A comparison between students’ mental health in Sweden and Cambodia.

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Abstract

Mental illness is seen as a public health problem around the world, especially among adolescents. Cambodia is one of Asia's poorest countries, and has one of the lowest health statuses. Only one in four children are able to go to school in Cambodia for economic reasons however in Sweden all children have the right to education but mental health is still a major problem. The aim of the present study is to make a comparison between the mental health of children in English schools in Sweden and in Cambodia, using a target group of fifteen-year-olds, and also to see if there are differences in the school staff’s work in promoting children's mental health. This study used both a qualitative and a quantitative method involving sixty-six fifteen-year-old students. A questionnaire adapted from Antonovsky’s Sense of Coherence (SOC) theory was used. Five qualitative interviews with teachers working with health were also carried out.

The results showed that the Swedish students were satisfied with their life situation, and also had a higher SOC than the Cambodian participants. The students in Cambodia enjoyed school more than the Swedish students, but still, anxiety and worries were more common among students in Cambodia. The teachers in Cambodia and in Sweden had different ways of defining what health is.

Keywords: Mental health, Sense of coherence, students, health promotion.
**Sammanfattning**


Syftet med studien var att göra en jämförelse vad det gäller mental hälsa hos studenter i Kambodja respektive i Sverige, men också att se om det är några skillnader i personalens arbete för att främja den mentala hälsan hos studenterna. Resultaten visade att ångest och oro var vanligare bland elever i Kambodja, att de ofta kände att framtiden inte har något bra att komma med och de var samtidigt mer oroade över framtiden. De svenska eleverna var nöjda med sin livssituation, och hade även ett högre KASAM än de kambodjanska deltagarna. Lärarna i Kambodja och i Sverige hade olika sätt att definiera vad hälsa är.

I Kambodja uppskattade studenterna skolan trots att deras mentala hälsa var sämre än de svenska deltagarnas, men som inte uppskattade skolan. Anledningen till detta kan vara att i Sverige har alla elever rätt att gå i skolan gratis, men inte i Kambodja. I Sverige var eleverna mer positiva till framtiden än vad de var i Kambodja. De flesta av eleverna i båda länderna tror dock att de kommer att få en bra framtid. Sättet att se på hälsa skilljer sig även mellan länderna då lärarna i Kambodja anser att hälsa är att vara fri från sjukdom medan lärarna i Sverige istället har ett mer holistiskt synsätt.

Nyckelord: Mental hälsa, KASAM, ungdomar, hälsofrämjande.
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1. Introduction
Mental illness is a public health problem that has increased both in Sweden and in other countries around the world, especially among adolescents. Mental illness is not a new phenomenon, but increases at an accelerating rate, which is worrying (Lindén-Boström, 2005). There is strong evidence that good mental health in childhood increases the potential for good health throughout life and reduces the risk of serious disease in adulthood. It has even been shown that good mental health protects against physical illness. Studies have shown that children with good mental health in many cases have well-educated parents. There are also studies that indicate that mental health can be influenced during a child’s formative years (FHI, 2009).

1.1. Mental health and illness
There is no consistent definition of what the term “mental illness” implies, but in many cases mental illness is seen as the opposite to health. The Swedish Social Board's definition of mental illness is described as “subjectively perceived and self-reported symptoms of a psychological nature, which may, but do not necessarily, have to be, consistent with a mental disorder or illness” (Lindén-Boström, 2005). Several studies suggest that mental illness has become an increasingly common disorder among adolescents during the past two decades. Mental health is related to public health, and students who often experience stress, fatigue and headache are also more depressed than other students. Given this, it is important to work actively with mental illness among adolescents, a work that has to be done at different levels and in different arenas, with well-adapted methods. The European Union (EU) has developed a policy for the promotion of mental health within ten target areas; children and young people constitute the first two. These target areas deal mainly with family support and health promotion in schools, but also other targets focus on a youth perspective (Lindén-Boström, 2005).

Previous studies have shown that several education factors are significant for the mental health of adolescents. The proportion of students who have poor mental health, from experiencing loneliness or bullying is significantly higher among those who do not like school. A school is one of the areas where there is an opportunity to promote mental health. In
many cases, the school's quality needs to be improved (Lindén-Boström, 2005). This can be achieved through fostering a positive school environment with structured learning where students feel that they can influence their situation to reduce the risk of failure. If students think it is fun to go to school, and if they feel appreciated and respected by both adults and classmates, the risk of developing mental illness is significantly less. The subject “life skills” has proven to be important when it comes to efforts to promote mental health. In Sweden, many schools developed the subject “life skills”, which is an educational work designed to create a good group climate and support young people's mental health (Nilsson, 2001).

1.2. Development of mental health among adolescents

There has been an increase in mental illness among adolescents over the past few decades. This may be explained by a lack of confidence among adolescents. However, according to the Youth Board's Attitude and Score study, wherein young people scored their views about their future, eighty-two percent of young people were optimistic about the future; this is an increase of eight percent compared to five years previously (Lindén-Boström, 2005).

All people need social contact to satisfy their basic needs. There is also evidence that contact with other people is strongly linked to better mental health. Studies have shown that interaction with friends in adolescence has increased by four percent over the last twenty years, which indicates a favorable trend in young people's social relations in Sweden. To get social support, many young people turn to adults in their environment, such as teachers. There is considerable evidence that adults who help young people in various situations also contribute to good mental health. However, it is not self-evident for all teachers to act as social support for their students; because of this, it may be a good idea to raise this topic in different educational contexts in order to work together to promote students’ mental health (Lindén-Boström, 2005).

1.3. Mental health in Cambodia

Cambodia is Asia’s second poorest country, the result of the Khmer Rouge genocide in 1970 when a quarter of the population was killed and millions were forced to flee. Many people moved to larger cities such as Phnom Penh and found themselves in poverty, which lead to
the fact that only one in five children in Cambodia attends school. Because of teachers’ extremely low wages, they are forced to charge students a fee for teaching them at school (Action Aid, 2009). Furthermore, Cambodia has one of Asia’s lowest health statuses (WHO, 2001, Belford 2010).

