

ORIGINAL RESEARCH

Nurses' competence areas in adolescent mental health promotion work in student healthcare

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ABSTRACT

Adolescents' mental well-being is affected by a variety of different factors and their mental health has been a subject of great concern worldwide. Research has demonstrated the importance of how we arrange young people's mental health promotion and preventive actions. The aim of this qualitative study was to examine mental health nurses' competence areas in adolescent mental health promotion work in student healthcare in one city in southern Finland. The data were collected from semi-structured interviews with six mental health nurses. The data were analyzed using the content analysis method applying deductive and inductive approaches. The results of the study revealed 11 subcategories for the multidisciplinary knowledge area, eight subcategories for the skill-related competence area, four subcategories for the attitudinal competence area, and five subcategories for the personal characteristics area. The analysis demonstrates that nurses need extensive competencies in promoting mental health among adolescents in student healthcare. Especially evidence-based practice, client-centeredness, communication, and the social significance of the work were emphasized in the findings. This information can be utilized in service development and continuing education. Further research is needed on how the work of nurses in student healthcare could be more preventive.

Key Words: Mental health promotion, Adolescent, Student health services, Professional competence, Mental health nurse

1. BACKGROUND

Psychiatric disorders are the main reason for disability-adjusted life years (DALYs) among young people aged 15-24 worldwide, especially in high-income countries.^[1] According to Colizzi et al.,^[2] it is important to form uniform preventive mental health actions for youth and use multidisciplinary knowledge from several disciplines. Supporting adolescents' mental health is possible by strengthening circumstances at homes, schools, and local communities.^[3]

The European Mental Health Action Plan^[4] defines the objectives of mental health promotion as everyone's right to

develop their mental well-being, get treatment if needed, and be treated with appreciation. Treatment should be rapidly accessible and appropriate. Moreover, the mental health system should be well-coordinated and guided by knowledge. According to Tamminen,^[5] mental health promotion is based on positive mental health, empowerment, customer inclusion, and intersectoral and multisectoral work. The impacts of mental health promotion simultaneously focus on strengthening positive mental health and the quality of life, protective factors for mental health, and reducing the risk of mental illnesses. Mental health promotion aims to improve

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societal conditions by reducing structural barriers to good mental health and creating supportive communities and environments. Although previous study has identified sub-areas of mental health promotion, it seems that there is a lack of information about mental health promotion competencies in nursing.

In Finland, student healthcare is regulated by law and student healthcare services must ensure the well-being of the educational community, health, and safety of the study environment, and support a student's healthy growth, development, and study ability. Early support needs must be identified, and the student must be supported and directed to care and clinical tests when necessary.^[6] Student healthcare is implemented by a doctor and a community health nurse. Still, in many regions, there are also services implemented by mental health nurses with the professional title of registered nurse (RN). Their educational background is bachelor's degree (210 ECTS credits). The scope of practice of RNs in Finnish primary health care settings is defined in the European Union's Professional Qualifications Directive 2005/36/EC, amended by Directive 2013/55/EU. The aim of this study was to examine RNs' competence areas in adolescent mental health promotion work in student healthcare. The research question was: what are the mental health promotion competence areas for RNs in mental health work in student health care?

2. METHOD

2.1 Study design and sample

In this study a descriptive qualitative design was used.^[7] The research was conducted in student healthcare in one city of southern Finland during March and April 2022. The Head Nurse of the primary health care unit delivered the invitation letter to RNs (N = 6) who did mental health work in student healthcare in a secondary educational institution such as high school or vocational school where the students are from 16 to 29 years old. In Finland, education is free for pupils and students at all levels.^[8] The average age of students in upper secondary vocational education and training in Finland is 28 years. It is clearly higher compared with the responding average age in OECD countries (21 years) and EU countries (20 years).^[9] All of RNs participated on a voluntary basis and provided their informed consent. The main researcher informed the participants about the research orally and in writing in the invitation letter.

2.2 Data collection

The data were collected using semi-structured interviews. Focused questions based on the previous review by Kemppainen et al.^[10] were developed around following themes: multi-

disciplinary knowledge of health promotion, skill-related competence, attitudinal competence, and personal characteristics. The questions were pre-tested with one RN who was not involved in the study. Some changes in wording were made based on the feedback. A semi-structured interview guide with eight topic questions was sent one week before the interviews to the participants. The topic questions are shown in the Supplementary FILE 1. All the interviews were conducted in a similar manner at the informants' workplaces, as one-to-one interviews, which lasted from 30 to 60 minutes, and were tape-recorded and then transcribed.

