range of people, regardless of differences in estimated risks of mental health issues within that group. The universal prevention intervention aims to target people on a primary level. The selective prevention intervention targets individuals who have been defined as belonging to a risk group. The individuals within this group should not be singled out, but rather described as a group with increased susceptibility to mental health issues. Indicated preventions include interventions serving to target individuals who have already been defined with some sort of mental health issue. The indicated prevention is similar to a tertiary intervention approach. (Haggerty & Mrazek, 1994). According to the national research council (2009), both selective and indicated prevention methods need screening to target specific groups. Although screening is an important component for understanding the needs of the individuals, it also raises some important questions about stigmatization and labeling. The universal intervention method operates on a larger scale without pointing out any subgroups, resulting in less risk for stigmatization.

**Prevention programs.** The prevention interventions are normally implemented in a prevention program. Classroom-based interventions are usually focused on universal or selective interventions. Teachers need training and feedback to successfully implement these programs in the classroom. If the classroom environment is improved, the teacher can set positive behavioral norms and strengthen the interaction with his or her students (Fazel, Hoagwood, Stephan, & Ford, 2014).

**Effectiveness of prevention programs.** A review of school-based interventions for prevention of mental health issues shows that it is possible to have a positive impact on children’s mental health by using different kinds of prevention programs in the school setting. These programs can be implemented in the classroom or the whole school setting, depending
on what program used (Wells et al., 2003). The review provides evidence for a whole-school approach where both teachers, students, parents, and the community are involved. Wells et al. (2003) find that the evaluated prevention programs improve students’ well-being which includes happiness, life satisfaction, popularity, anxiety, and perceived physical appearance. Prevention programs also improve negotiating and problem-solving strategies.

Several meta-analyses have investigated the effectiveness of depression prevention programs by looking at effect sizes. Results reveal low to moderate effect sizes for depression prevention programs implemented in the school setting (Brunwasser, Gillham, & Kim, 2009; Cowen, 2014; Horowitz & Garber, 2006; Jane-Llopis, Hosman, Jenkins, & Anderson, 2003). Cowen (2014) identifies some key differences when trying to determine the most effective prevention program. Results show that targeted prevention programs yield a larger effect size than universal programs.

A review by Carnevale (2013) reveals that cognitive-behavioral universal prevention interventions are effective for decreasing symptoms of depression in adolescents. This is done by providing students with knowledge about characteristics of depression and by teaching the students coping strategies for support and empowerment regarding different challenges in life (Carnevale, 2013). A study by Kuyken et al. (2013) shows promising evidence for the usage of mindfulness-based programs as a method to decrease depressive symptoms among adolescents in the school setting. The adolescents attending the program report lower levels of depression at both post-intervention and follow-up.

**Prevention programs in Swedish schools.** There is an absence of studies examining the effectiveness of prevention programs within a Swedish context. The Swedish council for health technology assessment and assessment of social services (2010) published a report based on a literature review within the field of prevention programs aiming to prevent mental health issues in children and adolescents. The report was centered on examining the scientific evidence for two types of programs. One is designed to target externalized behavioral problems and the other one is designed to target internalized behavioral problems such as anxiety, depression and self-harm.

There are about 100 programs used to prevent mental health issues among children and adolescents in Sweden and a lot of them are locally developed. These programs focus on prevention linked to externalized rather than internalized behavior problems. This means that most of the prevention programs are not focused on the prevention of anxiety and depression. Even so, only a few of these programs are scientifically tested and proven to have long-term effects on mental health. The scientifically tested programs include Depression in Swedish adolescents (DISA), The incredible years, Triple P, and Family Check-Up. Programs that are evaluated but missing scientific support are Kommunikationsmetod (KOMET), the Community parent education program (COPE), Social and emotional training (SET), Stegvis, Beardslee’s family intervention and Connect. (The Swedish council for health technology assessment and assessment of social services [SBU], 2010)

Although there is an absence of controlled randomized trials of prevention programs within Sweden, there is a pilot study by Ahlen, Breitholtz, Barrett, and Gallegos (2012). The study aims to determine whether FRIENDS for Life, a school-based prevention program developed in Australia, could have effects on the prevention of anxiety and depression for children within a Swedish context. The results indicate a decrease of depressive symptoms and anxiety among those children participating in the program. Based on this, the authors of the article recommend FRIENDS for Life as a useful tool when it comes to prevention of anxiety and depression among children within a Swedish school context. Although these results are promising, the participants of the study consist of children aging from eight to ten, which excludes adolescents. An overall conclusion is that more research is needed to examine
the effectiveness of prevention programs aiming to prevent anxiety and depression in adolescents within a Swedish school context.

Teachers and the prevention of mental health issues

The school-law (SFS 2010:800) and the curriculum (Skolverket, 2016) include many aspects of health, but does not explicitly mention mental health. It is unclear what role the teachers are supposed to fill when it comes to prevention of mental health issues among their students. However, the curriculum (Skolverket, 2016) does say that the school, in particular teachers, should promote individual well-being and development. Teachers, in collaboration with parents, should strive to promote general personal development, tolerance, creativity, generosity, sense of responsibility and competence. To create and sustain a good school environment, teachers are bound to identify and support students with special needs, which can be illustrated as the effects of anxiety or depression (Skolverket, 2016). Whenever a child shows signs of needing additional support, the principal must initiate an investigation to determine the needs for adaptation. The investigation must contain information about the needs of the student, how to provide support and how to evaluate implemented actions. This method of investigation strives to create and sustain a good school environment for all children and adolescents. This promotes the teachers’ possibility to function as a mediator for academic learning as well as promoting relationships to both students and parents. (The Swedish national board of health and welfare, 2009).

All the guidelines above strive to promote well-being, which can be seen as the opposite of the consequences and issues caused by anxiety and depression. Anxiety and depression tend to decrease self-esteem and cognitive functions, which are two important prerequisites for learning (Humensky, Kuwabara, Fogel, Wells, Goodwin, & Van Voorhees, 2010). Anxiety and depression can also cause impairment of social development (Huberty, 2008). The school environment should include social aspects of learning in a way that promotes security, well-being and a will to learn among the students. The teacher’s responsibility is closely connected to the student’s right to experience development through learning and by overcoming difficulties (Skolverket, 2016).

Teacher-student relationships. The relationship between teacher and student is important for emotional and academic development for children and adolescents (Baker, 2006; Drugli, 2013; Furrer & Skinner 2003; Murray & Greenberg 2000). Murray and Greenberg (2000) conclude that children experiencing poor relationships in school, in particular to teachers, score lower on ratings of both social and emotional adjustment. Baker (2006) states that the relationship between students and teachers contributes to school adjustment. Children’s close relationships to teachers can serve as a protective factor for children with learning or behavioral problems. Warm teacher-student relationships have also shown to promote increased engagement in school. By contrast, if students experience negative teacher-student relationships, it can lead to a decline in engagement, causing negative outcomes for both learning and social development (Gelley, 2014). Poor school engagement is closely linked to mental health issues (Bond et al., 2007).

Drugli (2013) investigated the relationship between students and teachers within a Norwegian context and found an important link between teacher-student relationships and mental health. The focus on the promotion of good, stable, low-conflict relationships between teachers and students is part of a primary prevention strategy for mental health issues in school. Thus, whenever a student shows signs of emotional or behavioral problems, the quality of the relationship between teacher and student should be evaluated (Drugli, 2013).

Academic performance and mental health. Children and adolescents with anxiety and depression are more likely to perform less well in school, with declined academic
performance and dropout as common consequences (Merrell, 2013). Anxiety and depression can be harmful for children and adolescents when it comes to social functioning and academic performance. Therefore, it is important for teachers to identify anxiety and depression as they tend to negatively impact both academic performance and psychosocial well-being (Gelley, 2014).

Depression and academic performance are closely linked to academic engagement. The consequences of depression include an impaired ability to perform in school, deficits in concentration and trouble completing homework. The ability to focus in the classroom is affected if a student suffers from depression (Humensky et al., 2010). Along a similar line, anxiety among children and adolescents can lead to motivational difficulties in regard to academic engagement, such as trouble remembering tasks and loss of concentration (Huberty, 2008). Of particular importance is the fact that there is a risk for a vicious circle as the anxiety impacts the academic performance, which may lead to more anxiety. This may cause the student to completely avoid or withdraw from academic tasks (Merrell, 2008).

**Identifying symptoms of depression and anxiety.** Identifying signs of mental health issues is beneficial to teachers, particularly since anxiety and depression are likely to lead to a decline in academic performance (Barth et al., 2004; Murray & Greenberg, 2000; Sarkova et al., 2014). Anxiety and depression tend to decrease self-esteem and cognitive functions, which are two important prerequisites for learning (Humensky et al., 2010). By identifying these symptoms early on, it should give the teachers an opportunity to better carry out their educational mission. Poor school performance, decreased academic focus, and absence from school are some examples of early signs of emerging or existing mental health issues during childhood and adolescence. (Allison, Nativio, Mitchell, Ren, & Yuhasz, 2014; Desocio & Hootman, 2004). All these signs are noticeable by teachers, since they are the ones working closest to the students.

Children and adolescents who express somatic complaints are more likely to develop anxiety and depression disorders (Campo & Fritsch, 1994). Somatic complaints are associated with symptoms of depression, general anxiety, separation anxiety, and social phobia symptoms. Some of the somatization symptoms include headaches, abdominal pain, leg pain, tiredness, and dizziness (Zolog et al., 2011). It would therefore be advisable for teachers to pay extra attention to somatic complaints to better prevent and detect early signs of mental health issues and to help struggling students perform better academically.

Teachers can retrieve information about levels of anxiety and depression by looking at the student’s cognitive coping strategy. Self-blame, rumination, catastrophizing, and reappraisal have shown to be most important symptoms for classifying the severity of anxiety and depression (Garnefski, Kraaij, & Spinhoven, 2001; Garnefski, Legerstee, Kraaij, van den Kommer, & Teerds, 2002). Another way for teachers to identify students at high risk for anxiety and depression is by looking at the student’s ability to learn. A study by Malboeuf-Hurtubise, Lacourse, Joussemet, and Ben Amor (2015) states that students with learning disabilities often suffer from anxiety and depression. Teachers are often the first to notice when a child suffers from learning disabilities, which gives them the possibility to notice the early onset of depression and anxiety.

