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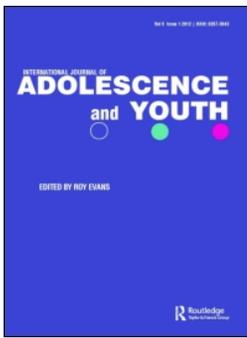
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Overcoming barriers to reach for a helping hand: adolescent boys' experience of visiting the public health nurse for mental health problems

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ABSTRACT

Mental health problems among adolescents have become a public health issue in Norway. However, few adolescent boys seek help for their mental health problems. This study focus on adolescent boys' experiences related to visiting the public health nurse for mental health problems. Twelve adolescent boys were interviewed and qualitative content analysis was used to analyse the data. The theme identified from the data was: overcoming barriers to reach for a helping hand. The theme consisted of four categories: the public health nurse must be accessible; breaking the norm is a prerequisite for the adolescent boys to talk about mental health problems; ensuring that confidentiality is respected; and the public health nurse is a trustworthy person who can open up for new perspectives. The adolescent boys experienced barriers to visiting the public health nurse. When they had crossed these barriers, the visit was experienced as positive.

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Adolescent; boy; content analysis; mental health problems; public health nurse; school health service

Background

The present study focuses on adolescent boys who have visited the public health nurse (PHN) for their mental health problems in the school health service of an upper secondary school. Mental health problems among adolescents have become a public health issue in Norway, as well as in other western countries. Although adolescents experience good general health, their mental health problems have increased in recent years (Bakken, 2018; Collishaw, 2015). Worldwide, 10–20% of adolescents experience mental health problems (Schulte-Körne, 2016; World Health Organization, 2017), with a lower prevalence among adolescent boys than among adolescent girls (Moen & Hall-Lord, 2018).

Studies show that adolescent boys report fewer symptoms of depression and lower levels of stress than girls (Granrud, Steffenak, & Theander, 2017; Schraml, Perski, Grossi, & Simonsson-Sarnecki, 2011). A systematic review describes how adolescent boys react differently to stress to adolescent girls, with, for example, disruptive behaviour (Lillejord, Børte, Ruud, & Morgan, 2017), conduct problems and hyperactivity (Aebi, Giger, Plattner, Metzke, & Steinhausen, 2014; Sagatun, Heyerdahl, Wentzel-Larsen, & Lien, 2014). Adolescent boys have also been found to be less able to inhibit negative behaviours, suppress frustration/anger and control impulses (Zahn-Waxler, Shirtcliff, & Marceau, 2008). Adolescent boys with mental health problems report negative consequences such as poor psychological function, and low subjective wellbeing and self-esteem, poor social relationships and school problems (Derdikman-Eiron et al., 2012; Derdikman-Eiron et al., 2011). Mental

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health problems among adolescent boys may have serious long-term consequences such as dropping out of school (Hetlevik, Bøe, & Hysing, 2018) and higher education (Hjorth et al., 2016), which may lead to reduced earnings in adulthood (Evensen, Lyngstad, Melkevik, Reneflot, & Mykletun, 2017). Other consequences are an increased risk for substance abuse (Bakken, 2018), suicidal ideation (Taliaferro & Muehlenkamp, 2014) and, in the worst-case scenario, suicide (Wasserman et al., 2015). In several countries, suicide is the number one cause of death among adolescents (World Health Organization, 2013). Adolescent boys are four times more likely to complete a suicide attempt than girls (Friedrich, Raffaele Mendez, & Mihalas, 2010).

In Norway, the care for adolescent boys with mental health problems could fall within the remit of the PHN in the school health service, the purpose of which is to promote physical and mental health (Ministry of Health and Care Services, 2018). Every municipality is obliged to have a school health service. PHNs are registered nurses with a 1-year postgraduate education in public health nursing, and expertise in health promotion and disease prevention. Their task is to monitor, identify, guide, counsel and refer to other professionals. They have no common treatment function. The PHN is responsible for children aged 0–20 years, and their families, and works in the school health service, health clinics for children aged 0–5 years, refugee health service and health clinics for adolescents in the municipalities (Norwegian Directorate of Health, 2017). The profession is unique to Norway, but, from a global perspective, their role is similar to that of a school nurse, health visitor, community nurse or district nurse.

