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Positive mental health from the adolescent girls’ perspective
A qualitative study

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ABSTRACT

**Background:** Psychosomatic problems are increasing among adolescent girls and levels of life satisfaction, well-being and self-esteem are lower among adolescent girls compared to boys at the same age.

**Aim:** The aim of this thesis was to explore adolescent girls’ perceptions of the concept of PMH and to identify influential factors for PMH from their own perspectives.

**Methods:** A qualitative explorative study was designed. The data collection was through four semi-structured focus group interviews. Participation in the study was completely voluntary and 14 high school girls aged 16-17 participated in the study. An inductive content analysis was conducted to analyze the collected data.

**Results:** Six categories and sixteen subcategories emerged from the data analysis, answered the two objectives of the study and met the purpose of this thesis. The six categories were: 1) when you feel well and things go well; 2) school-related factors, 3) factors at home and at leisure time, 4) key personal characteristics, 5) coping skills and balanced healthy lifestyle, 6) more attention to PMH. The findings showed that PMH was perceived as a two-dimension concept of feeling well and functioning well in life. The main influential factors for PMH was healthy social relations within and outside the family, key characteristics such as optimism, high self-esteem, sense of control, purpose and progress as well as coping skills and paying more attention to PMH.

**Conclusion:** A combination of positive factors promoting feeling well and functioning well in life should be taken into account in the development of mental health promotion approaches and programs to improve PMH among adolescent girls.

Keywords: Positive Mental Health, Adolescent Girls, Qualitative Explorative Study, Focus Group Interviews.
SAMMANFATTNING

Bakgrund: Psykosomatiska besvär ökar bland flickor och livstillsfredsställelse, välbefinnande och självkänsla bland flickor är lägre än pojkar.

Syfte: Syftet med studien var att studera uppfattningar av flickor på gymnasiet om begreppet positiv psykisk hälsa (PMH) och identifiera faktorer som påverkar PMH utifrån målgruppens egna perspektiv.

Metod: En kvalitativ explorativ studie utformades. Datainsamlingen skedde genom fyra fokusgruppsintervjuer och 14 gymnasieflickor i åldern 16-17 deltog i studien. Deltagande i studien var helt frivilligt. En kvalitativ induktiv innehållsanalys utfördes för att analysera insamlade data.

Resultat: Sex huvudkategorier och sexton subkategorier återfanns i dataanalysen som svarade på syftet och två frågeställningarna i studien. De sex huvudkategorierna var: 1) när man mår bra och allt går bra 2) skolrelaterade faktorer 3) faktorer hemma och på fritiden, 4) viktiga personliga egenskaper, 5) coping färdigheter och balanserad hälsosam livsstil, 6) mer uppmärksamhet till PMH. Resultatet visade att PMH uppfattades som ett tvådimensionskoncept, att må bra och att fungera bra i livet. De centrala faktorerna för PMH identifierades som hälsosamma relationer inom och utanför familjen, viktiga egenskaper som optimism och bra självkänsla, känsla av utveckling, kontroll och meningsfullhet, stresshanteringsförmåga, samt att uppmärksamma PMH.

Slutsats: En kombination av positiva faktorer för att må bra och fungera bra i livet, bör beaktas inom utveckling av strategier för att förbättra PMH bland flickor på gymnasiet.

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1. BACKGROUND

1.1 Health and health promotion

The World Health Organization [WHO] defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2007, p 1). In Ottawa Charter for Health Promotion (1986), health promotion is defined as a process of enabling people to increase control over, and to improve their health (WHO, 1986). In a report by WHO (2005), it is described that mental, physical and social functioning are interdependent and neither physical nor mental health can exist alone (WHO, 2005). In the same report, it is mentioned that World Health Organization has strived for the full incorporation of health in worldwide public health and it is emphasized that promoting mental health is an integral part of public health.

1.1.1 Mental health in adolescent girls

More than 70 percent of population at age 16-84 years perceive their mental well-being as good or very good in Sweden (The Public Health Agency of Sweden, 2018a). At the same time, almost 30 percent in the same age group has reported mild symptom/problem of anxiety and depression. The problem is more common among women (37 percent) than men (24 percent). Stress is most common among women aged 16-29 and 29 percent of women state that they perceive themselves as fairly or very stressed. Six percent of women and three percent of men reported that they have severe anxiety symptoms.

Since 1980s, The Public Health Agency of Sweden has followed the development of self-reported psychological and psychosomatic troubles among girls and boys in the age groups 11, 13 and 15 (Bessö, 2017a). Results from a report by WHO’s Survey of Health Behavior in School Children (2017), focusing on mental health among children, shows that the majority of 11-, 13- and 15-year-olds stated that they were satisfied with their life (Bessö, 2017b). Findings over the last 15 years indicate that the proportion of individuals with high levels of life satisfaction has been stable. On the other hand, the proportion of 15-year-old individuals with reoccurring psychosomatic issues such as headache and sleep problem has increased (The Public Health Agency of Sweden, 2018b). The proportion of different psychosomatic problems has increased from 29 to 41 percent among girls, while the proportion among boys has increased from 20 to 30 percent. Levels of self-esteem, life satisfaction and well-being are generally lower among adolescent girls compared to boys at the same age.
A systematic review by Bor, Dean, Najman and Hayatbakhsh (2014), showed that the mental health issues have increased in high-income countries in the western world, including Sweden. The review showed that internalizing symptoms such as depressive symptoms and anxiety, have decreased among young children but increased among adolescents, especially in adolescent girls. The increase of psychological and psychosomatic troubles among adolescents is alarming, and they often occur with other difficulties such as being stressed by schoolwork, being unable to talk with their parents, and being bullied (The Public Health Agency of Sweden, 2018c).

1.2 Promoting mental health

A comprehensive report of World Health Organization about promoting mental health (WHO, 2005), outlines that mental health and mental illnesses are determined by multiple and interacting social, biological and psychological factors. The previous definition of mental health was influenced mainly by the perspective of the absence of mental illness (WHO, 2005; Keyes, 2002). Alongside the development of a health promotion perspective, some progress toward a new definition of mental health has been made by focusing on a salutogenic perspective rather than a pathogenic perspective (Antonovsky, 1979; WHO, 2005; Mittelmark & Bauer, 2017; Galderisi, Heinz, Kastrup, Beezhold & Sartorius, 2015; Barry, 2009). This means that mental health has been re-conceptualized in positive rather than negative terms, by focusing more on positive factors and indicators of well-being. Mental health is defined by World Health Organization as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2007, p 1). In this description, mental health is defined as a resource for every-day life and the foundation for well-being and effective functioning of individuals, families, communities and society (Barry, 2009; WHO, 2005; WHO, 2007; Slade, 2010).

To decrease the burden of mental ill health and promoting mental health in population, a holistic approach must be take into account in terms of promoting mental health, preventing mental ill health, and offering support and treatment to those who have already developed mental disorders or those with mental disabilities (WHO, 2005; Patal & Goodman, 2007; The Public Health Agency of Sweden, 2018c). But it seems that health planners and health professionals are often too preoccupied with the immediate problems of those who have mental disorders or suffer from mental diseases, to be able to pay attention to needs of
promoting mental health in population without mental disorders or mental illnesses (WHO, 2005). As a result, there has been a more epidemiological emphasis on illness rather than wellness and a greater focus on pathogenic indicators than the salutogenetic ones. Besides the vital need for expanding services to prevent mental disorders in risk group population, it is also crucial to identify positive and protective factors and indicators and develop strategies to improve people’s quality of life and to help them to realize their full potential to reach an improved mental health (WHO 2005; WHO, 2018; Barry, 2009).