Cambodians have suffered heavy psychosocial traumas in the last decades, but mental health services are almost non-existent. Cambodia also has the lowest health service facilities in Asia: only a few persons per year are in contact with the health care (Somasundaram, Van der Put, Eisenbruch & De Jong, 1999; Belford, 2010). Thirty-five percent of the Cambodian population suffers from psychiatric problems and forty-five percent suffer from psychosocial problems. The government has allocated one percent of the gross domestic product (GDP) to mental health but only 0.1 percent of the population benefit from treatment every year. In Cambodia there are only forty psychiatrists; of these, ten work outside Phnom Penh. The inhabitants prefer to seek help through temples and healers (Belford, 2010). When the Khmer Rouge took over the country in 1975, economical, educational and social standards were destroyed, causing heavy trauma for the Cambodians. The one mental hospital was closed and the same thing happened with other types of health care. In 1979 health care was available again but decent standards were never restored. A booklet was written in Khmer and in English to promote mental health in Cambodia. This was done to meet the guidelines of the World Health Organization (WHO), and to provide the inhabitants with information on how they could seek help (Somasundaram et al., 1999). As noted previously, Cambodia's physical, social and economic capital has changed considerably since the genocide. Having previously been a country in conflict, Cambodia is now a developing country. Give in this, there is great optimism for the future. Unfortunately, they still have a long way to go, especially concerning mental health. Mental health care in Cambodia is still underdeveloped and there is a lack of educational opportunity, which in turn reduces the potential for effective psychiatric care. The government will not focus on mental health, since physical illness and poverty are considered as more important priority areas (Stockwell et al., 2005).

1.4. Mental Health in Sweden

Under the Swedish Education Act, all children and young people, regardless of gender, geographical location or socio-economic conditions, have equal rights to education. Despite this, mental illness is a major health problem in Sweden. Figures from surveys made in the
2000s show that ten to twenty-five percent of Swedish children suffer from mental illness (Skolverket, 1985). According to WHO, mental illness will, within the next few years, be the number one public health problem in Sweden (Lindén-Boström, 2005). Sweden and the other Nordic countries have the lowest proportion of poor children in the world. Their welfare systems for children and adolescents are the best developed in the world, and probably no other country is as developed regarding pupil welfare as Sweden. The availability of resources has remained unchanged or increased slightly over the past twenty years. Meanwhile, mental illness among children and adolescents in Sweden has increased markedly over the past two decades (Statens officella utredning, [SOU], 2006). Six Swedish studies carried out from 1980 to 2005 asked young people about various types of symptoms indicative of mental illness. All studies indicated perceived poor mental health in the forms of anxiety, depression, insomnia and fatigue. These problems have also increased in the general population. This development has meant that during the past two decades, younger people have been treated in hospital for depression and anxiety. Mental illness among young people has recently increased in other industrialized countries as well. A study of fifteen-year-olds has made it possible to compare progress over the past decades in eleven countries in Europe. This study suggests that the increase in mental illness in Sweden is higher than in any of the other countries (Lindén-Boström, 2005).

1.5. Sense of coherence

Particularly among young persons or adolescents, it is important to fit in and to feel that you belong to a group. To attain this, one strives at a sense of coherence, a sense of context. A high sense of context leads to good health, which also means that you must deal with, understand and see a sense of what is happening in daily life (Antonovsky, 2002). These three components construct a sense of coherence (SOC) and are the building blocks for achieving good mental health. Using a SOC, it is possible to measure differences and similarities in health between countries and persons. Antonovsky developed a lifestyle questionnaire to determine whether people have good mental health, indicated by low figures on the questionnaire. A SOC represents an overall attitude, a way of looking at the world rather than a response to a specific situation. This means that you can not have a strong or weak SOC in a given sector of life while you are on a completely different level in other sectors of life. It is therefore necessary for the questionnaire to contain a variety of stimuli or situations (Antonovsky, 2002).
Antonovsky’s (2002) SOC is based on three components: understandability, manageability and meaning-ability. Understandability means that an individual can understand the internal and external stimuli he/she is exposed to, that the information he/she receives can be understood in its context and not experienced as unexplained. If something unpredictable happens, a person with a high level of understandability believes that this problem can be solved. Manageability implies that an individual can cope with the demands of society. With a high degree of manageability a person feels less vulnerable and can deal with any circumstances that may occur. Meaning-ability implies that an individual sees an emotional meaning to life, and that the challenges in life feel worthwhile to invest in, it is worth it to work a little extra to get an education (Antonovsky, 2002).

1.6. Aim of the study

The aim of the present study was to make a comparison between the mental health of children in English schools in Sweden and in Cambodia, using a target group of fifteen-year-old students. The aim was to examine whether there are differences in the mental health of children from Sweden and Cambodia, but also to see if there are differences in the school staff’s work in promoting children's mental health.

Partial aim was to map mental health in the two groups, and to provide suggestions on possible actions and public health work in the two countries.

1.7. Research questions arising from this aim

- Are there any differences between the countries regarding children's mental health?
- How does the staff work to promote children's mental health?
- Is there a difference between the countries in terms of how the staffs work to promote children’s mental health?
2. Method
2.1. Design

This study was a comparative study since the aim of the study was to do a comparison between two countries. When the data collection method of the study was to be selected, the investigation itself and the current issues determined whether a qualitative or quantitative approach was appropriate. Interviews are better to obtain a depth in the investigation and questionnaires are suitable if the desire is to reach many participants (Ejlertsson, 2005). It may also be relevant to use several methods in the same study for example, a quantitative approach complemented with qualitative methods (Eriksson, 2000). In this study, this last method was applied to reach the aim of the study, which was to identify young people's mental health. The use of both methods gives a broader perspective, since the interviews complement the questionnaires. It was also relevant to conduct qualitative interviews with personnel involved in promoting young people's mental health. The interviews were done with the teachers and the questionnaires were used on the students.