In Norway, the PHN in the school health service represents a low-threshold (easily accessible) service that is available to all adolescents at school. The PHN has knowledge and skills concerning mental health that enable them to counsel and guide adolescents struggling with mental health problems. In one recent study, it was reported that PHNs spent more than 50% of their time working on mental health issues (Skundberg-Kletthagen & Moen, 2017). PHNs seldom work full-time in the school health service (Granrud, Anderzén-Carlsson, Bisholt, & Steffenak, 2019; Waldum-Grevbo & Haugland, 2015) and adolescents describe PHNs in the school health services as being inaccessible; they could not find the office and did not know when the PHN was there (Steffenak, Wilde-Larsson, Hartz, & Nordström, 2015).

It has also been reported that adolescents with mental health problems use the school health services only to a small extent, and boys even less than girls (Granrud et al., 2017; Moen & Hall-Lord, 2018). Stigma and the embarrassment associated with mental health problems are reported as a barrier to seeking help (Gulliver, Griffiths, & Christensen, 2010). Another reason could be that boys do not feel so comfortable talking about their feelings with others (Friedrich et al., 2010). Adolescent boys are more concerned with concealing their mental health problems rather than seeking help (MacLean, Sweeting, & Hunt, 2010).

The PHN is a resource for mental health issues in the school health service, which should provide equal services to both boys and girls. Previous studies have shown that adolescent girls are more likely to seek help for their mental health problems than adolescent boys. To avoid any long-term consequences, it would most certainly benefit adolescent boys to get help for their mental health problems at an early stage, so it would be interesting to explore the experience of adolescent boys regarding the PHN. To our knowledge, studies about adolescent boys' experiences of visiting the PHN are lacking and should be undertaken. Thus, the aim of the present study is to describe adolescent boys' experiences related to visiting the PHN for mental health problems.

Method

Setting and participants

The PHN recruited the participants through the school health service of upper secondary schools. The first author made contact with the PHN in the school health service, first by telephone and then by mail, and asked them to help in recruiting adolescent boys who fulfilled the inclusion criteria and invite them to participate in the study. The inclusion criteria were adolescent boys aged >16 years

from an upper secondary school who had visited the PHN because of mental health problems. In this study, mental health problems were not specially defined; it was up to the PHN to ask those who had visited her for some kind of mental health problem. The PHN informed the adolescent boys verbally and gave them written information about the study. If they wanted to participate, the PHN sent an email to the first author with the adolescent boy's telephone number. Then the first author contacted them by telephone, gave more information about the study and made an appointment for an interview if they were still interested in participating. One cancelled the interview the same day and did not want to participate, and one did not answer the phone on any occasion. In total, 12 adolescent boys, aged 16–21 (mean age 17) years from five upper secondary schools agreed to participate in the study. In Norway, students who for various reasons are not finished with their studies in upper secondary school within the set of time, have the opportunity to finish later (until the age of 24). This means that the age of students can vary and explain why one of the participants was 21 years. All except one had Norwegian as his first language. Only a few had initially visited the PHN on their own initiative. Teachers referred most of the adolescent boys to the PHN and the police recommended two. None of the adolescent boys had ever visited a male PHN. They were all students on different study programmes.

Data collection

Data were collected using semi-structured interviews between September 2018 and March 2019. Eleven interviews were conducted, ten were with one individual and one was with two. Seven of the interviews took place at the adolescent boys' upper secondary school, following their wishes. Two interviews took place in a café and one at the first author's workplace. One forgot the appointment and, after a reminder from the first author, he wanted to carry it out by phone instead. Two of the adolescent boys wanted to carry out the interview together, and these two were given the opportunity to talk with the first author alone but neither wanted to. The interviews lasted from 17 minutes to 56 minutes (mean 26.6 minutes) and all were digitally recorded and transcribed verbatim. The first author conducted the interviews. A semi-structured interview guide was used to cover the topic with each participant (Polit & Beck, 2017). The main questions were: How was your experience of visiting the PHN? Could you please tell me how you found out that you could visit the PHN. Follow-up questions were asked to obtain more detailed information of the study topic, and included questions such as: 'Can you please tell me more about ...' and 'Can you please explain ...' Most of the adolescent boys needed several follow-up questions, and they stated that it was difficult to talk about their experiences without encouraging follow-up questions.