1.2.1 The concept of salutogenesis

As Mittelmark and Bauer (2017) point out, the term salutogenesis first was coined and introduced by Antonovsky, (1979) to convey the mode of thinking implied by the question ‘what makes people healthy’. The concept of salutogenesis is associated with a variety of meanings and it has been explained in many subsequent works (Mittelmark & Bauer, 2017). The salutogenic model of health is about a shift in focus from a pathogenic approach toward a salutogenic approach and it comprehensively refers to the sense of coherence to mobilize resources which helps individuals to cope with stressors and not be affected negatively by life adversities (Antonovsky, 1979; Mittelmark & Bauer, 2017). Becker and Rhynders (2013) highlight that health efforts, should be directed toward creating physical, mental, and social well-being and to guide these efforts, a salutogenic framework, which is a theoretical framework about the origins or creation of health, is necessary to complement the traditional pathogenesis framework.

1.2.2 Positive mental health (PMH)

Research into positive aspects of mental health is becoming more common in public health and in the field of psychology (WHO, 2005; Barry, 2009; Connell, O’Cathain, & Brazier, 2014). Positive mental health (PMH) is a broad concept and a huge domain which has many aspects (WHO, 2005; Barry, 2009). Although there are a range of constructs and theories relevant to PMH and many researchers have made attempts to give a more actual definition to understand and facilitate the application of PMH, so far there is no global definition of PMH (Barry, 2009; Vaillant, 2012; Galderisi et al., 2015). However, PMH has been predominantly conceptualized as encompassing two key aspects, positive emotions and positive functioning (Keyes, 2002). This conceptualization of PMH is in accordance with the WHO’s definition of mental health. This perspective of mental health integrates two distinct philosophical approaches to define well-being: hedonic well-being and eudaimonic well-being (Waterman,
The hedonic perspective is dealing with positive emotions, feelings of pleasure or happiness and the eudaimonic perspective is emphasizing on optimal functioning of an individual in everyday life (Waterman, 1993; Ryan & Deci 2001; WHO, 2005; Galderisi et al., 2015).

A conceptual framework, characterized as mental health continuum, developed over time initially by Keyes (2002) to measure three levels of mental health. In this model, mental health and mental illness are identified as two related (are correlated) but independent and distinct dimensions (Keyes, 2002; Keyes, 2014). The three levels of mental health are identified as flourishing, moderate and languishing mental health (Keyes, 2002; Keyes, 2005; WHO, 2005). The term “flourishing” is about the presence of mental health and indicates a condition characterized by the presence of high levels of emotional well-being as well as high levels of positive functioning. This is while the term “languishing” is about the absence of mental health and indicates a condition of low levels of emotional well-being and low levels of positive functioning.

Barry (2009) describes that positive mental health has been conceptualized as positive emotions or feeling of happiness, personality traits including concepts of self-esteem and sense of control, as well as the capacity to cope with adversity and life stressors. Keyes (2014) identifies three components of mental health: emotional well-being, psychological well-being and social well-being. Emotional well-being includes happiness, interest in life, satisfaction and how one feels about their life. Psychological well-being comprises self-acceptance, personal growth, purpose in life, environmental mastery and autonomy and positive relations with others. The third component, social well-being, refers to positive functioning in term of social contribution, social integration, social coherence and holding positive attitudes toward others (Keyes, 2014).

1.2.3 Studies on adolescents own perspectives on mental health in Sweden

A few studies were found focusing on adolescents own perspective to identify the influential factors to improve mental health (Wickström, 2015; Boersma, 2018). Two relatively comprehensive ongoing research projects, focusing on young people’s own perspective, are presented here. These studies aim to identify underlying factors perceived central to prevent mental ill health and promote mental health. However, both of these studies have their starting points in a pathogenesis perspective.
The first ongoing research project (Trestadsstudien, Örebro, Karlskoga, Köping) is a longitudinal experimental study over six years from 2012 to 2017, focusing on underlying risk factors impacting mental health, from adolescents’ own perspective (Boersma, 2018). The data is collected by interviewing adolescents. The purpose of this project is to investigate how to prevent young people from developing mental- and social adaptability problems effectively. The project focuses on underlying factors behind common behavior problems to facilitate dealing with several problems at the same time instead of focusing on one problem at a time. School performances, interpersonal relations with family, friends and teachers and sleeping problems are influencing factors mediated by emotional regulation with worrying and rumination, have so far been reported as underlying factors in this ongoing project (Boersma, 2018).

In another ongoing research project by Linköping University, 15-year-old adolescents have been interviewed (individually and in a group) about their own perspective on mental health (Wickström, 2015). The project is based on a study of the WHO’s Survey of Health Behavior in School Children (HBSC), implemented 2017/2018. The study is about investigating the underlying factors causing increased mental ill health among young people. The study aims to generate knowledge about how young people interpret, question and challenge the psychiatric discourse and what their vulnerability consists of, and to identify what kind of vulnerability it is about when describing children’s and young people's well-being in terms of psychiatric symptoms. So far sleeping habits, social media, school performances, problem with hectic periods at school, interaction with family and friends and to “fit in to the situation” have been reported as perceived central factors to improve mental health.

1.3 Problem explanation

With some exceptions, mental health has been generally evaluated by symptoms and measurement of mental disorders (WHO, 2005; Barry, 2009; Connell et al., 2014). There is yet much to do to gain a better understanding of mechanisms which facilitate developing effective approaches to promote mental health (WHO, 2005; Barry, 2009). Improving our understanding of influential factors for PMH is essential to develop knowledge that could be utilized to improve mental health and well-being in individuals and populations. Development of indicators for PMH for children is still in its infancy and is not established well (WHO, 2005). Findings from previous research highlight the importance of PMH in future research on adolescent development (Keyes, 2006). Studies which explore adolescent girls’
perceptions of the concept of PMH and identifying influential factors for PMH from their own perspectives have not been found by now. This is while understanding the adolescent girls’ perceptions of PMH and identifying factors perceived as influential for PMH, may shed light on some key aspects to broaden our perspectives and facilitate the development of approaches to promote PMH in this target group.

1.4 Aim

The aim of this thesis was to explore adolescent girls' perceptions of the concept of positive mental health and to identify influential factors for PMH, from their own perspectives.

1.4.1 Objectives

1. To get an understanding of how positive mental health and mental well-being are defined by high school girls.

2. To get an understanding of influential factors for positive mental health and mental well-being, from the high school girls’ perspective.

2. METHODOLOGY

2.1 Design

A qualitative explorative study was designed to fulfill the aim of the thesis to gain a better understanding of adolescent girls’ perceptions and opinions on the concept of PMH and influential factors for PMH from their own perspectives. A qualitative study design enables understanding of subjective perceptions existing about a phenomenon in a group of people (Patton, 2015). Since no other studies were found in this area of interest, an exploratory approach was considered particularly appropriate to explore adolescent girls’ perceptions and attitudes about the concept of PMH and its influential factors.

Four semi-structured focus group interviews were used to collect data. Krueger and Casey (2015), highlight that focus group interviews are among the efficient qualitative methods appropriate to explore the participants’ own perceptions and perspectives. The group dynamics is one of the distinct features of focus group interviews (Rabiee, 2004; Krueger & Casey, 2015). As both Krueger and Casey (2015) and Rabiee (2004) discuss, in focus group interviews, the group process and the group interaction encourage participants to disclose
views that might not be revealed in one-to-one interviews and the data generated through the
group dynamics and the social interaction in the group, are often deeper and richer than those
attained from individual interviews.

2.2 Selection of participants

The selection of participants was done by a purposeful sampling. Purposeful sampling is a
method which is used in qualitative research. This method enables the identification and
selection of information-rich cases related to the phenomenon of interest (Palinkas, Horwitz,
Green, Wisdom, Duan & Hoagwood, 2015; Patton, 2015). The participants were selected
from an ordinary public high school in a medium-sized city in central Sweden. Inclusion
criteria for participation in this study were: being females (or identify herself as a female),
attending high school, had reached 15 years old but not older than 18 years old, were studying
in a theoretical program in an ordinary public high school.