**Teachers’ knowledge about mental health issues**

The Swedish national board of health and welfare (2009) concludes that teachers have a lack of knowledge when it comes to the prevention of mental health issues among students. Teachers also express a need of more general knowledge about the mental health of students (The Swedish national board of health and welfare, 2009). The most important areas are children and adolescents who harm themselves and children who do not show up in school.
Teachers also want more knowledge about children with parents who have mental health issues (The Swedish national board of health and welfare, 2009). Mental health issues among parents can influence the child’s mental well-being in a negative way, directly or indirectly (Pinto et al., 2014). One of the most known protective factors for children of parents with mental health issues is the opportunity to have a supportive environment and a healthy adult who they trust (American academy of child and & adolescent psychiatry [AACAP], 2008). Teachers are surrogate attachment figures for the students since they provide care and support. This creates a secure base for the students. By providing a secure base, children and adolescents can explore and develop their skills further (Al-Yagón & Mikulincer, 2006; Weiss, 1998). By gaining more knowledge about children of parents with mental health issues, teachers could identify high-risk children early to prevent the emergence of mental health problems and to promote academic achievement (Gelley, 2014; Merrell, 2013).

**Aim of thesis**

Findings reveal that teachers need more knowledge about prevention of mental health issues among children and adolescents. This includes the need for strategies to promote supportive teacher-student relationships (Drugli, 2013). In addition to this, The Swedish national board of health and welfare (2009) has reported that there is a paucity of research that examines teachers’ roles in preventing mental health issues in the school setting. There is only one Swedish pilot study on prevention of mental health issues within a Swedish school context (Ahlen et al., 2012). Based on this, it can be argued that there is a need for more explorative studies to be done with a specific focus on examining Swedish teachers’ experiences of working with school-based preventive actions to promote mental health among their students.

The overarching aim of this thesis is to explore how teachers in Swedish schools experience and reflect their involvement in the prevention of mental health issues such as anxiety and depression in their students. This will be answered with the following research questions:

- How do teachers in Swedish schools work with prevention of mental health issues such as anxiety and depression?
- Within which areas do teachers feel they need enhanced knowledge in relation to prevention of mental health issues?
- How do teachers’ think their relationship to their students influence the students’ mental well-being (i.e., anxiety and depression)?

**Method**

**Sample**

An email with information regarding aim of thesis and how data were going to be collected was sent to all principals at public middle - and high schools in counties within convenient traveling distance for the authors. One headmaster answered, and an interview was scheduled. Since few replied, contact was taken with known teachers. These teachers contacted colleagues. Eight teachers were finally recruited through this process. In order to be eligible to participate in the study the teachers had to be licensed and have a Swedish teacher education. However, an additional inclusion criteria was that teachers had to have at least five years of teaching experience, which included years working as a substitute teacher as well as licensed years. Furthermore, special education teachers were not included in this study. The recruited teachers for the study were teaching grades four to seven (10- to 13-year-olds).
Participants

Nine teachers (four males and five females) participated in the study. They had been working as licensed teachers from 2 to 25 years ($M = 12$ years). Teaching experience varied between 5 and 40 years. Five of the teachers were teaching fourth to sixth grade and four of them were teaching seventh to ninth grade. Two of the teachers had a master’s degree in education.

Data collection

Data were collected through semi-structured interviews. Semi-structured interview was chosen to give the opportunity to ask open questions and get a wide range of informative and varied answers with thick descriptions (Langemar, 2008) about how teachers in Swedish schools experience and reflect on their involvement in the prevention of mental health issues such as depression and anxiety among their students. The interviews were conducted based on an interview guide (Dalen, 2015). The interview guide was based on theoretical frameworks for the subject. These theoretical frameworks include the importance of the relationship between teacher and student, teacher’s limitations in knowledge about mental health issues, methods of prevention, symptoms of depression and anxiety in the school setting as well as the close link between academic performance and mental well-being. It was initiated with more general questions followed by more sensitive questions to help the interviewee to relax (Dalen, 2015). The guide consisted of themes with main questions. Follow-up questions were asked based on subthemes that were supposed to be covered under each main question. The themes consisted of the role of the teacher when it comes to prevention of mental health issues among their students, methods for prevention of mental health issues among the students, relationship to the student and knowledge about mental health issues (see Appendix A and B). To validate the questions in the interview guide, a pilot interview was conducted with a teacher who did not meet the inclusion criteria for the study. Some adjustments were made in the interview guide after the pilot interview. Unclear questions were reformulated, and some questions were reformulated to get more exhaustive answers.

Nine interviews were conducted. Five interviews were conducted by one of the authors and the last four interviews by the other author. Six of the interviews took place at the different schools, one at the home of the teacher and two interviews were conducted over the telephone. Time of the interviews varied from 29 to 58 minutes. Interviews were recorded and transcribed. Each author transcribed her own interviews to get to know the data material better. Transcription was inspired by a denaturalized approach, leaving out certain detailed elements such as stutters and non-verbal vocalizations (Oliver, Serovich, & Mason, 2005). A template for transcription was designed and used to get consistency (see Appendix C).

Analysis

Collected data were analyzed using both deductive and inductive approaches. That is, the coding was based on specific research questions which are more explicitly analyst-driven, and therefore deductive (Braun & Clarke, 2006). Codes could also emerge from the data themselves, leading to a more inductive approach (Braun & Clarke, 2006). This allowed the authors to be open to new themes besides the themes corresponding to the research questions and theoretical background.

Collected data were analyzed using thematic analysis according to Braun and Clarke (2006). The first step consisted of getting to know the data material, which included in-depth
reading of the transcribed interviews. Both authors read all transcriptions twice. The second step consisted of extracting the initial codes. Before coding together, each author coded the transcriptions by themselves. Coding was done based on the research questions. Data which were not identified as directly linked to the research questions were also coded. This was done in order not to lose important information during the coding process. After this, the initial codes were collectively written on different papers depending on which research question it was considered belonging to. Once the data had been thoroughly coded, themes were extracted from the data. This was done by going through all the codes together and finding similarities between them. This was written in Word. Themes and subthemes were extracted based on the codes. All data under each theme were reviewed to make sure they belonged to the right theme. If data were considered not to belong to a theme, they were either moved or discarded. This review resulted in new themes and subthemes as well as discarding of themes not relevant for the research questions. A visual map was drawn to get an overview of the themes and subthemes. The original data were always kept close by to be able to go back and review. After this, the themes were reviewed to make sure that they resembled the transcribed material. Lastly, themes were once again refined, sorted, and named. In addition to this, the themes were also reduced to best represent the information found in the raw material. The data were presented in themes and subthemes, with quotations from some interviews to strengthen the results.

**Ethical considerations**

The authors followed the ethical guidelines for psychologists. This includes informed consent detailing information about voluntary participation and the possibility to terminate the interview at any time. Interviewees were informed about the use of the data and thesis (See Appendix D-G). All the data gathered were handled confidentially and stored in a reliable way. The data gathered were decoded to protect the anonymity and confidentiality of the interviewees. Quotations from the interviews used in the result were approved by the interviewee. Quotations used have also been examined closely to not reveal any information about the interviewees. Once the thesis is submitted and approved, all data gathered will be deleted.

**Results**

The aim of this thesis has been to explore how teachers in Swedish schools experience and reflect their own involvement in the prevention of mental health issues such as anxiety and depression in their students. Results are presented under each corresponding research question and divided into themes and sub-themes. The sub-themes are presented under each theme and intend to specify and further explain the themes. Quotations from the interviews will be used to strengthen the results.

**Teachers in Swedish schools and the prevention of mental health issues**

**Structured methods.**

*Programs without scientific evidence.* Some teachers have experienced working with prevention programs such as Stegvis and SET. They also reported working with structured programs based on SET. However, none of these programs have clear scientific evidence.

*Locally developed methods.* Almost all teachers said that all schools must follow and work with an equal treatment plan. This plan is based on the school law which states that all students in school should be equally and fairly treated. It is up to the school to decide how to
work with the equal treatment plan and how to interpret it. A majority of the teachers
mentioned working with this plan as a preventive action. There is an uncertainty among some
of the teachers, if the equal treatment plan is directed toward mental health issues.

Another locally developed method consists of working with different themes throughout the year, for example, parlance, gender, and sexual orientation. The work with these themes is usually based on the guidelines in the equal treatment plan. Furthermore, the teachers acknowledged that this work should be based on the needs of that specific group of students. Working with themes is seen as indirectly aimed toward mental health issues, which is illustrated by the quotation below.

No, I can’t state that I have a lot of experience of that. But it’s this thing with the equal treatment plan, we are supposed to work based on that which isn’t directly… Sure, there are things which can lead to mental health issues, if there are infringements and harassments and so on.

Evaluations and follow-up of evaluations. Most teachers said that they must conduct an annual survey which is sent out to all schools in the county. After completing this, there is a follow-up meeting where the results are discussed, and matters are taken further. The themes mentioned above could also be based on this survey instead of the equal treatment plan. This was done in order to work with something that the students experienced as difficulties or problems. It was described as follows:

You can also notice students who are feeling bad through these well-being surveys. We implement our own at this school, but also a survey for the whole county. Then you see it crystal clear, what it looks like in the class, in the grade or for the whole school. Based on this survey, you can take matters further. Like, how come that three students are feeling left alone during recess? When comparing these numbers from the survey with the others from the rest of the school, it gives you an indication of what it looks like. If there is something very alarming, I must take it further.

Some of the teachers did a weekly written evaluation of both academic performance and well-being. Based on this, the teachers carried out follow-ups in the class or through individual conversations. By doing this, teachers believe that they can detect any problems before they have developed too far.

Lack of guidance from the management. A majority of the teachers experience a lack of guidance from the management regarding prevention of mental health issues among the students. They reported that mental health issues are not explicitly mentioned during the teachers’ conference. Teachers also expressed that there are no direct actions aimed toward mental health issues. The lack of guidance and instructions provided to teachers has made two of the teachers develop methods of their own.

Structure for the student.
Schedule and planning. Many teachers said it was crucial with a well-developed schedule and a clear outline for the semester to prevent mental health issues among students. Students should be well informed about when different tests and assignments are taking place. Teachers also need to coordinate their work so that students do not have more than a certain amount of tests each week. The quotation below shows how one teacher works with the planning for the students.

These mentoring sessions that we have with the students… There it’s really important to keep in mind to have some sort of structural support, which basically means to go
through what assignments and exams the students must think about. To try and organize things to lessen the pressure on the students.