2.3 Data analysis

The data were analyzed using the content analysis method.^[7] Deductive and inductive approaches fluctuated so that the data was first analyzed using a deductive approach, followed by an inductive approach. Deductive content analysis means that there is a structured or unconstrained matrix of analysis, which has been operationalized based on previous knowledge, such as a model or theory.^[7] At the beginning of the analysis, the interview recordings were listened to several times to understand the content. After that, the data were transcribed, and the meaningful statements that provided answers to the research questions were reduced. The main researcher coded (reduced) the data and discussed the coding with the other researchers. The unit of analysis was a theorem, a part of a sentence, or a set of thoughts. The analysis frame was formed based on the previous theoretical knowledge of the nurses' four areas of expertise in health promotion work. According to the previous knowledge, these four areas are multidisciplinary knowledge, skill-related competence, attitudinal competence, and personal characteristics,^[10] and they constituted ready-made main categories for the analysis. The codes (reduced expressions) were then sorted into four groups according to this analysis frame, namely the four main categories. The next step was to approach the data inductively^[7] and form subcategories for each main category by organizing the reduced statements with similar content. The subcategories were entitled with a name describing the content. An example of the analysis process is provided in Supplementary FILE 2. The analysis was performed manually.

2.4 Ethical considerations

Permission to conduct the study was obtained from the city's Director of Youth Services and Adult Social Work (HEL 2022-000770 T 13 02 01, 31 January 2022). According to Finnish regulation,^[11] there was no need for a formal ethical review from an Ethics Committee. Ethical principles for medical research involving humans^[12] were obeyed, and EU General Data Protection Regulation (GDPR) requirements

were followed throughout the research process. Informed consent was obtained by informing the participants about the research orally and in writing before they provided their written consents to participate. Participation was voluntary, and they were aware that they had the right to withdraw their participation at any time. Confidentiality was assured throughout the research by coding all the materials with num-

bers, not names. No demographic information was collected to ensure privacy.

3. RESULTS

The results are presented using the four health promotion competence areas of nurses (see Figure 1).