The first contact in the defined time frame of the study was taken with the managing director
of the public high schools in the central school administration in the chosen city. Permission
to perform the focus group interviews in female adolescents was obtained after providing
information about the purpose and the design of the study, the plan for implementation as well
as the study’s ethical considerations in a meeting with the managing director. Some ordinary
public high schools, according to the schools’ possibilities and availabilities, were proposed
by the managing director to be contacted as soon as possible. The rectors of the high schools
were contacted individually by the person who conducted the study and the aim, design and
ethical considerations of the study were described to them via e-mail. Some further and
detailed information about the time frame and ethical considerations of conducting focus
group interviews were given to the rectors of schools which showed interests in participating
in the study. There was one high school which had the possibility of participating in the study
according to the time frame for the study. Thus the study was conducted in this school.

Written permission to perform the focus group interviews was obtained from the rector of the
school and the study was planned to be conducted. The rector of the high school established
contact with one of the main teachers within the social science program at the school. The
assigned person received information about the aim of the study, design, ethical
considerations as well as inclusion and exclusion criteria of participation in the study. In a
short introductory session, approximately 5-10 minutes, the assigned teacher informed the
pupils attending to his classes about the purpose, design, the inclusion criteria and ethical considerations of the study. He emphasized that the study was completely voluntary and girls at the age of 16 - 17 years old were invited to participate in the study. The assigned person also facilitated and assisted with the practical details such as finding the available time that the participants did not have to miss any lectures in order to participate the focus group interviews as well as finding a neutral, comfortable and quiet classrooms to carry out the focus group interviews in. The practical implementation ran desirably. 14 participants, all at the age of 16 - 17 years old, who found the set time to perform the focus group interviews suitable and proper to them, participated in focus group interviews.

2.3 Data collection

The data was collected through four semi-structured focus group interviews in March 2018. Four focus groups with three to four participants in each group were planned to be conducted. Krueger and Casey (2015) explain that it is an accepted rule of thumb to plan three to four focus groups in a single-category design with a particular type of participants. The authors also notify that if the aim of a study is to gain understanding of people’s experiences and more in-depth insights, then it is best accomplished with smaller focus groups with four to six participants. Krueger and Casey (2015) describe that it is generally adequate to conduct three or four focus group interviews to find a pattern and themes across groups with a particular type of participants and no more new data will usually be appeared after the third or fourth interview. The data was collected until the fourth interview, when no more new insight or information was appeared and the process of data collection was ended by this point.

Four focus group interviews with 14 participants were conducted. All the focus group interviews were conducted at high school, in neutral and comfortable classrooms. The interviews were performed during school hours. Each session lasted for one school hour which was approximately 40-45 minutes. The focus group interviews were led by a moderator (the same person who conducted the study). All participants were provided with complete information about the study’s aim, design, data collection procedure as well as ethical considerations and participants rights, both verbally and by a written information letter (Appendix A). The information and the information letter was given to the participants at the beginning of each focus group interview session, and written consents were collected from the participants. An observer, sitting separately by another table, was presented during the focus group interviews. The role of observer, as it is described by Krueger and Casey (2015), was to
observe and to take field notes about the interviewing techniques of the moderator as well as to observe and take field notes about the group interaction. The observer also took notes throughout the group discussion but did not participate or interfere in the discussion. The observer gave an oral summary of discussion at the end of each focus group interview. The observer’s notes were used as a supplement in debriefing and were immediately discussed by moderator and observer after each interview session as it was suggested by Krueger and Casey (2015).

The participants were highly encouraged by the moderator to be involved and to contribute and give their opinions and reflections freely. The conversations and discussions between participants were lively all the time in all groups. All participants were involved in conversations and the group interaction at a high level in a natural and friendly way resulted in rich data by each interview session. All the discussions occurred in Swedish and the data was recorded by two digital audio-recorders. A semi-structured interview guide with open-ended questions was used to lead the focus group interviews (Appendix B). Using a semi-structured interview guide made it possible to add some relevant follow-up questions to get more precise responses and more detailed answers (Krueger & Casey, 2015). The interview guide was formulated based on the aim of this thesis. The interview guide included two main themes related to the two objectives in this study: perception of PMH and perceived influential factors for PMH and mental well-being. The first interview session was used as a pilot test to assess the functionality of the questions (Krueger & Casey, 2015). Some minor changes in wording but no changes in the order or type of the questions were applied, after the first interview. The data collected from the first interview was also included in the study.

2.4 Ethical considerations

This thesis has greatly taken into account the children’s right to participate in decisions concerning them. This study is based on that children and adolescents should be given the right to have their own perceptions of what concerns them, express their opinions freely and that adults should respect these views (Codex, 2017). The ethical aspects such as the information requirement, the informed consent requirement, the confidentiality requirement and the utility requirement were highly considered throughout the entire procedure of this thesis (Codex, 2017; Vetenskapsrådet, 2002).
Written permission to perform the focus group interviews was obtained from the rector of the high school, where the study was conducted in. All participants were informed that participation in the study was completely voluntary. All participants were assured that they had the right to withdraw from the study at any time without any obligations to state the reasons for it. According to the law on ethical review, section 18, children participating in research who reached the age of 15 years old and realize the consequences of research and what it means, must be informed and agree to the research (Codex, 2017). All participants were informed of the intention and the purpose of the study. The informed consent requirement was highly considered and written consents were obtained from all participants in the study. A school nurse from student-health-service was available to offer a proper assistance and support regarding participant’s need in case if any of pupils participating in the focus group interview would have experienced strong negative feelings or could got upset during the interview.

The study was conducted with great regard to the requirements for confidentiality and anonymity and the collected data was handled in a way to ensure the confidentiality and anonymity of the participants (Krueger & Casey, 2015). In order to anonymize the data, the collected data from the interviews, containing the audio files and the transcripts, was coded by alphabets and numbers. The collected data was analyzed and presented completely anonymously and all names and information which had the potential to reveal the identity of participants were removed in the process of data analysis. Access to the collected data was strictly restricted and the data was accessed only by the person who conduct the interviews. All data was saved on a private computer and was locked in a zipped file, secured by a private password, to assure that no one other than the person who conducted the study has access to the data. However, due to the nature of a focus group interview, confidentiality and anonymity could not be guaranteed among the participants participating in focus group interviews (Krueger & Casey, 2015). In order to reduce this risk, all participants were asked by the moderator before each focus group interview to respect the privacy of other participants in the group and not to state or repeat what was said by other members in the group to others, after the group discussion.

The collected data was used to meet the purpose of this thesis and it was not used in other contexts or for other purposes than the aim of this study (Vetenskapsrådet, 2002). All the collected data is deleted and this thesis is publically accessible through the DiVA portal after it is approved by Uppsala University.


2.5 Data analysis

A qualitative content analysis, described for focus groups by Krueger and Casey (2015), was conducted to analyze the collected data. Data analysis was performed according to a chosen analytic framework, the key concepts. As Krueger and Casey (2015) describe, this framework facilitates understanding of how participants view the topic as well as to identify the factors that are of central importance from the target group’s perspective.

According to Krueger and Casey (2015), the ideal design for a focus group study is that to conduct focus groups until no new information and insights emerge. All recorded data was listened several times and was transcribed verbatim. As Krueger and Casey (2015) recommend, the procedure of transcription and analysis of the collected data started right after the first and second focus group interviews.

A computer-based inductive content analysis approach was chosen to analyze the transcripts (Krueger & Casey, 2015). The approach was similar to a classic analysis on paper, however, the word processor was utilized and a coding system using font color, highlight color and comment box was developed to identify codes, subcategories, categories and quotes by groups and participants. Each group was defined by a number and a color code specific to that group. Letters A-D were used to distinguish different participants in each group.

As Krueger and Casey (2015) suggest, the process of content analysis was started by reading the transcripts several times to get a general perception of a whole and to obtain a broad picture of the collected and transcribed data. Sentences which were considered relevant and had the potential to answer the objectives of the study were selected as meaning units from the transcripts. Each meaning was preliminarily placed under a question which was recognized as the most relevant question that could be answered by that meaning unit. The sentences were then summarized and condensed and a code was chosen regarding the content of each sentence. Codes with similar meanings were then grouped in subcategories and subcategories with similar meanings were grouped as categories. It was a back and forth process all the time and comparisons between subcategories and the text as a whole were made during the entire process of analysis.