Some of the interviewed teachers also uttered the importance of equivalence between classes in the same grade. The schedule and outline for the semester should be the same for everyone within the same grade.

**Frameworks and rules for the classroom.** A majority of the teachers communicated that frameworks, rules, and lesson plans are very important for the prevention of mental health issues among students. It is also crucial to have an equal structure for how the students should work in the classroom as well as a clear content of the lesson. One teacher described it as “I think it has to do with clearness. In everything. In the structure for how we work, how we walk into the classroom and how a lecture starts and ends and so on.” The rules for the classroom also include the placement of the students. This is because a lot of students function better by themselves or sitting next to a certain classmate. One of the teachers described it as below:

First of all, in terms of setting up the classroom environment it can depend upon things like who the student sits next to. My colleagues and I spend an immense amount of time and effort on how to place the students in the classroom. Who can sit together, who you have in front of you, behind you and next to you. For some students it’s all about not sitting too close to the front nor too far back.

One teacher mentioned that it is good to have a clear structure for the students but that it can be negotiable to a certain degree.

**Arranging the educational environment.** All interviewed teachers talked about adjusting and designing the education situation to create a better working environment. They said that they believe a better working environment can prevent mental health issues.

**Individually designed education.** A majority of the teachers described different adaptations they employ when it comes to the education. This includes giving the students the possibility of alternative forms of examinations. Adaptations could also include to explain things in an easier way and to offer support when the student is talking in front of the class. One teacher described it like this:

And then it might be problematic to do the homework. It can be words that they didn’t understand, it can be that they need to take the exam orally. ‘Can you not just write it the way it sounds?’ or ‘You will get an iPad today’... So that you can avoid that heavy anxiety, these rocks that these kids are carrying, because they do. Until they see that it wasn’t as scary as they thought.

They described the adaptations to be dependent on how the individual student can learn in the best way. Furthermore, one of the teachers described three levels of teaching. Level one for the students who can do and plan a lot by themselves, level two for the students who need a little support from the teacher, and level three for the students who need a lot of support from the teacher.

Another perspective that more than half of the interviewed teachers mentioned was the expectations on the students. They believe that they need to think about how to supply the students with the right tools to lower the student’s own expectations on him or herself. Some of the interviewed teachers described that aiming for high grades can be very stressful for a student. This makes it important for teachers to lower their expectations early on and then see the progress as the student gets older. It might be possible for the student to aim for a higher
grade later. These teachers highlighted the importance of communicating their expectations to the students, and tell them that their performance is enough for now. The quotation below describes how one of the teachers tries to work with this.

That’s what makes it so hard. To convince them, the ones that suffer from being high performers, to dare to stop and take one step back, because there are levels… That’s my way of guiding them in some way. Because it depends on how the student is feeling, where and what tasks and assignments they will work on ... And that way of working feels... more now than before, like I am guiding them. It’s partly about getting these students that don’t reach the right level to try and find their level. So that is something that I have worked on together with my colleagues. To find the right tasks and material and to be courageous enough. ‘If you know your math in seventh grade, then you know that is enough for now. I see that you can perform and that you understand math. Now you ought to save some energy and if you feel better in eighth grade, then we can take it from there’.

Two of the teachers also tried to adapt their expectations based on how the student was feeling that specific day, with lower expectations if the student was not feeling well.

**Influence of the students.** Some teachers stressed the importance of influence from the students. They said that the students would feel better and have lower levels of anxiety, if they can influence different parts of their learning process. One teacher said he worked with letting the students influence their learning process in the following way “I work a lot with self-assessment and the own responsibility in owning your learning process.” This teacher was under the impression that this creates an environment where the students feel like they are in school to practice.

They can also get to know what they can, what they need to practice more and so on. This trains them to take the responsibility to, by themselves, sit down and practice. To pick out the things they need to practice on rather than picking things they already know, or things that are too difficult.

Another teacher mentioned trying to create an environment where the students have the possibility to express themselves regarding their workload. Students can influence their learning process, by letting the teacher know if there are things they already know or if the demands are too high. The students should have the trust to ask for the possibility to eliminate some assignments or to get new assignments. This gives the students the opportunity to discuss their learning process with the teacher.

**Learning socio-emotional competencies through real-world examples.** Many of the interviewed teachers talked about bringing in different exercises and examples into the classroom to foster responsible and thoughtful young beings. Teachers are under the impression that mastering socio-emotional competencies are closely linked to mental well-being. Teachers also mentioned that if they notice something in the recess they could come up with a similar story and tell it in the classroom and have an open dialogue about it. One of the teachers described how she takes in real-world examples like this:

When I went to school, there was a girl in our class that they bullied for many years. The teachers didn’t see anything… I tell them these kinds of stories. And that’s also about creating a relationship between teacher and students. ‘Oh, so what did you do then?’ they might ask. ‘Well, eventually I started crying and I went to visit that girl in her house’. And then she said, ‘But you were nowhere near the worst and the others
were much worse than you.’ And still, to this day, she doesn’t talk to them. But, she says hello to me whenever she sees me. So, then I usually say that today this woman is 60 years old… And still, she doesn’t talk to some of her old classmates because they used to be so incredibly mean to her in school. Just because you are different, that doesn't mean that… It must be allowed to be who we are.

Some teachers also declared how they can show a movie or listen to a podcast about an issue and then bring it up for discussion in the class. By doing this, teachers hope that students will think before doing something that can hurt another person. They also think it can make students feel like there is nothing wrong with a certain situation at home. One teacher described it in the following way:

Talk a lot and watch some movies that they can somewhat relate to. Like ‘I have grown up in this sort of family’. I try to find movies from several perspectives, so that the kids can actually relate to the stories. Cause that is something that can be hard for a child, to be under the impression that ‘Is it just me who lives like this?’ , with a mom or a dad that drinks too much or things like that. Cause it’s obvious how those kinds of things generate anxiety among the children, they feel really bad.

**Strengthening self-confidence and self-esteem among the students.** The majority of the teachers reported how they try to strengthen the students’ self-confidence and self-esteem to prevent mental health issues. This strengthening could take place within several domains, in the classroom-environment or directly linked to learning through feedback. It could also take place in other situations, such as outside of the classroom during recess. Teachers believe that this method is aimed at letting the students know that what they are doing is good.

**Creating an accepting classroom environment.** Almost all the teachers accentuated how creating an accepting classroom environment functions as a preventive action when working with mental health issues. Teachers talked about trying to establish an accepting environment by letting the students know that they can feel and think whatever they want. Teachers expressed they want to convey that it is okay for the students to be themselves. Teachers also mentioned that an accepting environment allows the students to feel sad and to ask for help. They want to make students feel like they are in school to learn and develop. One of the interviewed teachers described it as very important in the following way:

This is why it’s super important that you work with an accepting work environment in the classroom, which you can create through illustrating that we are all here to practice. There is no one who “gets done” here in school.

Furthermore, teachers uttered how talking about diversity in sexual orientation and gender is advantageous when trying to establish an accepting environment among the students. Interviewed teachers also said they work with the physical environment to establish an accepting classroom environment. This was described as letting the students be flexible regarding where they want to work, by letting them sit on Pilates balls or using adjustable tables.

**Factors hindering the preventive work.** Almost all teachers revealed some hindering factors in the prevention of mental health issues among students. These hindering factors were also explained as affecting teachers’ sense of sufficiency in their role as a teacher.
Lack of time. Nearly all the teachers mentioned lack of time as one of the most hindering factors when trying to work preventive against mental health issues among the students. Teachers reported the time as an important prerequisite for getting to know the students. This is how one of the teachers described the lack of time:

But what’s preventing me from doing this is the time. I would like to put much more time into sitting down talking to students. But, I don’t have time to the extent that I would like to. But, it is planning, meetings, corrections, administration, and so on. So, I do what I can in the time I have, but I would like to be able to do more.

Furthermore, the large number of students assigned to one teacher was explained as something directly impacting teachers’ ability to speak to students individually. In addition, the lack of time was reported to limit the teachers’ ability to learn about mental health issues. The quotation below illustrates the priorities teachers must make and the stress that comes with it.

If there is time released to do it. That’s the classic, that teachers are so stressed. I can understand that many teachers are stressed cause there is a lot to do. Sometimes you must cut down on some things, some things you do better and some things you do worse, in order to keep up the work. You must do that, otherwise you would slay yourself. I think many teachers want to develop themselves and discuss mental health issues, but the time is limited which force you to choose what’s most important at the moment.

Shortages in staff. Four out of the nine teachers reported difficulties providing support to all students due to a shortage of staff available. They mentioned it to be challenging to see and know all students in a large group. A majority of the teachers perceived the shortage in staff as a barrier to having individual meetings with students. One teacher talked about how the education of the students gets affected by the shortage of staff in the following way:

Then I must let them go because I need to be with the big group. So unfortunately, these students don’t get as good of an education as they could, which is a matter of resources. But hey, that’s the reality.

Lack of economic resources. Two teachers pointed out lack of economic resources as a deterrent for the prevention of mental health issues. Repercussions of this were mentioned as decreased focus on the prevention of mental health issues, as well as little or no money for education about mental health issues.

Lack of support. A few teachers highlighted lack of support as one of the most hindering factors when working preventive against mental health issues. They experienced a lack of back-up from healthcare professionals such as the school nurse and the counselor. The need of support was also described to include education about mental health issues. One teacher described how the support is needed since there can be so many reasons behind a mental health issue. Teachers also expressed a need for help when adjusting the environment for students suffering from mental health issues. The school’s health team was mentioned as a mediator for providing support; however, teachers expressed a need for more help from the health team.

Lack of a long-term approach to mental health issues. Two out of nine teachers talked about a lack of long-term approaches in the preventive work. This was described as an
inconsistency within the school as an organization, causing the teachers to experience difficulties in their preventive work against students’ mental health issues.

**Detecting signs of mental health issues.**

*Psychosomatic expressions in students.* Most teachers reported psychosomatic expressions to be signs of suspected mental health issues among their students. Fatigue, decreased energy for assignments, decreased focus, sore throat, headache, stomach ache, and a generally lower mood were described as symptoms associated with mental health issues. One teacher described how these symptoms can be noticed in the following way:

Then I also recommend several students to go to the school’s health team. Sometimes, I have spoken to the school nurse and said ‘Oh, I wish you could just come by because I have this student who says he has a sore throat nearly every day. Can you talk to him?’ And then maybe I have sent an email to the parents about his visit there and that it turned out that there weren’t any major issues with his throat. Maybe it has to do with something else, perhaps something he doesn’t want to talk to me about, like something I’ve said or done.