Data analysis

The first author carried out the analysis in collaboration with the other authors. The interviews were analysed using qualitative content analysis, as described by Graneheim and Lundman (2004). In the analysis of the text, both manifest and latent content were identified. The manifest content is the text close to the participants' verbal utterances, whereas the latent content is what is understood and interpreted (Graneheim & Lundman, 2004). The transcription of each interview was read several times for the authors to familiarize themselves with the content and to acquire an overall understanding. Second, meaning units, which corresponded with the aim of the study, were identified and extracted. Meaning units are words or sentences containing aspects that are related to each other through their content or context (Graneheim & Lundman, 2004). The condensed meaning units were then abstracted and labelled with a code, illustrating the key message embedded in the text. The codes were compared based on similarities and differences, and were sorted into four categories. A category describes the content at a manifest level, with a low degree of interpretation; however, the level of abstraction can vary (Graneheim & Lundman, 2004). The tentative categories were discussed by the four authors until consensus had been reached. Finally,

one theme that unified the content in the categories was formulated. The theme illuminated the underlying meaning from the meaning units, codes and categories at an interpretative level (Graneheim & Lundman, 2004). Quotations from interviews illustrate the content of the categories.

Ethical consideration

The participants were given written and verbal information about the study: the aim, the voluntary nature of participation and the right to withdraw at any time with no need for an explanation, and no further consequences to their relationship with the PHN. The adolescent boys were informed that the PHN would not have access to the information provided. Informed consent was obtained before the interview. The Norwegian Centre For Research Data (NSD) (No. 43267) approved the study.

Results

The identified theme, covering the latent content was: *overcoming barriers to reach for a helping hand*. The theme consisted of the four following categories: *the PHN must be accessible*; *breaking the norm is a prerequisite for the adolescent boys to talk about mental health problems*; *ensuring that confidentiality is respected*; and *the PHN is a trustworthy person who can open up new perspectives* (Table 1).

Overcoming barriers to reach for a helping hand

There seem to be some barriers to adolescent boys visiting the PHN. It was considered to be breaking the norm to talk about mental health problems and visit the PHN. It was important for them that the PHN was accessible in the school health service, which was not always the case. Confidentiality was considered to be crucial and the adolescent boys needed to know that they could trust the PHN. When barriers were overcome, they experienced the PHN as a positive and trusting person.

The PHN must be accessible

The accessibility of the PHN was described as an important factor for the adolescent boys. For some this worked well, but for others the PHN was not easily accessible, or inaccessible, in relation to their preferences. According to these adolescent boys, the PHN's office was regarded as either too secluded or too public. The PHN was not experienced as visible in the class or the school environment, and, if they were visible, their activities did not specifically point to meeting the adolescent boys' needs.

Some adolescent boys were satisfied with their PHN's accessibility and described that, if they wanted an appointment, they got one within a reasonable time. It was highlighted that the PHN needed to be present at school every day. Some described the PHN being present at school only 2 or 3 days a week. As one said:

'If you feel bad and want to talk to the PHN on Thursday, then you see that she will not be back until Tuesday. That is a long time to wait! Who are you then going to talk to?' (Interview 8)

The presence of a PHN for just a few days a week was not enough. Several of the adolescent boys wanted more than one PHN, so there would always be an open door. Some of them had experienced

Table 1. Overview of the theme and categories.

Theme	Overcoming barriers to reach for a helping hand
Categories	<ul style="list-style-type: none"> ● The public health nurse (PHN) must be accessible ● Breaking the norm is a prerequisite for the adolescent boys to talk about mental health problems ● Ensuring that confidentiality is respected ● The PHN is a trustworthy person who can open up new perspectives

their appointment being cancelled because the PHN had to deal with an urgent matter; one said that this would probably not have happened if there had been two PHNs employed. One described the PHN at his school arranging her services so that she had scheduled appointments and open access hours to allow for spontaneous visits.