To present the results some factors discussed by participants, although important, were simple to describe while other factors comprised serval specific aspects and needed to be explained in a more comprehensive way. Serval verbatim quotations relevant to subcategories were
selected. The given descriptions beneath each subcategory in the result, explain and show nuanced perspectives related to that subcategory (Krueger & Casey, 2015). Quotations were used to illuminate the descriptions in each subcategory as well as to illustrate the group interactions. The procedure of collecting data to analyzing the collected data was entirely in Swedish. The process of translation began when the main subcategories and categories emerged from the analysis. Translation of the analyzed data occurred with the great respect to the original verbatim text and as close as possible to the participants own statements. Two Swedish native speakers were consulted to achieve an accurate translation. Thus, the results of the content analysis were translated into English and then they were presented in the result section in this thesis. The terms feel well, (mental) well-being and PMH have been used interchangeably throughout this study.

3. RESULTS

Six main categories and sixteen subcategories emerged from the data analysis. The main categories were: 1) when you feel well and things go well; 2) school-related factors, 3) factors at home and at leisure time, 4) key personal characteristics, 5) coping skills and balanced healthy lifestyle, 6) more attention to PMH. The categories and subcategories are presented in Table 1.

Table 1: Categories and subcategories form the data analysis

<table>
<thead>
<tr>
<th>Objective</th>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants’ perception of PMH</td>
<td>When you feel well and things go well</td>
<td>When you feel well and you have an overall well-being</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When things generally go well in your life and you are not affected negatively by stress.</td>
</tr>
<tr>
<td>Influential factors for PMH from the participants’ perspective</td>
<td>School-related factors</td>
<td>Positive relations with peers and good communication with teachers</td>
</tr>
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<td></td>
<td></td>
<td>Sense of control in schoolwork</td>
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<td></td>
<td></td>
<td>Meaningfulness of school subjects</td>
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<tr>
<td>Factors at home and at leisure time</td>
<td>Family</td>
<td>Being with friends and people who make you feel well</td>
</tr>
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<td></td>
<td></td>
<td>Doing things that make you feel well</td>
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<td></td>
<td></td>
<td>To have your own time</td>
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<tr>
<td>Key personal characteristics</td>
<td>Optimism and positivity</td>
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<td></td>
<td>Self-awareness and self-confidence</td>
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<td>Sense of purpose</td>
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The first category, “when you feel well and things go well”, was a response to the first objective of the study, to find out how the concept of PMH is perceived and defined by participants. The second to sixth categories were the main categories, answering the second objective of the study, to find out the perceived influential factor for PMH. (Number 1-4 in front of each quotation indicates the number of the group and the letter A-D indicates the participant in the group). The descriptions below each subcategory illustrate some nuanced perspectives in that subcategory.

### 3.1 Participants’ perceptions of PMH

The first category included two subcategories emerged from the data analysis.

#### 3.1.1 When you feel well and things go well (category 1)

This category, responding to the first question asked based on the semi-structured interview guide. The question asked from the participants was *what is PMH for you or how do you define PMH?* This category included two subcategories: 1) when you feel well and you have overall well-being, and 2) when things generally go well in your life and you are not affected negatively by stress. These subcategories are presented below.

**When you feel well and you have overall well-being**

Some participants described PMH as when you are glad and have positive emotions and feelings. Others described it as a feeling of satisfaction and that you could be satisfied and content with yourself and your life. Some participants pointed out that it was when you feel that you are cheerful, you have more energy during the days and you can sleep easier at nights.

I would say when I feel well, I am happy and have a positive feeling … (4C)
... I think ... if I say in general, to feel quite satisfied with yourself ... and with your existence... (4A)

For some participants, PMH could be mostly related to general well-being which an individual could perceive in her life. This was discussed by some participants as when you have overall well-being and you are in a good and stable condition over a longer period even though there have been some times that you felt not well during this period. One of the participants described it as when you feel well more often than you do not feel well, for instance during a period of three months. Another participant described that one could be glad and laugh temporarily for the moment, for example by watching a comic movie, but she actually does not feel well during a longer period and does not have a more stable and permanent feeling of happiness.

... partly it is about to have overall well-being… (2B)

I say well… that ... mental health, it is more like something that you can talk about which happens in the long term (3A)

I think … I may have some difficult times that I have felt bad during a period… but all other days I have been fine… like over a period of three months… then I think that I have mental well-being … so that you feel well more than you feel bad … (1A)

When things generally go well in your life and you are not affected negatively by stress

The other aspect was about that things which matter to you go well in your life. Some participants discussed that you could feel well even though in stressful situations when things generally go well for you in life or for example at school and at home. Many participants, however, put a greater emphasis on being able to not be adversely affected by stress and to not be worried or anxious about something for now or for the future.

... when things generally go well in life ... then maybe I have a greater well-being even though it is stressful. (4A)

... that you are not worried ... for example, worried about the future or ... nervous... (3A)

That you do not feel any stress. (1D)
3.2 Influential factors for PMH from the participants’ perspectives

Here presents the second to sixth categories: 2) school-related factors, 3) factors at home and at leisure time, 4) key personal characteristics, 5) coping skills and balanced healthy lifestyle, and 6) more attention to PMH. These are the main categories emerging from data analysis to answer the second objective of the study.

3.2.1 School-related factors (Category 2)

The second category is about the perceived influential factors related to school. The three subcategories emerged from the data analysis were: 1) positive relations with peers and good communication with teachers, 2) sense of control in schoolwork and, 3) meaningfulness of school subjects.

Positive relations with peers and good communication with teachers

Positive relations with schoolmates and friends was perceived as a very central school-related factor for PMH. The participants discussed the importance of feeling safe and confident, having a good time at school among friends and schoolmates and being appreciated by them, as factors essential to promote their well-being at school. Having good communication with teachers and being able to have a dialog with them, were also identified by many of participants as factors influencing PMH at school. To have engaged teachers who are available if someone needs to talk to them and teachers that also care about all of the pupils in a class, perceived by some participants as factors which could promote PMH among pupils.

If you have good friends and a good time at school, and if you feel that you can be who you are ... I would say ... and you have good communication with the teachers … (2B)

But as in school, as you say [looking at another participant] to have engaged teachers and that the teachers ... are available ... and they are able to see ... the signs when someone may not feel good ... so I think it is good if a teacher, show that he cares about everyone /every pupil/… (3D)

Sense of control in schoolwork

Reducing the performance-related stress among the pupils was perceived as a crucial factor to improve PMH and well-being. To have a feeling of control in schoolwork and confidence of
being in the right phase in the learning process, identified by most of the participants as a very central factor for mental well-being. Not being worried or anxious about school performance and to have the confidence that one is not behind and do not have to study so hard to catch up, was mentioned and described as a central factor related to school performance. Teachers’ good communication and cooperation with each other to avoid overscheduling and to reduce pupils’ workloads and stress, was perceived as a key influential factor in relation to school performance.