*Changes in students’ behavior.* Teachers also claimed changes in students’ behavior to be common signs of mental health issues. Changes in behavior were described as a deviation from previous behavior or sudden changes in students’ relationships to peers. One teacher described the changes as:

You can also notice a difference in their facial expressions, that they’re different from how they usually are. Those are the things that reveal that something isn’t right. I think you can notice it pretty quickly and then you need to take action.

Furthermore, absence from school, changes in academic performance, decreased focus, decreased appetite, avoidance, low self-esteem, and low mood were all described as important markers for detecting suspected mental health issues. One teacher described avoidance and absence from school as:

Generally, it’s noticeable. We can detect it either by noticing that the student is staying at home, but also how students in general can be more concerned or worried and they might stop caring about their assignments or their homework.

Another teacher said “They do, I mean, that they don’t have enough energy to do things during lessons. That’s often how it starts, I think.”

**Teachers’ working experience.** Four teachers with the longest teaching experience spoke about having learnt to cope with students’ mental health issues through their own experience. The experience was perceived as helpful for bringing a sense of security and confidence into situations where teachers must deal with students’ mental health issues. A teacher described how experience makes her more confident “I think that I don’t get so stressed out by it anymore. I know that if we do things like this, then it generally works out. But, we can never know because every human being is an individual.” Another teacher described how the working experience has given a deeper knowledge about how to approach these students:

During the last ten years, I more and more have come to understand how to act and subdue myself in the contact with these students. To do so, yet to hear them. To acknowledge them, to back them up. To put my hand on their shoulder in those cases
I have a student that can cope with that. But, to sort of find something that can be uplifting for that child.

**Cooperation with professionals and parents.** All the interviewed teachers advocated some sort of cooperation with colleagues, the schools’ health team, and parents.

**Parents.** Most teachers perceived communication with the parents to be important when trying to detect and prevent mental health issues among students. The communication with parents aims to create a shared responsibility for the students. One teacher talked about how she creates the shared responsibility “But then I also think that we contact the parents and talk to them about it. Is it something that is also visible in the home setting? Difficult questions like that… How are they dealing with it?”

A close communication with parents was also reported to simplify the collection of information necessary to investigate students’ mental health and described as crucial for decision making. Further, communication with parents was mentioned as important to establish a safe environment where parents and teachers work together for mutual understanding of how to best help the students. The quotations below illustrate how two of the teachers described this.

Yes, we do have meetings with the caretakers. We call that development meetings. Or there can also be other meetings sometimes. And there we discuss how to plan the education to make it suitable if there’s a student who is not feeling well. Or if there is something else in school that makes the student feel less well. That is something we always do. We discuss, and we talk things through with the caretakers. In some way this is really important cause the teachers and the caretakers must pull in the same direction. Then, it becomes easier to motivate the student as well.

Many times, you get this indication that the parents have tried to get in contact with the school too. And then it’s like, we didn’t see it, but we have received some information… Then we’re like ‘oh, right, that’s why’.

**The health team at school.** The majority of the teachers acknowledged the health team at school to be an important mediator when handling suspected mental health issues among the students. The school’s health team was also mentioned as important for guidance and support in terms of how to deal with mental health issues. One teacher described “I’m thinking that a meeting with the school’s health team can do a lot. It can give another perspective to the situation.” Furthermore, teachers expressed the health team to be crucial when it comes to sharing the responsibilities and making referrals. Teachers perceived the school nurse and the principal to be essential for referrals since teachers are not qualified to make referrals on their own. One of the teachers described the process as follows:

We have other supportive functions, too, like the school counselor and the school nurse and people who help a lot when it comes to supporting mental health. Sometimes we refer students to the school nurse and school physician. From there they can get further referred to the children's psychiatric care, where they get the help they need. But then, we also have students who we refer to the counselor just to give them the opportunity to talk. Sometimes, it can be enough to just go and talk to someone a few times, to just… I don’t know? Put the thoughts into words? I guess that’s how we work. We try to keep a holistic approach.
**Colleagues.** One third of the teachers advocated that it is useful to cooperate with colleagues when dealing with suspected mental health issues among their students. By cooperating with colleagues, teachers feel they can share the responsibility among each other and get second opinions. Teachers also reported how cooperating with colleagues can create resemblance in the school environment for the students. This was described by one teacher as “But besides that, there is a lot of communication with the colleagues, a lot of advice from them. Then you have to see if their solution is enough or if you have to do it in another way.”

Another teacher talked about how the colleagues can help each other in the following way “But then, also to receive help from colleagues. ‘Have you experienced this? Are you seeing this that he doesn’t change his clothes for PE? What is this about?’.”

**Areas where teachers need enhanced knowledge**

**How to deal with mental health issues among students.** A majority of the teachers acknowledged and admitted a need for enhanced knowledge about how to deal with mental health issues among students. They want to learn strategies about how to interact with these students and help them in the best way. This includes how to adjust the physical school environment as well as how to adjust the education. The quotation below illustrates how one of the teachers described this.

> Above all, how you can think when working with them. How should we in school help these students in the best way? So that they can at least feel good when they come here and have the energy to do things during lessons. Because, that’s our goal, that they should reach at least E in as many subjects as possible when leaving here. So first of all it’s the school environment and the learning process, so they can perform well. That’s where we need to know more.

Furthermore, one of the teachers explicitly uttered that there is a need for knowledge about evidence-based methods. Another teacher declared a desire for strategies to deal with external factors outside of school, such as problems within the family that can affect the student in the school environment.

**Responsibilities as a teacher and the process of referral.** Three out of nine teachers identified difficulties in the process of referral of mental health issues among the students. Reasons to these difficulties were explained as limited understanding for their role as a mediator as well as where their responsibilities end.

But then I think it’s a lot about putting up boundaries, what is the role of the teacher and when should you pass it on. Sure, most often you take advice from the colleagues. Because it should be done right, so I don’t get involved in something I shouldn’t be involved in.

**Fundamental knowledge about mental health issues.** Teachers believe that they lack general knowledge about students’ mental health issues. Many of the interviewed teachers expressed a need to learn about this in the bachelor program for education. Furthermore, they want to gain more knowledge about mental health issues through further education.

**Signs of mental health issues.** Five out of nine teachers stressed the need of enhanced knowledge about how to detect and understand signs of mental health issues among their students. Teachers reported difficulties in interpreting behaviors linked to mental health issues as well as how to detect signs at an early stage. Support and education within this area
was expressed as desirable. One teacher illustrated the need for knowledge as “Well, this with behavior and those early changes, what should I look for and maybe to sit down with cases. To work, acknowledge it.”

**How to inform parents about suspected mental health issues among students.** One third of the teachers reported difficulties in contacting and informing parents about students suspected mental health issues. Reasons to this difficulty was explained as limited knowledge about how to respond to parents’ emotional reactions to sensitive information. Furthermore, teachers also expressed uncertainty regarding their role in this matter “You can happen to make mistakes in the contact with the parents. Maybe you do something unnecessary. Either take on too much or too little, or that you haven’t thought it through. That’s how it can be.”

**Teacher-student relationships and students’ mental well-being**

**Creating a relationship to the student.** Almost all teachers expressed how establishing a warm relationship to the students served as an effective method for working preventive against mental health issues.

**Acknowledge the student.** Most teachers highlighted the importance of acknowledging the student as a human being when trying to create a warm teacher-student relationship. Teachers reported the importance of communicating with the students on a daily basis. This was explained as listening to students’ thoughts and feelings and treating them as more than “just students”. One teacher described “To talk, talk, talk. That’s like the most important tool we’ve got. To talk to the students and to hear them out.”

Examples of acknowledging the students include giving encouragement and feedback on students’ academic development, whether in the hallway or in the classroom. Teachers pronounced the importance of general acknowledgements within a social context. They explained how the acknowledgment of students’ hobbies and interests develops more positive teacher-student relationships. The quotation below illustrates how one of the teachers acknowledges the students in different ways.

Well, it can be saying hello to each other in the hallway. Acknowledge that the students are there. Many of them are absent a lot. But, you can show them that you know their names, have a social conversation. Perhaps not talk to adolescents about the weather, but maybe about the game they are playing on the computer or something. But, just to acknowledge them. Or to sit down with them in the canteen and talk about less sensitive things.

**The teachers’ attitude toward the students.** Teachers believed their attitude toward their students to function as an important mediator when creating relationships. One important factor for creating and maintaining a good teacher-student relationship was identified as treating the students with respect, as illustrated by the following quotation:

I try to show respect through small things. For example, through holding the door open. There are small things you can do which can be interpreted as respect. Because then they will respect me as well, just by acting in a certain way.

Another teacher described the importance of knowing the student, as well as how important it is that the student knows the teacher:
I think you’re very vulnerable as a student in this learning situation, so to speak. It’s really a constant balancing act because it’s so easy to just say something that beats them down. And then it comes to knowing each other’s in order to know. I mean, the students also need to know how I function and how I am. ‘Yeah, but whenever she says this, yeah then it’s like...’ The way they interpret me is of great importance.

One teacher pinpointed the importance of keeping a low arousal approach when interacting with students suffering from mental health issues. Several teachers also mentioned a positive attitude as an important factor when trying to establish and maintain good relationships, as staying positive could lead to an environment where students feel they do not risk failing.

When thinking about the lectures that I give, I think it comes down to just being there and to be happy. I mean, we all try to keep a very positive spirit. We don’t really want to keep it negative around here cause then it sorts of dilutes the whole situation. I mean, if you are already down. We try to keep a positive spirit and to show the students that we are happy and positive. So that they at least can feel that this is going well, like ‘I don’t need to fail with this’.

The teacher as a fellow human being. Some of the teachers reported it as important to let the students know them as more than just a teacher. This could be done by showing the students that teachers can make mistakes and face difficulties as well. One of the teachers described it like this:

Sometimes we can do circuit training and they think it’s a pain in the ass. Then I walk over there and make those push-ups with them, next to them. Then I show them ‘This is as much pain in the ass for me as it is for you’. ‘If you do this amount, I will do that amount, based on my capacity’. Then we can do it at the same time. I show them that I’m struggling as well. We struggle together. This is usually appreciated and shows them that I’m going through the same thing. If we go out running or whatever we do, we do it together. You laugh together, and you have a hard time together.