When the office was too accessible, this could lead to a higher threshold for visits to the PHN. One adolescent boy did not like waiting outside the office because it was obvious that he was visiting the PHN. Several adolescent boys did not see the PHN other than when they had a scheduled appointment.

'She is not very visible. She is a very busy person, and she always has meetings. She has been on a very short visit in the class and talked. You do not see her much, just when you have an appointment. She is the PHN in two schools.' (Interview 9)

The adolescent boys described that the PHN should be accessible for those who did not dare visit them. They also called for more visibility in the class. Some PHNs had a sheet in the classroom on which they wrote information about when they were available, and some gave this information on social media. When the PHN came to the class, she talked about vaccination and gave general information about the service. The adolescent boys wanted the PHN to involve the adolescent boys more, clarifying that the service applied equally to both genders.

Breaking the norm is a prerequisite for the adolescent boys to talk about mental health problems

Talking about mental health problems and their visits to the PHN was identified as breaking the norm among adolescent boys. Thus, it was like crossing an invisible line when they visited the PHN.

The adolescent boys experienced difficulties talking to their friends and classmates about their visit to the PHN, and felt that it was difficult to talk to others about their feelings. They were afraid they would be identified as 'mad' or 'weak'. If they talked to their friends about their visits, some were worried that they would be regarded as feminine, because it was not masculine to talk about feelings; rather, boys should be tough. One said:

'When you visit the PHN they may think that you are not a real man. Real men deal with their problems themselves.' (Interview 8)

The adolescent boys experienced the PHN in the school health service being more suited to girls than boys. Some had experienced comments from others when they visited the PHN. One had experienced being bullied about the visit.

'It may happen that you get bullied when you visit the PHN. I think they see the PHN as a typical girl's thing. That is not true; the PHN is for everyone!' (Interview 10)

Several described that they had one close friend, who was the one to whom they could talk about their feelings and their visit to the PHN. Some of the adolescent boys visited the PHN together with this close friend. They felt better to be two because it felt a bit weird to sit alone with the PHN and talk about feelings. One said:

'It is important who this friend is; it cannot be anyone. I would not go with an ordinary friend when I talk about feelings and things like that.' (Interview 7)

To reveal a visit to the PHN was difficult, especially to classmates. Often the adolescent boys had an appointment when they had lessons in class. Then the visit became apparent to their classmates, and this visibility made the visit difficult for some. One said:

'Girls often go with a friend or two to the PHN; this means that they have a social buffer. Then you can think if it is important for you what other people think. Then you might as well think that they are together to support a friend, or the friend supports you. A doubt is created and you can feel safer. Boys do not have that kind of grouping with friends. In a way, boys are isolated and exposed at the same time. So, I think that makes it more difficult in a way.' (Interview 1)

Others could reveal that they have visited the PHN, but they would not mention that they have been there for mental health problems. The adolescent boys experienced it easier if their classmates thought that they visited the PHN for physical injuries.

Ensuring that confidentiality is respected

Confidentiality was described as something about which the adolescent boys were concerned. They were aware of the PHN's confidentiality by law and described it as an important factor when visiting the PHN. The confidentiality was important for the adolescent boys to feel that they could trust the PHN.

One way of testing confidentiality was to visit the PHN for physical injuries. If they felt they could trust her, then they could talk about mental health problems. Some adolescent boys were not sure that their visit would be confidential in reality, because more than one had experienced a PHN saying more than she should have to other people and professionals. One said:

'I am aware of the duty of confidentiality that PHNs have, but I have experienced several health people who have interpreted this a bit creatively.' (Interview 1)

The confidentiality was especially challenging when visiting the PHN in small municipalities, where the PHN lived and worked in the same municipality as the adolescent boys.

'I know about confidentiality; there is still something about personal conversations. Talking about a personal problem is difficult. It is a bit like having your private doctor as your neighbour, which is not always pleasant.' (Interview 2)

This adolescent boy changed school and felt more comfortable with the PHN in a larger school and municipality. Several of the adolescent boys pointed at that the PHN must ask for consent before she could share any information with anyone. One described the PHN having broken the confidentiality after one visit. The PHN told both teachers and others about his problems, which was revealed when the teacher asked how he was doing. At first, he did not understand what the teacher meant, but then he realized that the PHN had told the teacher about his problem. Breaking confidentiality led to loss of confidence in the PHN. After this incident, this adolescent boy changed his PHN and trusted the new one.