I think in school, it is important that… you feel … you do what you should do… That you feel you are in /right/ phase, so you do not feel that you are behind … you just feel that you have control… (4B)

I think teachers are really important ... that they have an understanding of how situations and things look .... it is not only one topic to study ... because if all teachers say that you should study this, then it will be a lot to study… (1A)

Yes, I also think that teachers are undoubtedly the most important means/aids for us to feel well because ... we spend the majority of our /time in a/ week here /in school/, so it is obvious that the teachers mean a lot ... and the schoolwork also means a lot and it extremely affects our mental health. (1D)

… I think it is good that teachers plan and collaborate with each other ... to understand ... the situation in each class ...... so they do not plan exams on the same day or the same week ... (1B)

**Meaningfulness of school subjects**

Meaningfulness of school subjects was mostly discussed by one group. The participants perceived the usability and applicability of school subjects as a very important factor to reduce the negative stress by school performance. They discussed that the key was to see and understand that the subject pupils were supposed to study and learn was meaningful to them and they were able to see and understand the subject’s usefulness and applicability in their daily life. The participants also discussed that this could enhance the comprehension of that subject and could result in an increased motivation to study and learn that subject. A subject like psychology for instance, was perceived as a useful and practical subject to study and learn.
… when you do not see where you are going to use certain things or subjects ... but like psychology ... you really feel that you are being educated ... that you not only learn it for the sake of grade ... you learn it because you really want to learn it. (2C)

Yes, exactly. It motivates you ... and it gets stuck in a way that ... because then you know ... how to apply it /this knowledge/ in everyday life … and you feel that you understand these things much better ... (2B)

... yes … the usability and applicability of the subject motivate us to learn it better and then we usually get ... good grades … because … it has been comprehended well … so that we learn it without stress… that we feel the calmness … (2A)

3.2.2 Factors at home and at leisure time (Category 3)

The third category is about the factors related to home as well as other factors out of school and at leisure time. Four subcategories were identified from the data analysis. These subcategories were; 1) family, 2) being with friends and people who make you feel well, 3) doing things that make you feel well, and 4) to have your own time.

Family

Family was discussed as one of the central factors influencing mental well-being. Good relation and communication with family (parents and siblings), and a good atmosphere in the family at home and to be able to be comfortable and confident in the family, were perceived by many participants as influential factors. Being assured that you have unconditional and constant support of your parents and knowing that they were always there for you as well as being able to talk to them whenever you need, were highlighted by some of the participants as influential factors for PMH and well-being.

To have good communication with parents ... … when everyone is together in the family, if members have time to meet ... (2A)

I feel very safe in my family and it feels good to know that if I feel bad, I can always talk to my mom or dad and this means a lot to my well-being ... to know
that there is always someone I can talk to if there's something I really need to talk about. (4A)

That's why the family is an important factor ... because they will always be there ... so it is very good to have a good relationship with them as much as it is possible, ... but the family will be there, regardless of you leave them in the morning, so they are there when you always come back home in the evening. (3D)

Being with friends and people who make you feel well

Socializing with friends and the other people who you like and enjoy being with, was perceived as very central factor to PMH. Some participants emphasized the impact that people in your surrounding could have on your mental health and well-being. Being with friends and people who give you a sense of confidence and you feel respected and appreciated and feel well of being with them, were perceived as positive factors which could improve your mood and gave you a sense of well-being.

... I think for me… at school, at home and at my leisure time ... it is best to be with people… I feel very well when I am around /and with/ other people. .... when I go out and meet people… then I feel mentally well ... (1D)

Yes, exactly... I feel well just as you say [looking at another participant] … to meet people ... to socialize ... to hang out with my friends and do things together ... it makes me feel very well. (1A)

But to have well-being, it is so important that you are surrounded by nice people ... which make you feel appreciated ... and satisfied … (4C)

Doing things that make you feel well

One factor mentioned and discussed frequently, almost by all of the participants in all groups was that to do what makes you feel well. This was defined as doing things that you really like and enjoy doing them and you do not do them because you have to. This factor had mentioned as a very central factor, almost by all participants.

The most important thing is to do what you like and what makes you feel well. If you feel well by staying at home and watching series and you think it is really
cool, then that is what you should do to feel well. But ... if you know that this is not the right thing that makes you feel well, then you have to find something else ... (3D)

To have your own time

Another factor mentioned by many participants was that to be able to choose what you like to do. To be able to choose and decide about if you want to have some time for yourself to be alone and by your own or you would like to spend time with your family and friends, was discussed by many participants as an example. Another example was about to be able to have some time to rest and eventually to be disconnected from all stressful things in the outside world to have some peaceful moments.

I also think that I need to be by myself and are able to choose how I want /to use/ my own time … to choose to do things alone and by myself, but ... not always … (4A)

At home it's good to ... ... as everyone said, everybody needs their own time and like this … to be alone ... it is actually nice when you can be alone … (3A)

3.2.3 Key personal characteristics (category 4)

The fourth category was about identifying some key characteristics in individuals which were perceived as influential factors for PMH and well-being. These key characteristics were: 1) optimism and positivity, 2) self-awareness and self-confidence, 3) sense of purpose, 4) sense of progress, and 5) sense of control.

Optimism and positivity

Having an optimistic view and positive attitudes toward self, others people and other things and about future, as well as to be able to be hopeful and look forward, were perceived as an essential factors for PMH. Many participants believed that being positive and optimistic could encourage the person to plan and to do her daily activities effectively and made her be more satisfied with her life and feel well even in challenging and stressful situations.

And just this one is a good characteristic and see that ... which is very hard to ... just see ... look forward ... to dare to look behind the corner … to dare to see
that it can ... get better ... not always just have to go down and down, but it can actually go better too ... (2A)

Many participants found it very essential to avoid ruminating and try to think positively to feel well and for mental well-being. Some participants also pointed out that ruminating would only cause you to get stressed and would make you unable to make sensible and wise decisions in different situations. Some other participants found possessing forgiving characteristics and being able to accept and forgive both yours and others mistakes as positive characteristics to make you feel well.

… just demolish the old things and avoid ruminating… you only get stressed ... and ... you cannot make wise and right decisions … so it is good to dare to live now ... if you want to have positive mental health. (2B)

… and accept both your own and others’ mistakes… it can just get better. (2A)

**Self-awareness and self-confidence**

Having good self-knowledge, self-acceptance and self-esteem were mentioned and discussed almost by all of the participants as essential influential factors for PMH. Many participants highlighted that you could not feel perfectly well unless you accept and trust yourself. It was frequently mentioned and discussed by almost all of the participants that in order to have mental well-being, you need to get to know yourself, to accept who you are and improve your self-esteem.

To feel well you have to accept who you are, I think. ..... ... You will never be able to ... feel perfectly well and really feel safe and confident if you do not know and trust yourself. (3D)

But I also think it might be hardest to have good self-esteem (another participant, participant A: I think so too) ... so as we know ...... that's the most important thing to feel well in the long term. (4C)

Some discussions were about that everything does not have to be perfect as we see on social media. It was discussed that one could and probably should try to improve her skills and competences, but there is also a limit where she has to accept that she cannot be the best at everything. The participants underlined that it is very crucial to accept that you cannot always
be excellent and perfect in everything and in every situation. You might not be able to do anything or change some certain cases or situations. By avoiding unhealthy comparisons with others and getting to know yourself and your strength, you can mainly focus on your own strengths and abilities and positively use them to be content and confident by yourself.

If you continuously envy that someone else may have ... new shoes or something like this ... or she is smarter than you, you may not be able to do anything, but you just have to be safe with yourself and know that I cannot do anything /about that/, I cannot be the best at everything ... I have some benefits that she does not have and she has some characteristics that I do not have ... but then the world is as good as it is because everyone is different ... So you really have to be confident with yourself. (3D)

Sense of purpose

A sense of purpose such as to be active and engaged, have structure and plan for the activities you are going to do, were perceived as some main factors to feel well. Being satisfied with what you do in your everyday life, having a sense of accomplishment and feeling that you have been functional in your life, were considered influential factors to achieve mental well-being and PMH. The participant described that the feeling that you have been engaged and you have done things you had planned for was very important to feel well.

… I would feel really bad if I had nothing to do during the day, I like that when I can relax at home, but I do not want it all the time. … I know that I feel well by having my mind engaged and occupied with something. (4A)

I know that if I want to feel well then I should organize things around me ... I do not want just to stay at home and do nothing. I need to have order and structure ... ... thus I have a schedule to follow ... ... I have planning that makes my everyday life work and I know ... if I do so then my working days ... are going to work well with all homework and all submissions and exams and so on ... then I know that I might be able to spend my weekend with my friends and do what I like... it actually works for me ... (3D)
Sense of progress

Having a strong sense of progress and a continuous desire to learn was mentioned by some of the participants. The ability to learn from your mistakes and everything you do, was a factor which also discussed by some of the participants as a contributing factor for mental well-being. One participant believed that it could be useful to feel bad sometimes, because then you could use that occasion to reflect on what you consider important in your life and use this opportunity to thrive.