Teachers also recognized the need to keep a balance between their authority as a teacher and a more caring approach as a fellow human being.

Yes, an educator needs to be committed. You need to give some of yourself to the students. You need to dare to make mistakes, to own up to it. Let yourself be... laughed at. In a positive way, not in a sarcastic kind of way ... I mean, you need to have a behavior that lets the students get to know you as a fellow human being, like someone that doesn’t know everything. But, still as someone with authority, someone that can lead the group and bring things forward.

Scheduled mentoring sessions. Two teachers identified the scheduled mentoring sessions as crucial for establishing and maintaining good and warm relationships with the students.

Teacher’s availability outside of scheduled teaching hours. Four out of the nine teachers reported that the establishment and maintenance of the teacher-student relationship occurs outside of scheduled teaching hours. Furthermore, one teacher mentioned that whenever a student seeks contact outside of working hours, for example in the evenings, it should be interpreted as strengthening the teacher-student relationship. This reveals that the
students have enough trust to seek guidance from their teachers. One teacher described it as follows:

I think that my students and I have a very close contact. They can sometimes call me during the evenings and be like ‘Hi X, how was it that we were going to do with this?’ That feels really nice.

Another teacher talked about being in the classroom twenty minutes before the lesson starts to assist students who are in need of help. One teacher preferred avoiding taking coffee breaks in favor of establishing warm relationships to the students. They regarded the motives behind this availability as a sincere will to be there for the students in case they need anything.

**Important for mental well-being.** All nine of the teachers stated that the teacher-student relationship is an important mediator for the students’ mental well-being, given the fact that teachers and students meet every day. The quotation below shows how one of the interviewed teachers described this.

Well, as teachers, we are the ones who see them more. They see us more than any other person. If they feel like it is terrible to see their teacher, of course, it will be very hard to come to school and take part of what we are doing. Of course, then you start feeling bad. If you’re not having a good relationship with your students, they will start feeling bad. So, I think it’s very important, absolutely.

Teachers also stated that a warm teacher-student relationship can positively influence the mental well-being of the students because it allows the students to talk to teachers about their feelings.

**Important for academic performance.** Teachers’ overall perception is that the teacher-student relationship is important for the students’ academic performance. Some of the teachers thought that this is obvious. If the student is not feeling well, he or she does not have the ability and strength to perform well in school. A warm teacher-student relationship can influence the student’s academic development in a positive way.

It’s the relationship you need to have with the students, both for mental health and academic performance. It says itself, that a student who isn’t feeling well can’t perform and learn, there are so many other things occupying their mind…

**Important for security and trust.** A majority of the teachers recognized that a warm teacher-student relationship influences the students’ sense of security and trust. That is, a warm teacher-student relationship enhances the student’s ability to share information about their feelings and mental state. Two of the teachers described it as follows:

Above all, I think it’s a lot about building a relationship so that they have trust in me as teacher. So, they can have an adult, and that they can feel ‘It’s okay, I trust him’ and ‘He won’t put me through something which I can’t handle’.

I think… at least, that they can feel more secure to come and talk if they feel they have the confidence to just say if they’re not feeling well. That is the best way to get that information, that they come themselves and tell you.

**Insufficient understanding of the importance of the teacher-student relationship.**

Most teachers expressed knowledge about the importance of the teacher-student relationship.
However, two of the teachers had not been thinking about the teacher-student relationship related to students’ mental well-being prior to the interviews.

**Discussion**

The current study set out to explore how teachers in Swedish schools experience and reflect their own involvement in the prevention of mental health issues in terms of anxiety and depression in their students. This field of research is largely understudied; hence the findings of this study reflect the unique contribution of valuable information regarding teachers’ experiences in the prevention of mental health issues among students. Results reveal that teachers hold a unique position in the preventive work as they are often the first to detect and make referrals about students’ signs of mental health issues. Teachers have considered their preventive actions to consist of a variety of methods such as structuring the environment around the students, arranging the educational environment, and cooperating with professionals and parents. A large part of teachers’ preventive work was found to be concentrated around the establishment of warm teacher-student relationships. A clear majority of the teachers recognized the importance of a warm teacher-student relationship, as well as its interconnection with students’ academic performance and mental health. The reported prevention programs used were identified as dissatisfactory in teachers’ preventive work; mainly due to a lack of scientific evidence as well as their indirect approach to targeting mental health issues. Most teachers have perceived the use of the equal treatment plan as a regulatory document for preventive actions. Besides, they highlighted their working experience as an important factor for successful prevention of mental health issues in their students. Teachers’ working experience has shown to be of great importance for the implementation of self-invented methods, implying that teachers with more working experience are better equipped at preventing mental health issues among their students.

Many teachers identified challenges regarding their preventive work. These consist of shortages in economic resources, time, and support. Importantly, this study helps recognizing teachers’ needs for enhanced knowledge about mental health issues. The knowledge that teachers want can be summarized as how to better detect signs as well as how to better work with students suffering from mental health issues. Besides, there is a need for enhanced knowledge regarding the teacher's role in the process of referral and how to successfully deliver information about students suspected mental health issues when talking to caretakers and parents.

**Teachers in Swedish schools and the prevention of mental health issues in students**

Teachers taking part in this study have acknowledged that much of the preventive work takes place in the classroom, during lessons. Valiente et al. (2011) have evidenced that teachers can provide students with important training in self-regulation and socio-emotional competencies in the classroom setting, resulting in improved mental health and enhanced academic performance. These authors have illuminated how teachers can make unique contributions to the prevention of mental health issues in their students, simply by their operations within the classroom environment. Along a similar line, prior research suggests that teachers can discover mental health issues at an early stage, mainly because of their day-to-day engagement with students (Langley, Nadeem, Kataoka, Stein, & Jaycox, 2010). The interviewed teachers have reported that they are able to detect signs of mental health issues through changes in student behavior and psychosomatic expressions. The symptoms explained correspond to those of depression as described in DSM-5 (APA, 2014). Besides, many teachers in the present study acknowledged psychosomatic complaints such as
headaches, abdominal pain and tiredness as signs of mental health issues, which correspond to symptoms described by Zolog et al. (2011). This indicates that teachers have an overall understanding for signs associated with mental health issues, but that there might be a limitation in knowledge since the interviewed teachers left out important symptoms such as self-blame, rumination, catastrophizing and reappraisal (Garnefski, Kraaij, & Spinhoven, 2001; Garnefski, Legerstee, Kraaij, van den Kommer, & Teerds, 2002).

When teachers were asked about their knowledge of prevention programs, only two prevention programs were mentioned: Stegvis and SET. This indicates that Swedish teachers tend to be poorly informed about the range of existing prevention programs, despite the fact that The Swedish council for health technology assessment and assessment of social services [SBU] (2010) has acknowledged the existence of about 100 mental health prevention programs. Both Stegvis and SET are aimed at targeting aspects of mental health issues, although none of them have been scientifically evaluated or ascribed with substantial research support. Prior research has identified poor training and lack of information as two prominent obstacles in the teachers’ preventive work related to mental health issues (Roth, Leavey, & Best, 2008). In spite the fact that lack of information was not mentioned as an obstacle for prevention in this study, it can still be argued that a deficit in information regarding existing prevention programs could further complicate teachers’ ability to prevent mental health issues; mainly since a deficit in information about prevention programs could create a barrier that withholds teachers from accessing potentially useful tools for prevention.

Teachers’ working experience has been declared as directly affecting the ability to prevent mental health issues among the students. Teachers with more extensive working experience felt better equipped to cope with students’ mental health issues, mainly by having gained more knowledge through their years of working experience. The importance of experience highlights how teachers with less or limited experience could struggle with carrying out preventive actions among the students. This may seem obvious at first glimpse, although when analyzed more thoroughly, it can be speculated whether teachers are under the impression that detection and prevention of mental health issues is something they need to learn about on their own, due to a substantial lack of information, support, and training. When taking a closer look upon this, we cannot neglect the importance of years of teaching experience in terms of success and potential outcomes.

Most teachers have mentioned the use of evaluations and follow-ups as a good way to carry out preventive actions regarding mental health issues. The use of evaluations has been described by Haggerty and Mrazek (1994), who have emphasized the use of evaluations as a universal prevention intervention. The universal prevention methods aim to screen a large group of students who have not been previously diagnosed with any forms of mental health issues. This is considered a preferable method since it operates on a larger scale without pointing out any subgroups, resulting in less risk for stigmatization (National research council, 2009).

In the current study, teachers have believed a large part of their preventive work to consist of adjusting and structuring educational environments for the students. This could be effective in ameliorating the negative effects that anxiety and depression could have on learning and academic performance (Allison, Nativio, Mitchell, Ren, & Yuhasz, 2014; Desocio & Hootman, 2004) and shows that teachers have an understanding for how mental health may impact their students. Merrell (2013) has argued that children and adolescents with anxiety and depression are likely to perform less well in school, with declined academic performance and dropout as common consequences. Teachers have reported being aware of this without having learnt about it during the bachelor program of education. Teachers’ understanding for the potential negative effects caused by mental health issues reflects their
importance as a key influencer in the process of prevention of mental health issues. Although teachers are aware of the importance of adjusting the workload for the students, their methods have reported to be based on personal experience rather than scientific evidence. This is problematic in a wider perspective as it could create an inconsistency in practice among different teachers and potentially undermine teachers’ work since there is not enough evidence to support their actions.

Areas where teachers need enhanced knowledge

Previous research has shown that Swedish teachers experience a lack of knowledge regarding prevention of mental health issues among their students, as well as a lack of general knowledge about the mental health of students (The Swedish national board of health and welfare, 2009). Similar to the previous studies, the interviewed teachers have acknowledged a need for more knowledge about students’ mental health issues, as well as more knowledge about mental health issues in general. The investigation conducted by The Swedish national board of health and welfare (2009) was published several years ago and the fact that teachers still feel a need for enhanced knowledge within this area is alarming. The fact that teachers have requested fundamental knowledge about mental health issues implies that their knowledge is fairly limited. It is likely to think that if teachers would have possessed more general knowledge, their requests in terms of knowledge might reflect more specific ones. This is aligned with research done by The Swedish national board of health and welfare (2009), which have stated this to be a crucial need. Teachers in this study have managed to identify several symptoms linked to anxiety and depression; however, none of the following symptoms were mentioned: self-blame, rumination, catastrophizing, and reappraisal (Garnefski, Kraaij, & Spinhoven, 2001; Garnefski, Legerstee, Kraaij, van den Kommer, & Teerds, 2002). The fact that none of these essential symptoms have been identified indicates that in-depth knowledge about the expressions of mental health issues is needed. A prior Norwegian study has documented that teachers receive very little knowledge about mental health issues through their education and professional training (Ekornes, Hauge & Lund, 2012), which is well aligned with the challenging experiences identified in this study.