When trusting the PHN and her confidentiality, the adolescent boys described not having to worry about the PHN telling their parents or others about their visit.

'I think it is reassuring that they have confidentiality. Then I do not have to worry about her telling others. I can talk about everything.' (Interview 11)

Some of the adolescent boys described that confidentiality was a security and nothing was too embarrassing to talk about with the PHN.

The PHN is a trustworthy person who can open up new perspectives

This category deals with valued personal characteristics of the PHNs and how they professionally support adolescent boys dealing with their mental health problems. Attentiveness and offering a new view were crucial.

When the visit was experienced as successful, the adolescent boys described the PHN as nice, trustworthy, good and confident, and being a supportive person. They also appreciated when the PHN was clear and distinct in her manner. The adolescent boys highlighted the importance of the PHN being an active listener and being attentive to their mental health problems. As one said:

'I talk about my problems. She listens to what we say, she is a good listener and good at catching things I say.' (Interview 6)

The PHN in the school health service was a person to whom the adolescent boys could express their thoughts and feelings. Everyone experienced benefits from the visit and some felt as though a burden had fallen from their shoulders. The adolescent boys described it as important to get a new view of their mental health problems.

'I get most advice about how I can deal with my problems. I get another point of view on my problems which makes it easier to handle it.' (Interview 5)

The adolescent boys felt that they could talk about everything and that nothing was unpleasant. Things they did not want to talk to their parents or friends about, they could tell the PHN. The PHN was also described as a person who was good at turning negative things into something positive. When the adolescent boys felt the PHN being positive, it facilitated them to talk openly about their mental health problems. Some described having received good advice that improved their self-image, and meant that more should consider visiting the PHN. Despite this, some experienced that it could be too much talk and that what the PHN would say could be predictable.

'We sit down and talk together. It can be too much talk. Everything I say, she is always positive. That feels a bit special, and can sometimes feel a bit quasi. She gives a lot of good advice but sometimes I can imagine what she will say.' (Interview 2)

Sometimes it was not enough to talk to the PHN. Some adolescent boys needed more help for their mental health problems than the PHN could give. Then the PHN referred the adolescent boys to other professionals, which was felt to be a good decision.

'It was a period when I did not feel well. It was a period of my life when I felt really depressed. Then the PHN said it would be wise to make contact with the child and youth psychiatric service to get more help. I think that was very helpful. So, they have a lot of good advice.' (Interview 3)

Some mentioned the importance of PHNs as a neutral individual in conflicts. When they experienced conflicts with their parents, they appreciated that the PHN did not take sides.

Discussion

The focus of this study was to explore adolescent boys' experiences related to visiting the PHN for their mental health problems. The main finding was that contact with the PHN was experienced as positive and trusting, but there were some barriers to overcome before reaching this.

One important finding in this study was the fact that it broke the norm for the adolescent boys to talk about their mental health problems, and to reveal that they had visited the PHN. The adolescent boys described it as not being masculine to talk about this problem. The social norm among adolescent boys is to be strong, and it could be a sign of weakness to be open about mental health problems and seek help (Clark, Hudson, Dunstan, & Clark, 2018). A systematic review found that stigma and embarrassment were the most prominent barriers to seeking help for mental health problems among adolescents (Gulliver et al., 2010). One study found that, when the participants had mental health problems, they did not have just one problem but two – the problem plus the stigma (Martínez-Hernández, DiGiacomo, Carceller-Maicas, Correa-Urquiza, & Martorell-Poveda, 2014) – which is important for professionals to take into account when planning supportive interventions. There can also be different components related to stigma: one can be the perceived stigma, which is related to other people's stigmatizing attitude, or it can be self-stigma, which is related to their own stigmatizing attitude (Hom, Stanley, & Joiner, 2015). In this study, both perspectives were identified. Seeking help for mental health problems can involve exposure to bullying or exclusion (Clark et al., 2018). In addition to stigma, guilt and fear are seen as obstacles to seeking help (Fargas-Malet & McSherry, 2017). The adolescent boys in the present study were afraid of being seen as 'mad' or 'crazy' if they told anyone about their mental health problems and their visit. The findings about stigmatization could suggest that friends or classmates can negatively influence adolescent boys and

their willingness to visit the PHN. Despite this, the adolescent boys called for more openness among friends related to mental health problems and visiting the PHN.