And everything you do, you learn from it and it is the most important that it really is so that everything I do, I learn from it ... (4C)

It's actually very true. So, we can think like this if ... I feel that now I have done something really silly and now it does not feel good, then you can always think like this, I have been learning something from it at least ... (4A)

Yes, exactly. I think that we have matured very much, but when I think carefully, so I consider that we are still very young. So we do not know everything, we do not have an answer to everything, but it feels that we learn more and more all the time and it gives a pleasant feeling. ... and everything you do, you learn from it and it is the most important ... (4C)

It is however useful to feel bad sometimes ... because that is then you can also ... thrive in yourself ... and think about what you think is important in your life. (3A)

Sense of control

Many participants also discussed that it was so important to them to have a sense of control in their everyday life and to have everything that matters under control. Having good control over your life and everything you and being able to manage your life without needing to be worried or stressed to do this, described by many participants as key and essential factors for PMH.

Yes ... calm and feel that ... you have good control over everything, you do not need to be worried about something and everything is under control and you feel the confidence. (2A)
Yes, so … to feel that you do not have to keep an eye on everything, that you can feel yes ... I do not need to know this and this one ... but still feel the control and are confident to ... (2C)

No, exactly … something like this … a good balance between these two … that you still have control without feeling this stress, when you just think oh god, now I have this and this and … these things to do. ... yes but then you still have good control over everything you do, and you do not need to be worried about doing all these things. (2B)

3.2.4 Coping skills and balanced healthy lifestyle (Category 5)

This category includes two subcategories; 1) coping skills and 2) balanced healthy lifestyle. Many participants believed that a combination of coping skills and a balanced and healthy lifestyle make everyone feel well and they perceived this as one of the most influential factors for PMH and to improve mental well-being.

Coping skills

Many of participants highlighted that stress could have a negative impact on their mental health and mental well-being. Most of the participants discussed and emphasized the importance of learning and being able to manage and cope with stress and challenges in everyday life. For instance, some participants described that sometimes you could have or perceive high demands or unrealistic expectations that make you get stressed. It was also discussed that parents could sometimes have very high expectations from the children. The participants also described some social norms and social pressures as factors which could affect their self-esteem and mental well-being adversely. The participants underlined that high demands and unrealistic expectations which were perceived as challenging and caused negative stress were needed to be addressed and managed in more appropriate ways. To learn and practice techniques and skills enhancing the abilities to think, act and cope better in the face of difficulty and adversity in life perceived an essential factor to improve well-being and PMH.

... well… in everyday life so that you do not allow ... that stress comes to you ... easily. … try not to be affected by stress … (2A)
Yes exactly… to learn how to deal with stress and to be able to plan ... our studies and how to use what you really have. I've used it or I've learned from it enormously, because it is a key to learn to how to handle/cope with stress. To start making sure that you eat appropriately, start making sure you do physical exercise at a pace and in a way that you feel well by doing that. Why we are not supposed to learn and know about such things? Why it is so important to learn the PQ formula /in mathematics/ but we cannot know about things that make us feel well? I do not understand that and I think it is irritating. (2B)

Balanced healthy lifestyle

Most of the participants found it very useful and central to have balance in all aspect of life to minimize the perceived stress. A healthy lifestyle comprising healthy eating habits, good and enough sleep, enough physical activity, and healthy and positive social relationships, was discussed as an essential factor to minimize stress and to feel well. Some participants also highlighted the importance of maintaining a balance between work and rest or to find a balance in doing things and taking and keeping it calm. Finding a good balance between things one had/must to do and things one like to do to feel well, were perceived as another factor mentioned and underlined by most of the participants. A sense of achievement and contentment generated by physical exercise and its central role to minimize and reduce tension and anxiety were also discussed by many participants.

... I believe… it is so important ... to live ... a healthy life … (3A)

... when you do physical exercise, eat well ... and spend time with people who make that you feel well ... then I would say that I feel mentally well too. …. And /to have/ balance in all of these … is the key. (2B)

It is very important and I think that many people find it hard to find a balance between what you think is hard to do and what you think is cool ... because you may feel well despite that you have to do /some/ difficult things … (3B)

3.2.5 More attention to PMH (Category 6)

Some of the participants mentioned that they had never heard about PMH before participation in this study. Many participants stated that hearing or talking about mental illness or thinking about mental health in negative terms were far more common in comparison to hearing and
thinking about PMH and positive factors influencing mental health. The participants said that focusing on positive things and thinking and talking about positive factors related to PMH were new for them. Talking more about the positive things and paying more attention to positive factors, well-being and PMH, were highlighted by the participants and perceived as an essential aspect to improve PMH.

... I agree that it is important to talk about mental illness ... but ... it is more often that we talk about it than about feeling well ... I mean positive mental health ... it is equally important to talk about that, I believe. (1B)

We do not often talk about those which are positive … we talk more about that which is negative, /about/ mental illness. (3D)

Yes, I also think so … so that ... we do not think so much about it /PMH/. (3A)

I think ... as we said, just when we started /the discussion/... we should talk about it /PMH/ more ... because we are used to talking only about the negative ... ... we have never heard about it /PMH/, you only hear mental ill health, I think ... we talk about it /PMH/ very rarely ... and I think it is hard to talk about it ... to think about it ... about those which are positive ... I think it is important to pay more attention to it... because it is so forgotten ... the positive one ... (3B)

4. DISCUSSION

4.1 Result discussion

This thesis aimed to explore adolescent girls’ perceptions of the concept of PMH and to identify influential factor for PMH from their own perspectives. Here the two objectives of the study: the perception of participants on PMH as well as influential factors which they perceived as central for PMH, have been discussed and the objectives have been answered.

4.1.1 Participants’ perceptions of PMH

The main findings concerning the first objective in this thesis showed that PMH was perceived as a state of subjective well-being. The two aspects of PMH described as general well-being and overall functionality in life without being affected negatively by stress. These two aspects of well-being identified by the current findings are in accordance with the definition of PMH as a sense of well-being encompassing two dimensions, hedonic or feeling
well dimension and eudaimonic or functioning well dimension (Keyes, 2014; Barry, 2009; Galderisi et al., 2015).

The results showed that PMH was described as when one has positive feelings and emotions, feel satisfied with self and one’s own life and existence and having more energy at days and can sleep well at nights. PMH was also described as a general sense of well-being and a more stable or permanent feeling of happiness and satisfaction in life. It was described as when one is in a good and stable condition over a longer period and is able to feel well more often during a time perspective. The first aspect found by the current study has also been discussed previously in other research as emotional well-being (Keyes, 2002; Galderisi et al., 2015). This dimension of well-being has been influenced by the hedonic perspective and it is more connected to the positive emotions and feelings one experiences in life.

Another aspect related to PMH and feeling well which showed by the results was when things that matter in life go and work well and one could feel well even in stressful situations. This dimension is described as psychosocial well-being by Keyes (2014). This dimension of well-being has been influenced by the eudemonic perspective and it is more related to the person’s psychological and social well-being and the individual’s functionality in everyday life (Keyes, 2002; Keyes, 2014).

Positive feeling and positive functioning are two different but greatly related aspects which provide us a better understanding and a broader perspective on the concept of PMH. The current findings were in line with previous research that define PMH as something more than the absence of mental illness and have an emphasis on that it could be defined as a complete state of mental well-being (WHO, 2005; WHO, 2007; Galderisi et al., 2015).

4.1.2 Participants’ perspectives on the influential factors for PMH

Five categories: school-related factors, factors at home and at leisure time, key personal characteristics, coping skills and balanced healthy lifestyle, and more attention to PMH, were found by the results to answer the second objective of the thesis which was to identify the influential factors of PMH from the adolescents’ perspectives. These factors were primarily related to both internal and external resources.