Furthermore, there is a need for more knowledge about the process of referral, the teacher's role in this process as well as how to inform parents about suspected mental health issues among students. Ekornes (2013) has identified Norwegian teachers’ need for enhanced knowledge in terms of how to establish inter-professional liaisons and confidentiality practices when involved in prevention of mental health issues within a school context. Related to this, some teachers in the present study found it difficult to talk to parents about their students’ mental health. They described it as challenging in terms of how to approach parents as well as how to assist them in the emotional processes that may emerge due to the transference of sensitive information.

Teacher-student relationships and students’ mental well-being

The findings in this study contribute with important information about the teacher-student relationship as all the interviewed teachers are under the impression that the teacher-student relationship is an important mediator for students’ mental well-being. These results are well aligned with prior research about the connection between teacher-student relationships and students’ emotional and academic development (Baker, 2006; Drugli, 2013; Furrer & Skinner 2003; Murray & Greenberg 2000). A student’s close relationship to the teacher has shown to serve as a protective factor for learning or behavioral problems (Gelley, 2014). With this in mind, it becomes clear how Swedish teachers are important in the
preventive work, particularly because of their possibility to work with the teacher-student relationship as an effective action of prevention. The interviewed teachers agreed that a warm teacher-student relationship can influence the students’ sense of security and trust, leading to better conditions to reach academic goals. Besides, Drugli (2013) has convincingly documented how the promotion of good, stable, low-conflict teacher-student relationships are part of a primary prevention strategy for mental health issues in schools. In contrast, a poor, high-conflict relationship between teacher and student can influence academic engagement negatively (Drugli, 2013). This is also something that most teachers reported being aware of. Indeed, Al-Yagon and Mikulincer (2006) and Weiss (1998) have explained that teachers function as surrogate attachment figures for students as they provide care and support, which creates a secure base for students and helps them explore and develop their skills further. Taken together, the present findings echo previous ones suggesting that teachers could serve as key influencers in the prevention of mental health issues in students (Al-Yagon & Mikulincer, 2006; Drugli, 2013; Weiss, 1998).

Although most teachers were aware of the advantages of utilizing the teacher-student relationship as a preventive action, they did not explicitly mention it as part of a universal prevention strategy. Two of the interviewed teachers had not even thought about the teacher-student relationship in regard to students’ mental well-being before it was covered during the interviews. Thus, these findings are cause for concern since the relationships experienced at school influence mental well-being, self-esteem, and social adjustment among adolescents (Barth, Dunlap, Dane, Lochman, & Wells, 2004; Murray & Greenberg, 2000; Sarkova, Bacikova-Sleskova, Madarasova Geckova, Katreniakova, van den Heuvel, & van Dijk, 2014). The fact that teachers are considered surrogate attachment figures (Al-Yagon & Mikulincer 2006; Weiss, 1998) means that they can impact students on many levels, which increases the need for teachers to thoroughly understand how they impact students’ mental well-being and academic performance through their relationships. Furthermore, Drugli (2013) has argued that whenever a student shows signs of emotional or behavioral problems, the quality of the teacher-student relationship should be evaluated. None of the interviewed teachers mentioned evaluation of the teacher-student relationship as a preventive action, implying that teachers have only limited knowledge regarding the importance of reevaluating the teacher-student relationship whenever a student is suspected with any form of mental health issues.

**Methodological discussion**

In qualitative research, there is always a risk of bias taking place as the researchers’ preunderstanding may influence the results. To limit the risk of bias in this thesis, a guide for thematic analysis was used (Braun & Clarke, 2006). In addition to this, a guide for interviewing was used when conducting the semi-structured interviews. The use of guides was intended to contribute to a more standardized procedure. Using standardized guides as support also contributed to creating a consistency among the two authors collecting and analyzing the data. This was especially important in this case where the authors were considered to be fairly inexperienced within the field of qualitative research.

The guide for the thematic analysis was done according to Braun and Clarke (2006) and the semi-structured interview guide was inspired by Dalen (2015). A pilot-interview was carried out in order to test the guide prior to the interviews. Testing a guide is good to evaluate how well it captures desired information (Teijlingen & Hundley, 2001). However, the guide used in this thesis was pilot-tested with a teacher that did not meet the inclusion criteria of the study. This can be brought up as a methodological limitation since testing the guide on a teacher that did not meet the inclusion criteria is not as useful as it could have
been if the teacher would have met the criteria. Perhaps the semi-structured interview guide could have been improved if tested on and evaluated by a teacher meeting the inclusion criteria of the study.

This can also be discussed in terms of reliability and validity as testing the pilot-guide one time on only one teacher can make the results less valid and reliable. Furthermore, the validity and reliability of this study are already limited since the interview guide was semi-structured and carried out by two different interviewers in several locations and settings. However, the results in this study were never meant to be representative for a larger population, but more thought to provide a deeper look into the real-world experiences of the teachers. In combination with the limited prior research existing within the field, it can be argued that this study is of more explorative character.

Because of this study’s more explorative character, using both inductive and deductive method can be considered a strength. The coding of the interviews was based on specific research questions which corresponds to a more explicitly analyst-driven deductive approach (Braun & Clarke, 2006). Data which were not identified as directly linked to the research questions were also coded to not lose potentially valuable material. By allowing for both approaches to co-exist, the authors hoped to collect a wider range of data, resulting favorably for this study’s explorative character. The use of both inductive and deductive approaches was also useful considering the limited prior research existing within the field. Using both approaches can allow for more information to emerge, which can be considered a strength in this explorative-oriented study. However, using both approaches can also be problematic since it can make inexperienced authors drift away from the research questions.

When taking a critical look upon how the interviews were carried out, it can also be discussed that differences in location and setting could have influenced the interviews and the results. Prior to conducting the interviews, the two authors divided the interviews among them as equally as possible, leaving the authors with five and four interviews respectively. This method that was thought to be methodologically strengthening since an equal division of interviews was thought to create a balance and equality when collecting the data. However, the method for conducting the interviews differed among the authors. Six of the interviews took place at school, one in the home of a teacher and two interviews were conducted over the telephone. One of the authors carried out all her interviews in the school setting, which can be discussed to have influenced the results additionally since different contexts may bring out different material. It can be argued that interviewing in the home setting could have balanced the possible power differences between the interviewer and the interviewee (Herzog, 2005). It is possible to think that this could have made the interviewee more relaxed and open, promoting more data to emerge.

The school setting could have brought out a more professional and practical aspect of the teachers’ statements. The telephone interviews could possibly have left out important information because interviewing over the phone could create a distance between the interviewer and the interviewee, leading to limitations in the interviewer’s potential to interpret important visual cues (Miller, 1995). In general, the phone interviews were also shorter in time compared to the other interviews, which may be interpreted as something to be aware of since this could have influenced the results and left out important information.

Another aspect worth mentioning is the fact that the interviews were conducted in Swedish. This thesis is thoroughly written in English, so the quotations and themes had to be translated from Swedish into English. A back-translation was carried out in order to not lose valuable information in the translation process. The back-translation was done by letting the authors switch interview material and translate quotations and themes from Swedish into English. After doing so, the material was again switched among the authors and once again
translated back into Swedish. This can be considered methodologically strengthening since it strives to make sure the English translations represent the Swedish versions, leaving less room for data to be lost or biased in the translation process. The authors also paid much attention to the coding process, making sure that the codes emerged had enough empirical relevance.

Overall, the authors of this thesis have had the intention to limit the effects of bias and misdirection using guides for collecting and analyzing the data. However, there are clear limitations in the generalizability of this thesis. Having said this, the results of this study were never meant to represent a larger population, but to function more as an explorative study that can inspire future researchers aiming to continue within this particular field of research.

**Implications for practice and research**

The worrying increase of mental health issues among children and adolescents (The World health organization, 2001), as well as the connection between depressive symptoms in adolescents and later development of depressive and anxiety disorders in adulthood (Ferguson & Woodward, 2002; Kovacs & Lopez-Duran, 2010) call for immediate action in terms of prevention. Prevention of mental health issues within a school context is a crucial matter, since teachers can function as important attachment figures by providing the students with a secure base, resulting in more abilities for students to explore and develop their skills further (Al-Yagon & Mikulincer, 2006; Weiss 1998).

The limited research within the field of prevention of mental health within a Swedish school context is alarming and more focus needs to be directed towards teachers’ importance in the prevention of mental health issues. This is particularly important since prior research reports that the school environment and the teachers are important for the social- and emotional well-being of the students (Murray & Greenberg, 2000). Similarly, The Swedish national board of health and welfare (2009) has made it clear that Swedish teachers have the potential to detect early symptoms of mental health issues but that they lack effective methods and knowledge to successfully implement interventions. This report was published in 2009, which points at a stagnation, resulting in a need for much more to be done. Mental health issues such as anxiety and depression have shown to be a determinant for educational outcomes (Wells, Barlow, & Stewart-Brown, 2003), which makes this an area of great interest in regard to the schools’ primary goal of educating their students. Clearly, there is a need for research on prevention programs for internalized behavior problems in students, as well how teachers can successfully implement these programs. By extending the focus on research regarding school-based methods of prevention, we could possibly promote school as a unique community resource for prevention of mental health issues among students.

Teachers reported having gained their awareness about the importance of a warm teacher-student relationship through experience. The fact that teachers learned about this through experience, and not theory, illustrates the central position that teachers hold in the process of prevention of mental health issues. Teachers described how they create warm teacher-student relationships by acknowledging the students and adjusting their attitude towards them. They also highlighted being available outside of teaching hours as an important prerequisite for creating warm teacher-student relationships. There is limited research on how to aid teachers create warm teacher-student relationships within a Swedish school context, which makes these actions difficult to assess and calls for more research to be done.