The advantage of a questionnaire is that it can be done with a large sample, which then can represent the population’s opinion. It is important that the questionnaire is well designed and covers the subject completely. Other advantages of a quantitative method are that the respondents can ponder the questions in peace and quiet and consider the answer choices in the survey, while certain types of sensitive issues can be easier to answer (Eliasson, 2006).

In this study, a variant of the Antonovsky SOC questionnaire (2002) was used which makes it possible to estimate mental health by answering twenty-nine questions. There is also an abbreviated model of fifteen questions. The shorter model is considered to be a good standard that offers good framing material if the twenty-nine questions are too long. Both forms are called ‘a lifestyle questionnaire’ and have a scale from one to seven, where one implies good mental health and seven implies poor mental health. Thus, the lower the score received the better the mental health and a higher sense of coherence (Antonovsky, 2001; Nilsson 2002). This form is used in many parts of the world and has also been revised and validated (Nilsson, 2002). In this study, the shorter version of Antonovsky's lifestyle questionnaire was used, however, some questions were changed to suit the target group. Five questions from the original form did not fit the target group, and because of this the questions were changed to...
instead focus on the students’ liking of school, the happiness in life, the importance of friends, worries and unhappiness, and visions for the future. The location of some answers was changed so that it would be a similar scale throughout the questionnaire, which is not in the original version. The reason for this was that the students would not be confused and choose the wrong answer, because of different numbers depending on the issue. For example, if the students felt that they rarely felt lonely or worried about the future, the choice was always a high number. The idea was thus to reduce misunderstanding and increase transparency since the target group was young people and none of them had English as their first language.

The reason that the questionnaire was used in this study was because it has been used before and the external validity can be increased; it has been proven to yield correct results, which raises the external validity when it is measuring what it is meant to measure. The shorter version of the questionnaire was used because the students did not have time to answer the longer questionnaire, and it was felt that fifteen questions were enough to do a comparison between the countries. Validity is composed of two different kinds, internal and external. The internal validity is the validity of the conclusions drawn from the survey, which in turn will give guidelines for future studies (Cook & Campbell, 1979). The external validity evaluates the result of the survey and in what degree it can represent other groups separate from the target group (Thompson, 1999).

In the qualitative part, a half-structured interview guide was used during the interviews with the teachers. This means that a number of issues for discussion were previously determined, but respondents had the opportunity to express themselves freely. This interview form also has a high level of standardization because the questions and their order are fixed from the outset (Hartman, 2004). The interview guide comprised twenty questions. The questions were designed and compared between the two authors to see if they had written the same questions, and after comparing, a number of questions were selected. The first part included four background questions about profession and education. Eight questions dealt with how the informants work with health at their school; the last eight questions concerned how the informants experience students’ health. In Cambodia, two nurses and one teacher of English were interviewed. In Sweden, one nurse and one curator were interviewed. The two nurses in Cambodia were also teachers and are referred to as teachers in the thesis.
2.2. Ethics

From an ethical perspective it is important to be aware of the factors that may influence the research (May, 2001). To prevent misunderstandings with the survey, the name, address, institution and role of the researcher should be provided to the participants. It is also important that participants are aware of what they are letting themselves in for and that they have received good information before they participate (Gillham, 2008). This was done through a consent letter (see appendix 1,2 ) so that it is known that the participants have taken note of the information. After the consent letter was signed, participants still have the right to determine their involvement; in other words, it was all right to choose not to answer the questionnaire or questions. Through the consent, letter the participants were informed that they can not be identified to outsiders and that personal information will be handled in such a manner to avoid access by unauthorized persons.

The last ethical consideration is the term ‘use’: collected data may be used only for the intent indicated, and not in any other context (Eljertsson, 2005). It may also be appropriate to explain how the research will be published, and that all materials are locked up and destroyed after processing (Gillham, 2008). All of this information was included in the consent letter distributed to the participants before the start of the survey, and it was also read out loud so that all participants received exactly the same information. Regarding consent from children, it is important to have a supplemental consent or approval from a parent or guardian. Otherwise the research might be considered as an exploitation of these individuals (Gillham, 2008). This study chose to work with young people who were fifteen years old, therefore, an additional authorization from the parent or guardian was not needed. The ethical documentation (consent letter) can be seen in appendix one and two.

2.3. Selection

Individuals in the study were selected because they were easily obtained. This method is suitable for a low-budget-investigation or a brief time period and is a good tool for pilot studies. The disadvantage of convenience sampling is that it can be difficult to get a representative sample. If it can be demonstrated that the sample is not affected by this, it may be a good method to use (Hartman, 2004). Sixty-six participants answered the questionnaire,
forty in Cambodia and twenty-six in Sweden. In Cambodia there was a drop-out on one question and the question was taken out of the results.

The same selection principle (i.e. a convenience sample) was also applied for the interviews, since the interviews were only done in one school in Sweden and one in Cambodia. Since a smaller number of people were being examined in the qualitative study, the selection was of even greater significance (Hartman, 2004). In this case, the staff that focused on health was selected for the interviews since they were regarded as representative for the purpose of the study. Five interviews were conducted, two in Sweden and three in Cambodia.

2.4. Pilot study

Once the questionnaire was constructed, it was important to remember that people often do not perceive questions in the same way. Therefore, it was useful to test the questionnaire in a sample survey, or pilot study, to determine whether questions were missing or an issue was difficult to understand. If a question measures what is intended to be measured, that question will be used after the pilot study (Ejlertsson, 2005). The questionnaire for this study was constructed in English so that the investigation would be as similar as possible in the two countries where no one uses English as mother tongue; therefore, the questionnaire was also answered in English in the pilot study.

The pilot study was conducted with a randomly selected class of the same age as the students in the actual investigation. Before the questionnaires were distributed, the purpose of the study itself and the meaning of the pilot study were declared, wherein comments about the design of the questionnaire were explained as being more relevant than the actual answers. A total of twenty-five young people participated in the pilot study. The questionnaire was looked at by both authors to detect possible changes, and after comments from the pilot study had been processed, question number one turned out to be difficult to understand. Two questions, (8, 14), gave the answer choices in the wrong order relative to the other questions, so this issue was corrected. Question number five was also changed for better understanding. The corrected questionnaire was then used in the actual investigation. There was also a pilot study on the interview questions, where two randomly selected individuals were invited to respond to the questions to get an insight into the intelligibility of the questions. Small
changes were made in the formulation of questions number sixteen and seventeen. (See appendix three).