Few of the adolescent boys visited the PHN on their own initiative; this may be for various reasons. One reason could be that they did not feel their problem was serious enough to visit the PHN or they did not want to talk about their problems with others. This is in line with another study, which indicates that adolescents prefer to rely on themselves rather than seek external help for their problems (Gulliver et al., 2010). In a Scottish study the adolescents expressed doubt about whether it would make any difference to talk to the school nurse about their mental health problems. They felt like nobody could help, anyway (Woodhouse, Bainbridge, Miller, Thomson, & Gray, 2016). The PHN describes it being more difficult to discover mental health problems among adolescent boys because they do not make contact and tell the PHN about their problems to the same extent as adolescent girls (Kvarme & Sand, 2018). This is consistent with findings from the present study in which the adolescent boys experienced difficulty visiting the PHN. One systematic review concluded that difficulties talking to professionals about mental health problems were more common in adolescent boys (Clement et al., 2015). Despite the identified barriers to overcome before reaching for the helping hand, the adolescent boys felt better after the visit. Positive experiences have previously been reported as a facilitator to seeking future help for adolescents (Gulliver et al., 2010) and positive trusting relationships are mentioned as a success in seeking help (Fargas-Malet & McSherry, 2017), which was also mentioned in the present study. Findings from this study about the fact that adolescent boys might not visit the PHN on their own initiative is important knowledge for the PHN. The PHN need to be aware of this and use other approaches or methods to reach out to adolescent boys. It was mainly teachers who referred the adolescent boys to the PHN. Therefore, it is important with collaboration between PHNs and teachers to reach the adolescent boys with mental health problems.

The accessibility of the PHN was important, but not all the adolescent boys experienced it that way. They wanted the PHN to be present every day and to have an open door. They highlighted that accessibility was necessary to get the adolescent boys to visit the PHN. The importance of the PHN's accessibility in the school health service is emphasized in several studies (O'Connor, Martin, Weeks, & Ong, 2014; Skundberg-Kletthagen & Moen, 2017; Steffenak et al., 2015). However, one study found that the PHN's presence in schools in Norway varied from 20% to 90% of full time (Granrud et al., 2019). This variation is in line with reports from other countries (Bains & Diallo, 2016). The adolescent boys did not experience the PHN as being visible in the environment. This can be related to the fact that the PHN has a small part of their position in the school health service and that they are occupied with appointments. In addition, the PHN has many tasks to perform, regulated in law (Ministry of Health and Care Services, 2018), which can make them less visible. A study found that adolescents experienced the PHN's office being secluded, which again makes it difficult for adolescents to visit them (Steffenak et al., 2015). On the other hand, a consequence of a central location of the office can make it visible to others that the adolescent boy is visiting the PHN. To make the school health service more available, factors such as being present make the service more flexible and less formal; providing more and better information about the accessibility may be important to get the adolescent boys to visit the PHN.

A common factor for the adolescent boys in the present study was the importance of confidentiality, and they were all aware of a PHN's confidentiality by law. Concern about confidentiality has been reported as a prominent barrier to seeking mental health help in several studies (Clark et al., 2018; Gulliver et al., 2010). In Norway, all the PHNs are subjected to stringent confidentiality (Ministry of Health and Care Services, 2000), but despite this some adolescent boys experienced the PHN not complying with the duty of confidentiality. A breach of, or insecurity about, the duty of confidentiality could be related to stigma. The adolescent boys may be afraid that others could find out that they had visited the PHN and that they have mental health problems. If they should overcome the barriers to visiting the PHN, they must feel safe about the confidentiality, which has been underlined in previous research (Gronholm, Nye, & Michelson, 2018). This study revealed that the adolescent

boys tested the PHN to see if they could trust her duty of confidentiality before they talked about their mental health problems. One way they of doing this was to visit the PHN for physical injuries. This knowledge may be important for the PHN so that they are aware that adolescent boys might use this approach, and that they need more time to open up.