There is a void, both in research and supplementing teachers with adequate research findings about how they can work with prevention of mental health issues. Relatedly, there should be an increased focus on student mental health issues in the bachelor program of
education. Supplying teachers with more theories and training is further supported by Fazel, Hoagwood, Stephan and Ford (2014), who contend that teachers need more training and feedback to successfully implement prevention programs in the classroom. Proper training and support are essential for all teachers, especially newly graduated young teachers as they have not yet had the time to learn these skills through several years of experience.

Evaluations and follow-ups were reported as useful in teachers’ preventive work among students. The use of structured evaluations and follow-ups offers a possibility to compare and measure how widely spread mental issues are within a certain school or within a particular county. Increasing the use of structured follow-ups and evaluations could provide schools with important information, which could help improve the development of future guidelines outlined by the school management. This could be in favor for teachers as they have expressed a lack of guidance as something that complicates their preventive work.

One of the most alarming results found in this study is the many factors that hinder the implementation of prevention actions. These were described as lack of time, shortages in staff, lack of support, and a lack of long-term approach to prevention of mental health issues. Overall, this could be summarized as a lack of financial resources allocated to preventing and dealing with mental health issues among students. The lack of resources allocated to prevention could reflect a more general lack of understanding for how important teachers and schools are when it comes to targeting mental health issues among students. This study has aimed to break new ground by exploring an area that not many have paid attention to. It can be speculated whether there is a need to raise these matters to a political level, since that might be the only way to allocate more resources to prevention of mental health issues within a school-context. To raise awareness within a political context, it can be argued that more knowledge is needed regarding exactly how important the school environment is for detecting and preventing mental health issues in youth.

The Swedish national agency for education (2013) has declared that teachers’ main focus should be directed at promotion of knowledge and that their main responsibilities consist of conducting education through teaching. Similarly, teachers have reported spending most of their time on teaching, resulting in less time disposed to activities related to improving the working environment and supply care for the students (The Swedish national agency for education, 2013). However, a particular important issue that has received less attention is around the inherently intertwined nature of mental well-being and academic performance in students. Indeed, there is an impressive agreement in the literature to document that children who possess social-emotional competencies perform better in school, which raises the importance of considering students’ social and emotional functioning in regard to their academic performance (eg., Valiente et al., 2011). Considering the connection between social and emotional functioning and academic performance, it can be argued that teachers should increase their focus on social aspects to enhance their students’ academic performance.

In addition to this, it is believed that by focusing more on social aspects and prevention of mental health issues in school, it could lead to prominent, societal advantages in a wider perspective. That is, prevention within a school context could help detect mental health issues at an earlier stage, leading to greater chances of stalling the worrying increase of mental health issues among children and adolescents. In the long run, this could also help bring down the numbers of adults suffering from anxiety and depression, as there is a clear connection between symptoms in childhood and later development of mental health issues in adulthood (Ferguson & Woodward, 2002; Kovacs & Lopez-Duran, 2010). One important prerequisite for effective school-based prevention is that we need to start acknowledging the teachers and the schools for their importance and potential. Teachers and schools are part of a
unique community resource for prevention of mental health issues among students, but much more research is needed in order to further consolidate their position in the prevention of mental health issues among students.

Conclusion

The World health organization (2001) has predicted depression to be the second leading cause of disability worldwide in 2020. Prior investigations show that teachers in Swedish schools have the potential to detect symptoms of mental health issues such as depression and anxiety, but that the methods are not yet fully developed. Prevention programs for internalized behavior problems such as anxiety and depression constitute one of the most prominent needs. These programs should be scientifically tested and evaluated within a Swedish school context and teachers should receive adequate training and support on how to implement these programs.

Teachers in this study have engaged in preventive interventions through several methods. These methods include structuring the environment around the students, arranging the classroom environment, and cooperating with professionals and parents. Teachers are well aware of the importance of warm teacher-student relationships and its possible contribution in prevention of mental health issues among their students. However, teachers need more knowledge about how to work with the teacher-student relationship as a tool for prevention. Overall, this study reveals that more knowledge is needed regarding teachers’ ability to detect symptoms of internalized behavior problems such as depression and anxiety. This knowledge should be made accessible for the teachers as well as for the school management.

This study has identified the importance of investing more resources into Swedish schools. The resources can be summarized as a need for increased economic and educational support for teachers working with prevention of mental health issues among students. Further, the current study points at a crucial need for an increased focus on mental health issues as a part of the teachers’ bachelor program of education. There are clear advantages of increasing the focus on prevention of mental health issues in a school-context; mainly because schools and the teachers have been identified to have the potential to function as a mediator for preventive actions in regard to students’ mental health issues (The Swedish national board of health and welfare, 2009). The present study represents one of the firsts attempts to highlight the school as a unique community resource to promote and foster mental, emotional and social well-being within a Swedish school-context. The results displayed in this thesis contribute with valuable information about how the worrying increase of mental health issues (The world health organization, 2001) could be intervened and stalled through effective preventive actions carried out by teachers within a Swedish school context.
References


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Appendix A – Interview guide Swedish version

Inledning

- Informera om inspelning och diktafon

- Presentation av sig själv och dem
  - Namn, psykologprogrammet, examensarbete sista terminen.
  - Skulle du också kunna berätta vad du heter och i vilken årskurs du undervisar?

- Förklara syftet med intervjun
  - Det huvudsakliga syftet med intervjun är att undersöka lärarens upplevelser av att arbeta preventivt med psykisk ohälsa såsom ångest och depression.

- Antyda vad vi är intresserade av att få veta
  - Vi är alltså intresserade av att veta hur du upplever ditt förebyggande arbete med eleverna. Det kommer att beröra bland annat relationen till eleverna och kunskaper inom området.

- Begrepp
  - För att alla som deltar i studien ska få samma bild och förståelse av en del begrepp som används så kommer jag att förklara dem lite kort innan intervjun inleds.
  - Psykisk ohälsa definieras som psykiska symptom vilka påverkar känslomässigt välmående och hindrar den optimala utvecklingen hos barnet. Psykisk ohälsa kan även påverka möjligheten för barnet att delta i de vardagliga aktiviteterna (The Swedish national board of health and welfare, 2009, p. 12).
  - Ångest: Ångest är en känsloreaktion som kroppsligt kan upplevas som spännande, uppladdning, åtnörding eller tryck i kroppen (till exempel i bröstkorgen) och som psykiskt kan variera i styrka från lätt ångslan eller oro till verklig ångest i form av stark fruktan, skräck eller panik (Psykologiguiden, 2017).

- Förklara sekretessen
  - Deltagandet i intervjun är frivilligt och du kan självklart välja att avbryta när du vill om du inte vill fortsätta.
  - Inga lärare kommer att kunna kännas igen vid presentation av resultat i uppsatsen. Vi kommer ev. att använda utdrag från just denna intervju, men då kontaktar vi dig innan så att du får godkännande utdraget.
  - Uppsatserna kommer att läsas av uppsatskommittén som ska godkänna den samt en grupp studenter som ska ge oss feedback.
  - Den färdiga uppsatsen kommer även att laddas upp på diva-portalen, där andra kan ta del av den.
  - Enbart vi kommer att lyssna på bandet och det raderas då vi använt det färdigt.
  - Har du några frågor eller funderingar?
Öppningsfrågor

- "Hur länge har du arbetat som lärare?"
  - Olika skolor

- "Om du skulle beskriva ditt arbete som lärare, hur skulle du beskriva det för någon som inte alls är insatt i vad det innebär?"
  - Vad ingår
  - Vad ingår inte

- "Vad har du för erfarenhet av psykisk ohälsa såsom ångest och depression hos elever du undervisat?"
  - Hantering av det
  - Utmaningar
  - Något som underlättade

Lärarens roll när det kommer till förebyggande av psykisk ohälsa hos sina elever

- "Kan du beskriva hur du ser på din roll som lärare då det kommer till att förebygga psykisk ohälsa såsom ångest och depression hos eleverna?"
  - I samarbetet i arbetslaget.
  - I klassrummet/ i kontakten med eleven.
  - I kontakten med vårdnadshavare.

- "Hur ser du på ditt ansvar i rollen som lärare när det kommer till att förebygga psykisk ohälsa såsom ångest och depression?"
  - Ansvarsfördelning mellan yrkesgrupper.
  - Relaterat till ramar och regelverk (ex. skollag och läroplan)

Metoder för att arbeta förebyggande med psykisk ohälsa hos eleverna

- "Kan du beskriva på vilket sätt du som lärare arbetar förebyggande för elevers psykiska ohälsa såsom ångest och depression?"
  - Något som hindrar.
  - Något som hjälper.
  - Behov för att bättre kunna förebygga.
  - Upptäckt av tecken på depression och ångest.

- "Vilken erfarenhet har du av verksamhetsstyrda metoder för att förebygga depression och ångest hos eleverna?"
  - Program.

Relationen till eleven

- "Hur tror du att relationen till dina elever påverkar deras psykiska välmående, tex. ångest och depression?"
“Forskning har visat att relationen mellan lärare och elev är viktig för barn och ungdomars psykisk hälsa, vilket anses vara nära kopplat till lärande och skolprestation. Vad tänker du kring det påståendet och hur kopplar du det till ditt dagliga arbete?”
- Medvetenhet om detta innan.

“På vilket sätt arbetar du med att främja relationen till dina elever?”
- Utmaningar/hinder.

“Hur märker du när det sker en förändring i en elevs psykiska välmående?”
- Påverkan på lärande.
- Påverkan på relationen.
- Elevens beteende.

Kunskap om psykisk ohälsa

“Folkhälsomyndigheten har gjort en undersökning där de kartlagt skolbarns hälsovanor. I den framgår att lärare önskar mer kunskap inom området psykisk ohälsa bland barn och ungdomar. Hur tycker du att det stämmer in på dig i din roll som lärare?”
- Kunskap som hjälper i det förebyggande arbetet.
- Områden där det saknas kunskap.

Avslutande frågor

“Är det något mer du vill tillägga som vi inte tagit upp under intervjun?”
“Tankar och reflektioner om det vi har avhandlat under intervjun?”
Appendix B - Interview guide English version

Introduction

• **Give information regarding recording and dictaphone.**

• **Presentation of yourself and the teacher.**
  - Name, the psychologist program, master’s thesis, last semester.
  - Could you please tell me what your name is and what grades you are teaching?

• **Explain the purpose of the interview.**
  - The main aim with the interview is to explore teachers’ experience of their involvement in the prevention of mental health issues such as anxiety and depression.