2.5. Approach

International schools in Cambodia and Sweden were contacted to request their participation in the study. In Sweden, an interview was conducted with the staff regarding the study’s purpose and procedures before approval was obtained. The school in Cambodia was contacted through e-mail. After approvals from both schools were obtained, the time and date for conducting the investigation was determined.

The English school in Sweden was the first to be visited. Taking into account the wishes of the staff, the questionnaire was conducted in a ninth grade without the authors being present. The consent letter, in which participants were told the purpose of the study, that participation was anonymous and that it was possible to discontinue participation at any time during the investigation, was enclosed with each questionnaire. The questionnaires were collected by a teacher and then retrieved by the researchers for data analysis. The approach at the English school in Cambodia was different since the authors were present during the survey. Before the questionnaire was distributed and the study presented, the consent letter was read out loud by one of the authors. After this, the students answered the questions and the forms were collected for data analysis. Interviews with the teachers in the English schools in Cambodia and in Sweden were conducted by one of the authors, and both authors took notes, which were supplemented with a recorder. Each interview took about 30 minutes.

2.6. Data analysis

Analyses were done by summarizing all student answers for each question, noting how many had answered with a 1, 2 and so on up to 7. This was done by both authors and the results were compared to see if they yielded the same result. The questions were put into categories by grouping similar questions, and subjects related to mental health were created. This was done separately and then categories were constructed. The results were expressed as percentages to give a more fair comparison. A chart was made for each category in which both countries’ answers were given to ascertain differences or similarities. Graphs were processed using the Excel computer program, using one axis as the answer choices one to
seven while the second axis corresponded to the percentage of students who chose the option. When all fifteen questions had been summarized, a calculation of high and low SOC for each individual was determined, the SOC that was determined was a reconstructed version of the original. The calculation was based on Antonovsky's approach where every question from a survey is summed and then divided by the number of questions. Next, a chart was prepared from which students’ SOCs from both Sweden and Cambodia could be inferred. The interviews were analyzed using qualitative scientific methods. First the material was transcribed from the notes and recordings of the interviews. This was made separately by the two authors to see if similar results and categories could be achieved. From the transcriptions, essential material corresponding to the purpose of the study was identified and the redundant sentences were removed. After the transcription, categories were created out of the answers relevant to the aim of the study. The categories were created out of what both authors considered to be the most relevant results.

Statistical tests (Students’-t-test) were made in the SPSS, but since none of the tests demonstrated statistically significant results, they were not published in the results.

3. Results

3.1 Survey

The results section contains a summary of the survey, with the results put into categories according to the purpose of the study. The diagrams are given as percentages. N = 66 on all questions, except ‘Experience of your own life situation’, where N = 65.

3.1.1. Sense of anxiety and worry

This category deals with the students’ experiences of worry and anxiety. The results included six questions about whether the youth often have unwanted feelings and if they feel unjustly treated. The experience of worry is also about whether students often feel that they do not care about what happens around them and if they have the feeling that people they trust often have let them down. The results show that students in Cambodia feel more anxiety and worry compared to the Swedish students, and that the majority of the Swedish students more rarely have the experience of worry and anxiety (see figure 1).
Figure 1. The diagram shows that students in Cambodia feel more anxiety and worry compared to the Swedish students.

N=66

3. 1. 2. Sense of enjoying school

These questions relate to the students’ experience at school for example, whether they enjoy school and often feel satisfied to be a student. The majority of the Cambodian students enjoy school very much or much, while Swedish students are more dissatisfied with school (see figure 2).
Figure 2. The Swedish students were more dissatisfied with school than the participants in Cambodia.

N=66

3.1.3. Experience of their own surroundings

This concept involved the students’ experience with their surroundings in general, both if they felt that it is important to have friends and if they felt respected by their surrounding. Four questions about how the students experience their surroundings were involved in this result. To answer one question, they also had to think about people they meet every day, both in school and in their spare time, and express how well they think they know them. The majority of the students, both in Sweden and Cambodia, experience their surroundings as very satisfactory (see Figure 3).
Figure 3. Most of the students in both Cambodia and Sweden experienced their surroundings as very good.

N=66

3. 1. 4. Experience of their own life situation

This category involved the students’ satisfactions with their life situation; for example, if they often felt happy and enjoyed their life in school with friends and teachers and at home with their families. The results include two questions about how the students experience their life situation. The results showed that the majority of the pupils in Sweden experienced their life situation as very good, while the majority of the students in Cambodia felt that their life situations was good (see figure 4).
Figure 4. The diagram shows that more students in Sweden were happier and feel more satisfied with their life compared to the Cambodian students.

N= 65

3. 1. 5. Sense of the future

The results of this category showed how the students felt about the future; for example, if they felt worried or if they had a good feeling about the future. Two questions about the future were involved in this category. The majority of the students in both countries had a good sense of the future, although more students in Cambodia were worried about the future (see figure 5).

Figure 5. The Cambodian students felt more worries about the future compared to the students in Sweden.

N=66

3. 1. 6. Sense of Coherence (SOC)

The SOC evaluation shows whether the students in both countries can experience a sense of meaningfulness, comprehensibility and manageability regarding the issues in the survey. A score of one represents a high SOC, four represents a middle SOC and seven represents a low SOC. This result includes all questions in the form to calculate how high or low SOC the
students have in each countries. The Swedish students had middle to high SOCs, while the majority of Cambodian students were represented in the middle (see figure 6). None of the students in either Sweden or Cambodia did have a low sense of coherence.