The PHN's character was mentioned as important by the adolescent boys and was related to the PHN's personal and professional attitude. The adolescent boys in this study revealed that the PHN was experienced as a helpful, kind, confident and trustworthy person with whom they were comfortable talking. Trusting relationships have previously been reported to be an essential basis for promoting health (Hilli & Wasshede, 2017; Larsson, Björk, Ekebergh, & Sundler, 2014). The PHN's approach is of importance in how the dialogue between adolescent boys and the school nurse was experienced in a Swedish setting (Golsater, Sidenvall, Lingfors, & Enskar, 2010). To achieve a good health dialogue, trust, and respect for attentiveness, continuity and accessibility on the part of the PHN, were reported to be essential (Golsater et al., 2010). These qualities are important to get adolescent boys to open up and talk to the PHN. The present study found that the adolescent boys experienced having a new perspective on their problems through their visit to the PHN. As mentioned earlier, the PHN has competence in health promotion, which may be essential in the dialogue. Previous research found that one way of opening up new perspectives is to use coping strategies, one of which can be to find positive things as a way of getting the adolescents back on track (Dahl & Clancy, 2015).

The results showed that the adolescent boys felt that it was easier to talk to the PHN than to their parents or friends. This is in contrast with a study that underlined that adolescent boys with depressive symptoms felt comfortable talking to their family before talking to health professionals (Lindsey, Joe, & Nebbitt, 2010).

The findings from this study add to the knowledge about adolescent boys' experiences with school health services when having mental health problems. Such knowledge is of value for those who are organizing school health service, as well as for the PHN working in this context. Careful consideration should be put on how to organize the school health service and were to localize the PHN, to be accessible for all young people in need of their services and for being easy accessible for interprofessional collaboration in the school setting. Furthermore, the PHN must be knowledgeable with support-seeking behaviours in adolescent boys for better recognition of their need and support.

Methodological consideration

To report trustworthiness, the three criteria of credibility, dependability and transferability are used. In qualitative content analysis, it is important to have variation and diversity in the material (Graneheim & Lundman, 2004). This requirement has been fulfilled because the adolescent boys represented six different school health services, with nine PHNs from both urban and rural areas in Norway. The age varied between 16 and 21 years. Despite the differences in age, the adolescent boys were concerned about the same topics. The research process, design and analysis have been carefully outlined, which ensures credibility (Graneheim & Lundman, 2004). All the authors discussed the categories and theme until a consensus had been reached.

Dependability refers to the stability of data over time (Graneheim & Lundman, 2004). Data were collected from September 2018 to March 2019, and analysed close in time. All the adolescent boys were asked the same open-ended question as an introduction, followed by individually adapted follow-up questions.

Transferability refers to how well the results can be transferred to other settings or groups (Graneheim & Lundman, 2004). The present study was performed in a Norwegian context, and its transferability must be assessed in the light of an awareness that the context of PHNs may differ across countries.

There are some limitations to this study. Twelve adolescent boys were interviewed and we had problems recruiting more boys. Thus, we cannot guarantee saturation of the data, but we claim to have data to cover significant variation. The recruitments were carried out by the PHNs in different school health services, which meant that the first author could not conduct a purposeful sampling. It is unknown how many adolescent boys in total were informed about the study and invited to participate. There were some short interviews (17–19 minutes); despite this the interviews gave rich information, which is reflected in the quotations.

Conclusion

The present study found that the adolescent boys experienced some barriers to visiting the PHN. Despite the fact that a PHN in the school health service is a low-threshold service, it does not always seem like this for the adolescent boys. They wanted the PHN to be more accessible and they needed to trust the PHN's duty of confidentiality before visiting the PHN. When having overcome these barriers, the adolescent boys felt positive about the visit and experienced having a new perspective on their problems. The adolescent boys experienced it as breaking the norm to talk about mental health problems and to visit the PHN. They felt stigmatized. In many ways it was challenging to visit the PHN on their own initiative; instead other professionals often referred them.

Knowledge from this study increases understanding of barriers for adolescent boys to approach the PHN in the school health service. This knowledge can be used to facilitate adolescent boys being more comfortable searching for support in this setting, when having mental health problems.

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