Positive relations with peers and good communication with teachers, sense of control in schoolwork and, the meaningfulness of school subjects, were found as school-related
influential factors. As it is highlighted by WHO (2005), the current findings also showed that reducing the performance-related stress among the pupils was perceived as a crucial factor to improve PMH and well-being among the participants. Confidence and a feeling of control in schoolwork as well as not being worried or anxious about school performance were factors identified as essential to improve PMH among the pupils. Two major factors were identified as contributing factors to this aim. The current findings highlighted the teachers’ rolls to minimize the school workload tension and stress in hectic periods among the pupils. A study by Reinke, Stormont, Herman, Puri, and Goel (2011) also discuss the importance of teachers’ roles in promoting mental health in school and their central role to support children's mental health needs. The other aspect found by the current findings was related to perceiving meaningfulness (usability and applicability) of school subjects that could lead to increased motivation, better school performance and reduced perceived stress among pupils. In a study by Thuen and Bru (2000), teachers' emotional support of students, students' influence on schoolwork and the meaningfulness of school subjects are also discussed however as factors related to learning environment dimensions.

The results also showed that positive and healthy relationships both within the family and outside, were perceived as central factors for PMH. Good relation and communication with family (parents and siblings), and a good, safe and comfortable atmosphere at home were perceived as central factors for well-being. Parents’ support was also one of the most central factors to feel well, showed the results. Socializing with friends and people who could make one to feel respected, confident and appreciated was perceived among the positive factors to promote one’s mood and the sense of well-being. Idan, Eriksson, and Al-Yagon (2017) also discussed the importance of quality of relationships and social support in improving mental health in individuals. In reports by WHO (2005) and WHO (2016), the social support and good family relationships have been also identified as central factors to promote well-being and PMH among children.

The results showed that some key characteristics in individuals such as optimism and positivity, good self-awareness and self-confidence, sense of control, purpose and progress were perceived as very central influential factors for PMH and well-being. This finding is in agreement with the previous research, published by WHO (2005) and APA (2018), in which the importance of self-knowledge and self-acceptance as well as a sense of progress identified as central factors to improve mental health and well-being in individuals. Findings from the current study showed that optimistic and hopeful view, positive attitudes toward self, other
people and other things and the future, were perceived as influential factors for PMH. Jahoda (1958), identifies attitudes of the individual toward self and how the individual sees the world around her/him, as well as a sense of control and an ability to take life as it comes and master it, as some major approaches to the subject of psychological content of positive mental health. Some other studies also show that optimism is associated with psychological well-being (Scheier & Carver, 1992; Carver et al., 1993; Carver, Scheier & Segerstrom, 2010). These studies highlight that higher levels of optimism are related to better subjective well-being and individuals with optimistic outlooks are more likely to have stable coping strategies in times of difficulty or adversity. Furthermore, the findings of the current study showed that sense of purpose and control in life as well as a desire to continuously learn and growth were among the central characteristics which were perceived as essential for PMH and enhanced well-being. The current findings showed that having a sense of purpose in life was described as planning, activities and choices which one could make in everyday life to fulfill a function or to be productive and satisfied with her life. A sense of accomplishment and personal fulfillment were also identified by Naci and Ioannidis (2015) as determinants for wellness.

The results showed that negative stress was perceived as a factor which reduced the perception of well-being. The findings showed that enhancing competences and abilities in adolescents to cope with the normal stresses of life effectively, was highlighted and perceived as a central factor to improve PMH. Learning coping skills and learn to have a well-balanced life and a healthy lifestyle identified by the current findings as central factors for PMH and well-being. The importance and the crucial role of learning coping skills and stress management on individuals mental health, has been identified and discussed by previous research (WHO, 2005). Interventions aimed to promote general social competence and social skills, by teaching stress management and problem-solving, have shown successful outcomes regarding improved mental health among young people (WHO, 2005; Barry, 2009). Research has shown that these skills are not traits which people either have or do not have, it is about factors which can be developed in people and this encompasses behaviors, thoughts and actions that can be learned and developed in anyone (APA, 2018). As the findings of the current study also showed, the individual can and need to learn and practice skills which enhance their abilities to think, act and cope effectively in the face of difficulties and adversities in life to both feel and function well.

The current findings showed that there is a lack of knowledge and paying enough attention to the concept of PMH and there is a greater focus on negative factors rather than positive
factors to promote mental health among adolescents. Many previous studies (Antonovsky, 1979; Becker & Rhynders, 2013; Mittelmark, & Bauer, 2017) point out that utilizing the salutogenic model of health, which is a theoretical framework to complement the pathogenesis framework, seems to be essential to mobilize resources which help individuals to cope with stressors and not be affected negatively by life adversities. The findings of this current study, in accordance with the previous findings (WHO, 2005; Keyes, 2014; Vaingankar et al., 2012), highlight the importance of influential positive and promotive factors in the development of resources and capacity building approaches in enabling adolescent girls to achieve an emotional- and psychosocial well-being.

4.2 Method discussion

A qualitative explorative design was chosen based on the aim of the thesis which was to get a better understanding of adolescent girls’ perceptions of the concept of PMH and influential factors for PMH from their own perspectives. A qualitative approach is considered appropriate when the aim of the study is to acquire an understanding of people's subjective perception about a phenomenon (Patton, 2015). No other studies were found in this area of interest and the chosen qualitative explorative approach made it possible to explore adolescent girls’ perceptions and opinions on the concept of PMH and its influential factors. The two objectives in this thesis were answered by the chosen method which means that the chosen design was appropriate to meet the purpose of the study and choosing another study design could not fulfill the requirements to meet this aim.

The data were collected through four semi-structured focus group interviews. This method is considered one of the appropriate methods when the aim of the study is to attain subjective perceptions about a phenomenon in a group of people (Krueger & Casey, 2015). The collected data was rich and the group interaction was identified and considered an efficient method to achieve rich data with a high variation in participants’ responses. As Krueger and Casey (2015) also describe, the group dynamic and social interaction of the participants in the conducted focus group interviews facilitate collecting divers and nuanced data and generated rich data which probably could not be possible to achieve by using individual interviews.

However, as it is underlined by Krueger and Casey (2015), anonymity and confidentiality cannot be guaranteed among the participants participating in a group and this was identified as a drawback of focus group interviews in this study. Another limitation to discuss is that some participants might not find themselves comfortable to talk about their personal or
private experiences as they might to be judged by the other members of the group or by the moderator or observer. As it is discussed by Krueger and Casey (2015), there was also a risk that some participants might feel a pressure by the other participants in the group to show agreement with some other members in the group or avoid talking or stating that they believe or perceived as truth. To minimize these risks, at the beginning of each interview, the moderator emphasized that there were not right and wrong answers and no one was going to judge the participants according to the statements they made during the group interview. Some further information about the advantage of not necessarily agreeing with the other participants in the group, was given to participants at the beginning of each interview and all participants were encouraged to talk about what they believed or perceived individually.

The importance of identification and selection of information-rich cases that are selected purposefully related to the phenomenon of interest to meet the purpose of the study is highlighted by Patton (2015) and Palinkas et al. (2015). The sample of participants, information-rich cases, were considered appropriate to give the required information and insight needed to meet the purpose and to answer the objectives of this thesis.

Criteria such as confirmability and credibility described by Patton (2015) to enhance the trustworthiness of findings and quality of a study, have been discussed here. The whole process of planning and conducting the interviews, data collection and data analysis were carefully documented. The findings were presented as categories and subcategories and illuminations of participants manifested in the results, verify the categorization which in turn increases the credibility of this study. However the moderator was not so experienced in conducting focus group interviews, she had practiced the required techniques and methods for her role as the moderator and she was completely prepared before conducting the interviews. The moderator had good skills in listening and could successfully establish a comfortable atmosphere and good relationships with participants.

The collected data was carefully analyzed and categories and subcategories were identified and developed by constant comparison between the subcategories and the text as a whole. The credibility of data could have been increased if the process of data analysis could be independently verified or performed by two or more different individuals and a consensus could have been obtained (Patton, 2015). This was not actual or allowed for this thesis, as this was supposed to be an independent study and should have been done only by the person conducted the study. However to enhance the credibility of the study and to gain additional
perspectives, the contents and the way of carrying out the different parts of this thesis, especially the process of data collection and data analysis, were discussed and consulted with the supervisor constantly and were checked by her frequently.