![Figure 6](chart.png)

**Figure 6.** The majority of the students in Sweden had a higher SOC than the Cambodian participants.

N=66

3. 2. Interviews in Cambodia

3. 2. 1. Health

At the Cambodian school, two teachers work with health full-time. Some other teachers try to include it in their regular lessons. For one informant, health was defined as being totally free from illness and sickness. For the other two, health regarded both body and mind; they felt it was important to eat right and to be physically active, but also to have the right mentality and not feel depressed. All informants worked with health differently. One placed all focus on being physically active and keeping a clean environment. Another worked with books, and all her lessons were about health. This person worked with the youngest children and thought that it is important to start working at a young age to teach preventive actions. The last informant looked more at the mental part and questions about stress.
You have to try to think like the students to be able to understand their situation; the students need someone that is listening to them. (I 3)

All informants believed that health is a very important subject in a country like Cambodia and they taught health through their own experiences. One prioritized physical activity at a young age, believing that it will follow at older ages. This person did not think that mental health was prioritized at the school; they did not even have a counselor. Another said that mental health involves working with feelings and attitudes. Many students have a rough time at home. How this affects the students’ behavior at school is an important subject. All informants agreed that physical health is prioritized at the school through health lessons which teaches the children the importance of eating right and not throwing garbage around them (very common in Cambodia, garbage is everywhere). This is one of the very few schools that has physical activity on the schedule. It is the school’s responsibility to teach about health, this is the only way children get this information in this society, but it is up to the teachers how they prioritize the subject. One of the informants said that the more you talk about health in all kinds of ways, the more the students understand the importance of the subject.

3.2.2. Culture, anxiety and worry
The Cambodian students have different backgrounds; some are rich and some are poor. There are also students from other countries, but most of the school population is Cambodian. Most mental health problems at the school are seen in students from Cambodia, mostly because the Cambodian children come from lower standards and suffer from more problems at home. One said that the background can easily be noticed: the rich do not speak to the poor. They try to mix the students in the classroom but it is almost impossible; the children do not want to mix. It was also mentioned that it is hard to make eye contact with the children, since it is a part of their culture to look at the ground when an older person speaks.

Two of the teachers thought that the students show signs of mental stress because they worry about tests and failing. If a problem is noticed, the parents are contacted so they can help solve the problem. One of the teachers also believed that mental stress comes in this age group because it is so important to have many friends, to look good and be good at school. This is always a pressure on the students. There are always mental problems to handle and the teachers try the best they can.
Two of the teachers said that if a student behaves badly it is often because they have problems at home. In such cases, the teachers always ask if there is something they can help with. Two teachers said that for the students who are lonely, are new at the school or from another culture, it can be hard to be accepted by the Cambodian culture. One of the interviewed said that a totally different mentality is often shown at students that are not from Cambodia. Two teachers said that most of the students have worries about the future. In these cases, the teacher tries to tell them about their own experiences because most of the students want to be like the teacher.

3. 3. Interviews in Sweden

3. 3. 1. Health
Both of the interviewed (a nurse and a curator) thought that health concerns both mental and physical appearance.

You can have a disease and still have good health. (I 4.)

Both worked with the prevention of bad health, one with groups and health discussions, and the other one with individual students’ sessions. Both informants were members of an anti-bullying team at the school called BIG. They also worked with an open reception so that students can contact them whenever they feel the need. They thought that the school had a high focus on health because they have both a counselor and a full-time nurse employed, and also because physical activity is an important subject at the school. The students know that these two persons work with health; they send out personal letters about their work to all new students and give presentations in classes. One of the interviewed worked mostly with mental health, while the other had no specific health subject. Mental health is a priority because many of the students are depressed and stressed. The plan for the autumn is to work with girls to prevent bad mental health and negative thoughts. Both informants preferred working with parents if a student has a problem, and if necessary refer them to other units that can help. One of the interviewed tried to work with CBT (cognitive behavioural therapy) when a student presents with a mental problem. Both thought that mental health is a very important subject and that it is a common problem among the students. They also reported that students are getting more stressed. When working with the students, the latter start by telling why they feel bad and from there on they try to identify the problem and together find a solution. Most
of the teachers in the school work with health, but there are five persons who work with it full time. One of the interviewed also worked with the subject ‘life skills’ and thought that it is an important subject that can help the student to achieve good health.

3.3.2. Culture, anxiety and worry

Many Swedish students have different backgrounds but none of the interviewed believed that one can see any difference in mental health because of this.

_Students feel bad for various reasons and it does not matter whether they are rich or poor._ (I 4)

The informants experienced that students sometimes feel misunderstood. This is often the case with younger girls who get in fights with their friends, but also teachers sometimes misunderstand. Both of the interviewed experience that the students feel respected; this is something they work on at school. The interviewed also experience that neither loneliness, anxiety nor worry is a problem among the students, and if they notice any problems they are dealt with as quickly as possible. Many of the students have visions of the future and want to see the world and get a good education, which is something both of the interviewed have experienced.

4. Discussion

4.1. Main results

The main result showed that the students in Sweden were happier about their life situations and also had higher SOCs compared to Cambodian students, although none of the students in either country demonstrated low SOCs. It was also shown that more students in Cambodia enjoy school compared to Swedish students. Among Cambodian participants it was more common to experience anxiety and worry, and more Cambodian students felt that the future did not hold anything good. Both schools in both countries thought that health is a priority. The Cambodian informants thought that health was about being free from illness and sickness, while the Swedish informants regarded health as mental and physical well-being. In
Cambodia the teachers confirmed that the students experience more worries and anxiety than in Sweden. Cambodian teachers also experienced that there is a difference in mental health between different socio-economic groups, something that does not exist in the Swedish school according to the interviewed persons.

4. 2. Results discussion

Students in Sweden had better mental health than the participants in Cambodia. One reason might be that Sweden has one of the lowest percentages of poor children in the world (SOU, 2006). Cambodia is one of the poorest countries in Asia, and it also has a low health status (WHO, 2001). The students in Cambodia probably had lower SOCs because of the low economic situation in the country. The Khmer Rough genocide has affected not only economy, but also the minds of the inhabitants (Belford, 2010).