• **Indicate what information we are interested in.**
  - Therefore, we are interested in how you experience your preventive work with the students. This includes, for example, the relationship to the students and knowledge within the area of mental health issues.

• **Explain the concepts**
  - To make sure all teachers taking part in the study have the same understanding of some of the concepts used, I will explain them shortly before the interview starts.

  - Mental health issues are defined as psychological symptoms that affect the emotional well-being and/or obstructs optimal development for the child. Mental health issues can also affect the child’s ability to participate in everyday activities (The Swedish national board of health and welfare, 2009, p. 12).

  - Depression: Depression is a relatively permanent condition of feeling weak, empty and hopeless. It can also include excessive feelings of guilt. The child can have recurrent thoughts of death and suicidality. This causes problem to function personally, socially, as well as in school. Symptoms can be aggression, irritability and sudden emotion outbreaks (Psykologiguiden, 2017).

  - Anxiety: Anxiety is an emotional reaction which can be experienced as excitement, constriction or pressure in the body (for example over the chest). It can vary from worries and easy anxiety to real anxiety which includes strong fear or panic (Psykologiguiden, 2017).

• **Explain the confidentiality**
  - The participation in the interview is voluntary and you can choose to terminate the interview at any time if you do not want to continue.
• It will not be possible to identify any of the individual teachers in the presentation of the result in the thesis. If we use quotations from this interview in the thesis, we will contact you beforehand so you have the possibility to approve on the quotations.
• The thesis will be read by a committee who has to approve it, as well as by a group of students who will give us feedback.
• The complete and approved thesis will then be uploaded on the diva-portal, where other people have the opportunity to read it.
• We are the only ones who will listen to the recordings of the interview and it will be deleted once we have transcribed the interview.
• Do you have any questions or thoughts about this?

Opening questions

• “How long have you been working as a teacher?”
  • Different schools.

• “If you would describe your work as a teacher, how would you describe it to someone who does not know what it means?”
  • What is included.
  • What is not included.

• “What is your experience of mental health issues such as anxiety and depression among students that you have been teaching?”
  • How the teacher dealt with it.
  • Challenges.
  • Something that made it easier.

Role of the teacher when it comes to prevention of mental health issues among their students

• “Can you describe how you reflect upon your role as a teacher when it comes to prevention of mental health issues such as anxiety and depression among the students?”
  • In the cooperation with colleagues.
  • In the classroom/ in the contact with the student.
  • In the contact with caregivers.

• “How do you reflect upon your responsibility as a teacher regarding prevention of mental health issues such as anxiety and depression?”
  • Responsibilities among different professions.
  • In relation to laws and regulations. (for example, school law and curriculum)

Methods for prevention of mental health issues among the students

• “Can you describe in what way you, as a teacher, work with prevention of the students’ mental health issues such as anxiety and depression?”
• Things that are keeping you from working preventive.
• Things that are helpful.
• Needs in order prevent in a better way.
• Detection of signs of depression and anxiety.

• “Which experience do you have from management guided methods to prevent mental health issues such as depression and anxiety among the students?”
  • Programs.

**Relationship to the students**

• “How do you think your relationship to your students affect their mental well-being, such as anxiety and depression?”

• “Research has shown that the teacher-student relationship is important for the mental well-being of children and adolescents. The relationship has also shown to be closely linked to learning and academic performance. What are your thoughts regarding this statement and how do you link this to your daily work?”
  • Awareness about this before.

• “In what way do you try to strengthen the relationship to your students?”
  • Challenges/ hinderning factors.

• “How do you notice when there is a change regarding a student’s mental well-being?”
  • Impact on learning.
  • Impact on the relationship.
  • The student’s behavior.

**Knowledge about mental health issues**

• The public health agency of Sweden has done an investigation where they have investigated school-aged children’s health habits. In this investigation, it has been stated that teachers want more knowledge when it comes to mental health issues among children and adolescents. How do you think this applies to you, in your role as a teacher?”
  • Knowledge that is helpful in the preventive work.
  • Areas where knowledge is needed.

**Concluding questions**

• “Is there something else you would like to add that we have not been covering during this interview?”
• “Any thoughts and reflections on what we have been talking about during the interview?”
Appendix C - Template for transcription

"text"  Quotation of yourself or another person.

‘text’  Interviewee quotes him/herself or another person.

[text] or Clarifying information about what interviewee does talks about. For example laughs.

…  Silence.

/  Gets interrupted or interrupts him/herself.

*Italics*  Words which are emphasized.
INFORMERAT SAMTYCKE

Jag har fått muntlig och skriftlig information om studien.

Jag samtycker till att delta i studien “Teachers experiences of working with prevention of mental health issues among children and adolescents”. Jag är medveten om att deltagandet är frivilligt samt att jag kan välja att avbryta deltagandet när jag vill utan att det påverkar resultatet.

Jag samtycker till att studenterna får samla in och använda den information som framkommer i intervjun, samt information gällande kön och arbetslivserfarenhet.

Jag vet att uppgifterna som samlas in kommer att lagras så att inga obehöriga kan ta del av dem, samt att jag kommer att få godkänna eventuella utdrag ur intervjun innan de används i uppsatsen. Kontaktpersoner är Emilia Larsson, emla0114@student.umu.se och Frida Rydqvist, frry0012@student.umu.se

Datum: _________________________________________________________

För och efternamn: _______________________________________________

Signatur: _________________________________________________________
INFORMED CONSENT

I hereby state that I have received verbal and written information about the study.

I agree to take part of the study “Teachers experiences of working with prevention of mental health issues among children and adolescents”. I know that the participation in this study is voluntary and that I can choose to terminate the participation at any time without it affecting the results.

I give my agreement that the student may collect and use the information provided in the interview, as well as information regarding gender and work experience.

I know that the gathered information will be stored in order to keep unauthorized people from taking part of the information. I know that I will be able to approve any quotations from the interview before they are used in the thesis. Persons to contact are Emilia Larsson, emla0114@student.umu.se and Frida Rydqvist, frry0012@student.umu.se

Date: _____________________________________________________________

First name and surname: _____________________________________________

Signature: __________________________________________________________
Hej,

Du har tillfrågats att vara med i en studie som del av vårt examensarbete. Med studien vill vi undersöka lärares erfarenheter av att arbeta preventivt med psykisk ohälsa såsom ångest och depression hos barn och ungdomar. Vi som genomför studien heter Emilia Larsson och Frida Rydqvist och går sista terminen på psykologprogrammet vid Umeå Universitet.

**Vad innebär psykisk ohälsa, depression och ångest?**

Psykisk ohälsa hos barn och ungdomar definieras som psykiska symptomer vilka påverkar känslomässigt välmående och hindrar den optimala utvecklingen hos barnet. Psykisk ohälsa kan även påverka möjligheten för barnet att delta i de vardagliga aktiviteterna (The Swedish national board of health and welfare, 2009, p. 12).

Depression är ett relativt varaktigt tillstånd av svaghets- och tomhetskänsla, känsla av värdelöshet, skuldkänslor och självmordstankar mm. Detta ger upphov till avsevärda svårigheter personligt, socialt och i skolan. Det kan ta sig uttryck i form av aggressivitet, grinighet, grälsjuka och häftiga känsloutbrott (Psykologiguide, 2017).

Ångest är en känsloreaktion som kroppligt kan upplevas som spännande, uppladdning, åtsnörning eller tryck i kroppen (till exempel i bröstkorgen). Psykiskt kan det variera i styrka från lätt ångslan eller oro till verklig ångest i form av stark fruktan, skräck eller panik (Psykologiguide, 2017).

**Vad innebär det att vara med i studien?**

Lärares upplevelser av att arbeta preventivt med psykisk ohälsa kommer att undersökas via en intervju som kommer att ta max en timme att genomföra. Intervjun berör centrala områden utifrån tidigare gjord forskning.

**Viktigt att veta om deltagandet**

- Deltagandet är frivilligt och du kan avbryta din medverkan när du vill utan förklaring.
- Det utgår ingen ersättning för deltagande.
- Studien samlar in uppgifter om mina personliga erfarenheter, samt information gällande kön och arbetslivserfarenhet.
- Du avgör själv vilka uppgifter du lämnar.
- Dina svar kommer att behandlas så att obehöriga inte kan ta del av dem.
- Resultatet från studien kommer att publiceras på diva-portalen där andra kan ta del av resultatet. Det kommer inte att gå att identifiera enskilda lärare.
- Studien är godkänd av handledaren för examensarbetet, Jeong Jin Yu, jeong.yu@psy.umu.se
Hi,

You have been asked to take part of a study as a part of our master’s thesis. With this study, we want to explore how teachers experience their involvement in the prevention of mental health issues such as anxiety and depression among children and adolescents. We, who are conducting this study, are named Emilia Larsson and Frida Rydqvist. We are currently enrolled in our last semester of the Psychologist program at the University of Umeå.

**Definition of mental health issues, depression and anxiety**

Mental health issues among children and adolescents are defined as psychological symptoms that affect the emotional well-being and obstructs optimal development. Mental health issues can also affect the child’s’ ability to participate in everyday activities (The Swedish national board of health and welfare, 2009, p. 12).

Depression is a relatively permanent condition of feeling weak, empty and hopeless. It can also include excessive feelings of guilt. The child can have recurrent thoughts of death and suicidality. This causes problem functioning personally, socially, as well as problem in school. Symptoms can be aggression, irritability and sudden emotion outbreaks (Psykologiguideren, 2017).

Anxiety is an emotional reaction which can be experienced as excitement, rechargement, constriction or pressure in the body (for example over the chest). It can vary from worries and easy anxiety to real anxiety which includes strong fear or panic (Psykologiguideren, 2017).

**What does it mean to take part of the study?**

Teachers’ experiences of their involvement in the prevention of mental health issues will be explored through interviews. The expected duration of the interview will be a maximum of one hour. The interview will center around fundamental areas on the basis of previous research.

**Important to know about the participation**

- The participation is voluntary and you can terminate your participation whenever you want, without giving further explanation.
- There is no financial compensation given for participation.
- The study will collect information about personal experiences, as well as information regarding gender and years working as a teacher.
- It is your choice what information you want to give.
- Your answers will be handled confidentially in order to keep unauthorized people from taking part of the answers.
- The result from the study will be published on the Diva-portal where other people can take part of it. It will not be possible to identify individual teachers.
- The study is approved by the supervisor for the master’s thesis, Jeong Jin Yu, jeong.yu@psy.umu.se