Transferability is about how well the results can be transferred to other contexts/population (Patton, 2015). Transferability may sometimes be considered as a limitation in qualitative studies and could be asked if findings from one qualitative study are really transferable to other populations/contexts (Krueger & Casey, 2015). An aspect which should be discussed is that if the perception of the participants and their beliefs and attitudes more or less could be influenced by the program they were studying at school and thus the results are not necessarily transferable to other adolescents’ girls at the same age in other context or setting. Knowing that the sample participating in this study were all from one high school and were studying the same theoretical program could increase the possibility of an impact on the participants’ perceptions. This could cause similarities in participants’ views and perspectives to some extend and minimize a variation in their responses. However, the variation in participants’ responses and the nuances in the participants’ expressed views (manifested by verbatim quotations in the result) about PMH and its influential factors, on the other hand, could be considered an advantage which can increase the transferability of the findings in this thesis.

Another limitation was that only adolescent girls were studied in this thesis and the results could perhaps not be transferable to adolescent boys. Despite the limitations, the findings of this thesis can still provide us with important knowledge about and insights into the subjective perception of PMH and its influential factors to promote mental health among adolescents, especially adolescent girls. It is however up to the reader to determine if the findings of this thesis could be transferable into other settings or contexts, mainly by considering the methods and types of participants (Krueger & Casey, 2015). Future studies with qualitative explorative design however with a broader scope and within different contexts and settings are required to modify our picture and broaden our perspective given by the findings of this thesis.

4.3 Implication in public health

The increasing prevalence of mental health problems among adolescents, especially adolescent girls, is considered a growing public health challenge. A need for actions to promote mental health among adolescents is obvious. An improved holistic image of influential factors as well as challenges regarding the problem seems to be essential.
Understanding and identifying positive influential factors of mental health and utilizing this knowledge in order to develop effective approaches, is considered beneficial to improve PMH among adolescent girls.

4.4 Conclusion

The findings for the first objective in this thesis showed that PMH was perceived and defined as subjective well-being including two aspects of well-being, feeling well and functioning well.

The second objective of identifying the perceived influential factors for PMH appeared to have three dimensions. Factors mainly related to some external resources such as a healthy social life, positive relations and social support. Influential factors related to internal resources such as some key characteristics like self-acceptance and self-confidence, sense of control, purpose and progress in life, as well as skills and abilities to manage life to feel well and function well, both in short and long term. The third aspect found by this thesis highlighted a lack of paying attention to the concept of PMH and focusing on positive influential factors to promote mental health among adolescents.

The findings of this thesis illuminate the importance of identifying and developing positive and promotive factors which have the potential to mobilize resources both in the social and in the individual context. Capacity building in order to enable adolescent girls to achieve both emotional well-being and psychosocial well-being has been highlighted by this thesis. This means that a combination of positive factors promoting feeling well and functioning well in life should be taken into account and addressed in the development of mental health promotion approaches and programs to improve PMH in the target group.
5. REFERENCES


Hej!

Mitt namn är Linda Aqaian och jag studerar vid masterprogrammet i Folkhälsovetenskap vid Uppsala Universitet. Jag ska skriva min uppsats nu i vår som handlar om positiv psykisk hälsa. Syftet med studien är att få en bättre förståelse för hur flickor på gymnasiet uppfattar och definierar begreppet positiv psykisk hälsa och dess påverkande faktorer.

Verksamhetschefen för gymnasieutbildningarna i Västerås Stad, Leif Larsson är informerade om studiens innehåll och utförande och har godkänt att kontakt tas med rektorer vid gymnasieskolor i Västerås Stad. Rektor Magnus Klingberg har godkänt att studien görs vid Rudbeckianska gymnasiet.


Undersökningens resultat och slutsatser kan presenteras i skolan på sätt som skolan finner lämpligt.

För att kunna delta i studien måste du ha fyllt 15 år.

Deltagarnas rättigheter

Deltagandet i studien är helt frivilligt. Som deltagare kan du avbryta ditt deltagande när som helst, utan att du behöver ange något skäl för detta.

Det sker ljudupptagning av gruppens samtal. Anonymitet och konfidentialitet kommer att beaktas fullständigt. Allt material från intervjuerna sparas i en skyddad fil på en privat dator och ingen annan utom personen som utför intervjuerna kommer att ha tillgång till materialet. Inget namn kommer att nämnas eller anges i studien. Det samlade materialet från intervjuerna kodas med siffror för att maximera anonymitet. Ingen utanför intervjugrupperna kommer att...
kunna identifiera deltagarna i det sammanställda materialet.

Insamlade materialet kommer att raderas när uppsatsen blivit godkänd vid Uppsala Universitet. Material från intervjuerna används uteslutande för den här studien och inte i något annat sammanhang.

Skriftligt samtycke samlas in av Linda från alla deltagare i början av varje intervju vid gruppsamlingen.

Med vänliga hälsningar
Linda Aqaian

Kontakt uppgifter

Studien genomförs av Linda Aqaian, Masterstudent, Institutionen för folkhälso- och vårdvetenskap vid Uppsala Universitet

Mobil nummer: 000000000

Handledare: Anja Saletti, universitetsadjunkt, Institutionen för folkhälso- och vårdvetenskap vid Uppsala Universitet

Bisittare i fokusgrupintervjuer: Lars Cernerud, Docent i folkhälsovetenskap, tidigare skolöverläkare i Västerås
SAMTYCKE ATT DELTA I STUDIEN SOM LEDS AV LINDA AQAIAN

Jag har fått information om studien och om mina rättigheter. Jag är villig att delta

Datum

Namnteckning Namnförtydligande
APPENDIX B: INTERVJUGUIDE FÖR FOKUSGRUPPINTERVJUER

Information av fokusgrupp intervju:

Nummer av fokusgruppintervju:
Datum av fokusgruppintervju:
Plats av fokusgruppintervju:
Antal av deltagare:
Tiden som fokusgruppintervjun börjar:
Tiden som fokusgruppintervjun avslutas:

Olika moment ingår i intervjun:

(1) Introduktion
(2) Översikt över ämnet, information om syftet med fokusgruppintervjun
(3) Etiska övervägande och grundregler för fokusgruppiintervjuer
(4) Inledande fråga
(5) Huvudfrågor
(6) Utvecklings-/följdfrågor
   Kan du/ni berätta mer om det?
   Kan du/ni beskriva?, utveckla?, ge ett exempel?
   Vad tycker ni andra?
   Håller ni med X eller tänker ni andra på något annat sätt?
(7) Avslutande fråga
Inledande fråga (Börja med en generell och enkel fråga)

Tänk på en situation i ditt liv när du mådde jättebra. Vill någon prata lite om det och dela sina tankar om hur det kändes?

Första frågeställning: Perception av positiv psykisk hälsa

1. Vad skulle begreppet positiv psykisk hälsa kunna innebära/betyda för dig/er?
   (Eller som förtydliggörande frågor: Kan du beskriva en person med positiv psykisk hälsa?
   Vad skulle psykiskt välbefinnande kunna innebära/betyda för dig/er?)

Andra frågeställning: Faktorer som kan påverka positiv psykisk hälsa och psykiskt välbefinnande

2. Vad är viktigt för att man må psykiskt bra och har psykiskt välbefinnande? Vilka faktorer t. ex i skolan, hemma, på fritiden eller i samhället påverkar psykisk hälsa och välbefinnande på ett positivt sätt?

3. Vilka egenskaper tycker du/ni att en person med positiv psykisk hälsa har?
   (Kan individuella faktorer, exempelvis tankar och åsikter, eller personliga egenskaper ha positiva påverkan på vår psykiska hälsa och vårt psykiska välbefinnande? I så fall, vilka är de och hur påverkar de? Kan du/ni ge ett exempel?)

4. Är det något annat som jag inte frågat efter som du/ni skulle vilja lägga till?