Students who often experience stress and headache are more depressed than other students. Given this, it is important to work actively with mental illness among adolescents (Lindén-Boström, 2005). In both countries, several students were worried about the future and felt low, especially the Cambodian students. It is important for the schools to work with these worries and give the subject attention. Having a good mental health is important, since it can help to protect from physical illness. Good mental health in childhood increases the chances for good health throughout life and reduces the risk of getting diseases (FHI, 2009). That mental health was worse among the Cambodian students compared to the Swedish students is a sign that the environment is not better in Cambodia. A difference compared to previous research was that the students in Cambodia enjoyed school, while Swedish participants had better health but did not enjoy school. A study reported that if you have poor mental health you also have a higher risk of not liking school (Lindén-Boström, 2005). The reason for this might be that in Sweden all students have the right to go to school for free (Skolverket, 1985); this right does not exist in Cambodia. It is easy for Swedish students to take school for granted and not appreciate school, in Cambodia it is not taken for granted, it is seen as an opportunity and a privilege to go to school, and therefore they enjoy school more. In Cambodia only one of five goes to school, and it is very expensive (Action Aid, 2009).
In Sweden, the students were more positive about their future than they were in Cambodia, but most of the students in both countries thought positively about the future. Research has shown that eighty-two percent of young people are optimistic about their future (Lindén-Boström, 2005). This might be because these youth have the opportunity to go to school; they have an education, which makes it more possible to find work and have a good future. The numbers would probably be different if children without education had taken part in the survey. The results also showed that the students in Cambodia were more worried about the future than the Swedish students. The reason for this might depend on the socioeconomic conditions in the country. Cambodia is a poor country; and because of this it is possible that the youth feel more worried about the future. The education in Cambodia is not the same as in Sweden and the students might be worried that they do not get work even if they have an education from Cambodia, this kind of worry does not exist in Sweden though the education is of good standard.

4.3. Interviews

*Health is not only the absence of infirmity and disease but also a state of physical, mental and social well-being* (WHO, 2010).

This is how health was defined by the Swedish informants, but in Cambodia they regarded health as being free from illness. This could be because of the different circumstances in the countries; Cambodia has not adopted this way of thinking yet, and in Sweden they have more knowledge about health. Still, the health priority in both schools was high. Maybe Cambodian teachers need a newer definition of health so that they can help students as much as possible. Through good knowledge in health and new definitions, new priorities can be made. The priority was somewhat different in the two countries. In Cambodia, the priority was to have a clean environment, and for the students to keep healthy through clean clothing. In Sweden the priority was to have good mental health, reduce stress levels and develop better self-esteem, which is supposed to give the students better mental health and better circumstances in which to obtain success in life. That the priorities are different is probably because the Cambodian teachers feel the need to start working with health at some point and to make the students aware of their hygiene is a start, from there on they can develop more issues about health.
Children often turn to teachers for mental support. This can promote better mental health to both parties, but not all teachers are willing to listen to students (Lindén-Bostöm, 2005). The teachers in Cambodia do listen and comment that it is very important to do this for the students since they need someone they can trust. It was the same way in the Swedish school, although they also have both a nurse and a curator whom the students can turn to. This is seen as positive, since young people often feel lonely and need someone to trust. They do not always want to turn to the parents, this is probably more important in Cambodia where the mentality is different compared to Sweden.

Life-skills have shown to be important to promote mental health in school (Lindén-Bostöm, 2005), something that was prioritized in Sweden but not in Cambodia. This could be because the Swedish staff has more information about these types of instruction, and maybe because Cambodian teachers do not get the same information when it comes to new research. The teachers in Cambodia did experience that their students were more worried and lonely than the Swedish students, although this was not perceived as a problem. This can be one reason why the Cambodian students did not have lessons about life-skills. Life-skills can reduce the feeling of loneliness and have been associated with mental health (Lindén-Bostöm, 2005). The informants in both countries thought that it is very important to talk to students and show that they (the adults) are there for them; this will help students to trust them more.

The socio-economic background had a greater impact on the Cambodian students than on Swedish students. This could be because there are smaller differences between the poor and the rich in Sweden compared to Cambodia. The teachers in Cambodia said that rich students do not speak to poor students, while the Swedish interviews showed that this phenomenon did not exist in Sweden. Differences in parents’ education in Sweden do not have an impact with whom the students associate, probably because the differences are so small that they are barely noticeable. It would probably be the same in Cambodia if there were smaller differences in parent education.

4. 4. Method discussion

The current study is a sample survey with only a part of the population, and is therefore not representative of the whole population, just this class. In this study, a convenience sample, or a branch of non-probability sample, was used. In this study, both quantitative and qualitative
methods were used to give a broader base for the study and to make it more trustworthy (Eriksson, 2000). There are negative effects of both methods, but by using both you can eliminate some of these aspects. In interviewing, a researcher might affect the interview through personal interference, such as smiling and nodding when the informants are answering (Eliasson, 2006). In the present study, this was avoided by trying not to do this and by having the same person to do the interviews so that all interviews would have been done in the same way. The questions for the interview should have been tested in Cambodia because they were sometimes misunderstood. Thus, the results from the interviews were not as good as they could have been, because of the misunderstanding in the interview questions. Still, it was possible to gather some good information and make some inferences. In questionnaires, there are often drop-outs that can affect the results (Eljertsson, 2005). This can be avoided by having well-formed questions, which was the case in this survey, and by assuring the participants that the questionnaire is anonymous. By using both methods, breadth is obtained from the quantitative part and depth from the qualitative part.

In the present study, a variant of the short SOC questionnaire was used. This was because the short questionnaire would take less time to answer. It can be difficult to use time during lessons to complete a long questionnaire. This may have affected the results since the more questions and areas that are covered, the more trustworthy the results. If a short questionnaire is used, less information is obtained and it makes the result less trustworthy. The SOC has high validity and reliability, although the shorter form has somewhat more negative results; therefore, the long questionnaire is preferred (Nilsson, 2002). It is difficult to say that the external validity of the study is high because of the SOC form, since no original of Antonovskys lifestyle questionnaire was used in the study. The idea of replacing a number of issues remained to make it fit the target group better, while at the same time, issues irrelevant for the aim of the study were removed. It is possible that the external validity would have been higher if the original form had been used instead, since it has been tested in previous studies. In the same way, if the original questionnaire had been used, the aim of the study would not have been met in the same way. There is also the risk that the students would not have understood the original issues since they were not directed to their target group, which possibly would reduce the internal validity. In this case it was decided as more important to formulate the questions based on the aim of the study and the target group instead of the original, but Antonovskys SOC questionnaire provided a good basis. If something would have
been done differently, it would be to include more questions for a broader view and also to have a bigger selection of students, both regarding age and number.

Statistical tests (student’s t-tests) have been made in the SPSS, the results showing that there was no significant difference between the groups. For this reason, it was considered unnecessary to publish the results in the thesis. One reason for these results may be that the samples were too small. Another reason for this can be that the authors did not have the knowledge to perform the right statistical tests.

4.5. Validity and reliability

To carry out an investigation properly and avoid a lack of credibility, it is important that reliability and validity are taken into account from the beginning. The concept of reliability deals with whether the survey is reliable, that is, if it is possible to repeat the investigation and obtain the same result at a different occasion (Eliasson, 2006). In this study reliability is considered to be high because an already established questionnaire was used in the survey and the investigation was based on a well-known theory, the Sense of Coherence. It should therefore be easy to repeat the research. The reliability is lowered due to the fact that a reconstruction of the form was made. However, some of the questions were the original ones and the design was the same, so the reliability is still considered to be quite high. Regarding the interviews, the reliability might be lower compared to the quantitative surveys, since the researcher can influence the results during the interview. However, in the current research, these risks were kept in mind by using the same interviewer throughout, not putting words in the interviewed persons’ mouth and other similar techniques. In addition, a recorder was used to keep the reliability high. This makes the results more trustworthy since it makes it easier to use the exact words as the interviewed used. However, the internal validity could have been affected due to the fact that the research was done differently in the two countries. The risk is that the students and teachers did not receive the same information before the research was carried out. It is important that participants get proper information before the study starts. This can be done by using a consent letter (Gillham, 2008). In the present study, the authors can not be sure that this was done similarly in both countries, since the researchers did not participate during the survey in Sweden. There was one less interview in Sweden, something we do not think affected the results, since the information that was needed was still gathered.
The fact that sensitive questions were included may have affected the results. The risk is that the respondents may not have answered the questions honestly, which would lower the internal validity. If younger students had been used as subjects, there probably would have been more honest results since younger children are not affected by their friends in the same way as older children. On the other hand, the language might have been a problem: it would have been hard for younger children to understand the questions in English. The fact that the questionnaire was anonymous may give more honest answers since the students know they can not be identified in the survey.

To achieve better results, more schools should have been included both in Sweden and in Cambodia. It might have been better to investigate more schools to get a broader view of the subject.

4. 6. Pilot study

It might have been better to do the pilot study in another English school instead of in a regular school, but the risk is that the children would not understood the same amount of English as the participants in the survey. This can be both positive and negative. If pilot study participants would inform the researchers that they did not understand the questions, the English could be rewritten. The risk is that the students might not understand the language and therefore might not answer the questions as intended. Preferably a pilot study should have been done in Cambodia also.

For the interviews, the pilot study should have been with teachers in both countries. There were times when the Cambodian teachers had a hard time understanding the meaning of some of the questions, and again, they had a different way of reasoning compared to Swedish teachers. The interview questions for the interviews were only tried on two persons who were not teachers. This may have affected the results: the test persons might have had a better understanding of mental health than the teachers had. If the study was to be redone, the pilot study would be done on teachers.
4. 7. General discussion

The aim of the study was to compare the two countries regarding students’ mental health, this has also been fulfilled. If something should have been changed it would be that the information from the interviews was included in the results together with the forms and not only serve as a comparison with the interviews from the other country. The purpose should in that case have been to see how the teachers work with children’s mental health compared to the students’ experience of their own health. It would be interesting to compare the interviews with the questionnaire to see if the answers would confirm the students’ answers. All of the research questions have been answered in the essay. The interviews in this study have been compared only with the other countries’ interviews and not with the questionnaire because the aim of the study was to compare mental health between the schools and not to confirm the information given by the students.

The school is one area where there is good opportunity to promote mental health. School quality needs, in many cases, to be improved. This can be achieved by building a positive school environment with structured learning where students feel that they can influence their situation to reduce the risk of failure. If students think it is fun to go to school, and if they feel appreciated and respected by both adults and classmates, the risk of developing mental illness is significantly less (Lindén-Boström, 2005). The fact that mental health was worse among the Cambodian students compared to the Swedish students is a sign that the environment is not better in Cambodia.

4. 8. Further studies and proposals for action

In future studies it would be interesting to do a bigger investigation using more schools and also other countries to see if the results will be different. If other countries are chosen for another investigation, it would be possible to use the results from this study to compare for similarities and differences. Mental health is an important subject in both Cambodia and Sweden, and is considered to be an increasing health problem Therefore it is important to do studies to pay the subject more attention than it receives today. The results can also show where efforts are needed to promote mental health. By doing comparisons, countries can exchange knowledge with each other; hopefully this will increase mental health around the world. It would be beneficial if the teachers in Cambodia got more knowledge about health, if
they learned to see at the subject health more from a holistic approach, since it is so much more than just being free from illness. The two schools consider health to be an important subject, more efforts should be made towards teachers in the subject of health, enabling the schools to teach their students about health and help them when they are feeling down.

Something the Swedish school can learn from the Cambodian school is that the teachers used a special book in the health classes. It would be easier for students to remember and learn if they also had a book to look into when they feel the need to refresh their minds. The Swedish school has a life-skill class, but maybe this could be integrated in the physical education classes. Cambodia can also learn from Sweden. For example, they could take notice of the personal conversations the nurse has with all the 14-year-olds. This will help to discover health problems at an earlier stage and is also a good way to notice whether students have mental problems at home or at school.

A thought with this project was to examine the results from the two participating schools and look at what the other school does differently. Hopefully, this can help each of them to get new knowledge about mental health and develop the work at school to promote mental and public health among students.
5. Reference


Thompson, C. (1999). If you could just provide me with a sample: Examining sampling in qualitative and quantitative research papers. Evid. Based Nurs., 2, 68-70.

WHO, (2001). WHO country cooperation strategy - Cambodia. Hämtad 22 november, 2009 från WHO: C:\Users\pc\Documents\HIG\C - uppsats\Vetenskapliga artiklar\Who 1.pdf

Appendix 1

Consent letter

Interview - Children's mental health

We are two students, Maria Nyman and Sofie Bjärntoft who are studying Health education at University of Gävle in Sweden. Now during the spring, we will write C – thesis in Public Health, where we chose to focus on the subject “Children’s mental health”. Today talk much about that it is important that our children are active and eat right to feel good, but unfortunately, what many forget is how the children feel mentally, which is also a very important factor for good health. We would therefore by this study provide a picture of reality and get an insight into how mental health looks like in Cambodia, but also in relation to Sweden.

Our idea is to conduct a survey of children attending an English school in Sweden and in Cambodia, where the questions deal with how children feel in different situations. The aim is to do a comparison, the English schools between to see any differences and similarities in children's mental health. To get a broader view of the subject are also of interest to interview you as a staff at the school to get your opinion in the subject, and create an image of how you work to promote children's mental health. The hopes of the interviews at each school is that it will result in an exchange of personnel between where the aim is to look at differences in the way of work for good mental health, and to learn from each other.

The goal is that the investigation will result in more new knowledge, and provide a deeper understanding of how the health situation looks today from a mental perspective. It is hoped that the outcome will contribute to an exchange between the schools where we can learn from each other to promote good mental health for children in both Sweden and Cambodia. To carry out this study, your participation as staff at the school is important. You will remain anonymous and you will not be identified, it is also allowed to cancel participation at any time. The material is used solely for purposes of study and then destroyed after work.

Do you have questions or concerns, you are welcome to contact us.

Maria Nyman
Maria-nyman@hotmail.com
XXX-XXXXXXXX

Sofie Bjärntoft
Sofie.bjarntoft@hotmail.com
XXX-XXXXXXXX

Contact person:
Gisela Van der Ster
XXX-XXXXXXXX
Appendix 2

Consent letter

Survey - Children's mental health

We are two students, Maria Nyman and Sofie Bjärntoft we are reading our last year at Hälsopedagogprogrammet at University of Gävle. During the spring semester, we will write a C-essay in Public Health, where we chose to focus on the theme "Children's mental health". Today it's talks a lot about that's important that youngsters suppose to be physically active and eat right to feel good, but unfortunately, what many forget is how the children feel mentally, which is also a very important factor to have a good health. We would therefore by this study provide a picture of reality and get an insight into how mental health looks like here in Sweden compared in a developing country.

Our idea is to conduct a survey of youngsters attending an English school in Sweden and in Cambodia, where the questions are about how you feel and feel in different situations. The aim is then to do a comparison between the English schools to see any differences and similarities in children's mental health. The study will also include a series of interviews with staff at each school who work to promote children's mental health in order to get a broader view of the subject.

The goal is that the investigation will result in more new knowledge, and provide a deeper understanding of how the health situation looks today from a mental perspective. It is hoped also that the outcome will contribute to an exchange between the schools where we can learn from each other to promote good mental health for children in both Sweden and Cambodia.

To carry out this study, your participation is important. The questionnaire survey will be anonymous and no student should be identified, it is also allowed to cancel participation at any time. The material is used solely for purposes of study and then destroyed after.

Do you have questions or concerns, you are welcome to contact us.

Maria Nyman
Maria-nyman@hotmail.com
XXX-XXXXXXXX

Sofie Bjärntoft
Sofie.bjarntoft@hotmail.com
XXX-XXXXXXXX

Contact person:
Gisela Van der Ster
XXX-XXXXXXXX
Appendix 3

Survey – Mental health

The questionnaire contains 15 questions relating to how you feel in different situations. Each question has seven possible answers. You should choose the number that best describes you, there are no right or wrong answers. Choose just one number. Thank you for your participation!

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3) Has it happened that people you trust have let you down?

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5) Do you have feelings that you don’t want to feel?

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6) How often do you feel that the things you are doing are meaningless?

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7) How do you enjoy the School?

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9) Do you think it’s important to have friends?

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10) Think of the people you meet every day, both at school and at the spare time, how well do you know them?

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11) Do you often feel lonely?

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12) Do you feel respected by your surroundings?

1  2  3  4  5  6  7
Very  Sometimes  Very
Often  Rarely

13) Do you often feel happy?

1  2  3  4  5  6  7
Very  Sometimes  Very
Often  Rarely

14) Do you often feel worried?

1  2  3  4  5  6  7
Very  Sometimes  Very
Rarely  Often

15) When you think of the future, how do you feel?

1  2  3  4  5  6  7
Very  Good  Not
Good  Good

Thank you for your participation and for helping us with our survey!
Appendix 4

**Interview questions**

1. Profession?
2. Education?
3. How long have you worked in this area?
4. How long have you worked at this school?
5. How are you working with health? Can you define what you mean with health?
6. How does it prioritise at the school?
7. How do the students know that you are working with health?
8. Which health issues do you prioritise at the school?
9. For how long have you worked with these issues?
10. What made you started working with health issues?
11. How many teachers are working with health?
12. Do you work with mental health? If so, how?
13. Do you think it’s important to work with these issues? If so, why?
14. Do the children have different backgrounds? Ex. The parent’s education, lower economic status etc.
15. If so, do you notice any difference in the mental health between these groups?
16. If a youngster asks you for help, what do you do to help? How do you work? Is there any strategy to follow? Are there certain things you check to know that you are covering the various aspects of children’s problems, such a measure list? Are you documenting your work and take the notes to help when a similar problem shows up with another youngster?
17. Do you get the opinion that:
   - The children sometimes feel misunderstood? If yes, how?
   - The children feel participation and respect? If yes, how?
18. What’s your opinion when it comes to loneliness among the students?
19. What’s your opinion when it comes to anxiety and apprehension among the students?
20. Do you think the students have any visions of the future?