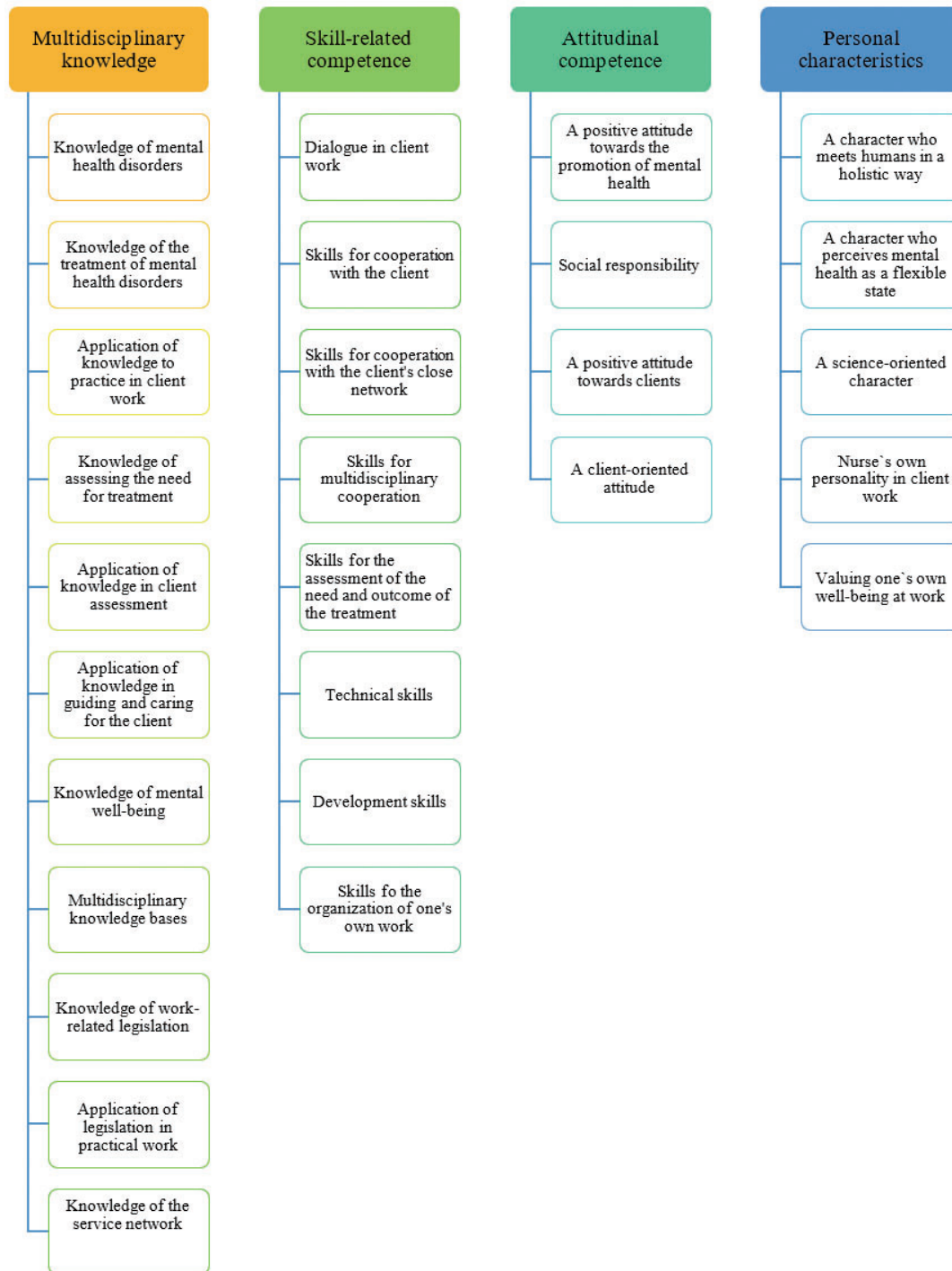


Figure 1. Overview of the most needed competences of nurses working with adolescents in promoting mental health at student health care

3.1 Multidisciplinary knowledge

Eleven subcategories were formed within the main category of multidisciplinary knowledge (see Figure 1). Knowledge of mental health disorders included descriptions of mental health disorders and challenges such as depression and anxiety. Knowledge of the treatment of mental health disorders concerned different evidence-based therapies, forms of therapy, and rehabilitation therapy. Moreover, knowledge of the national Current Care Guidelines and pharmacotherapy were described. Knowledge was applied to practice in client work during discussions with clients. Theoretical knowledge was in the background during the daily work with clients.

According to the informants, nurses were often involved in the assessment of the client's mental health. When using knowledge of assessing the need for treatment, knowledge of client interview and structured client assessment methods approved at the organization level was essential. Questions and information on diagnostic criteria were used in the assessment. The knowledge was applied when assessing the client's psychological, physical, and social state and a possible mental health disorder. Considering the situation of the client's studies and understanding its impact on the client's overall situation was important when assessing the need for support or sick leave.

Theoretical knowledge was applied in guiding and caring for the client, which included psychoeducation, using different working methods, and directing the client to reliable information. Evidence-based materials such as websites www.nyyti.fi (for students) and www.mielenterveystalo.fi were used. Methods from cognitive behavioral therapy were utilized in identifying cognitive distortions and the connection between thoughts and emotions, and knowledge of psychodynamic theory in the processing of experiences from the past. Moreover, knowledge about exercises, such as anxiety management and relaxation exercises, were utilized. Knowledge from the perspective of prevention was used in situations where guidance was given on how to act if the client's depression was about to recur or was in danger of reoccurring.

Knowledge of mental well-being included information on mental health, mental health skills, and elements causing a positive effect on mental health. The knowledge was put into practice by addressing lifestyle habits such as sleep, exercise, eating, and using digital devices and guiding the clients to them. Possible substance use was also addressed. The nurses provided information on healthy lifestyles from the perspective of a professional while considering the client's personal daily rhythm, social relationships, and the progress of studies. Knowledge of psychology, medicine, educational sciences,

social psychology, sociology, and human development were the central knowledge bases constituting multidisciplinary knowledge bases and used in addition to the knowledge base of nursing. Literature and other materials related to psychiatry and mental health were utilized. Knowledge of a person as a psychophysical and social entity was important. The promotion of mental health among young people requires knowledge about data protection, matters related to financial perspectives, and ethics.

Knowledge of work-related legislation was a part of multidisciplinary knowledge. The legislation was applied in practical work in situations where the client may have been a victim of a crime or abuse or suspected of those. When applying laws and regulations, the age of the client was considered. The legislation was also applied to prevent possible planned or considered crimes and, if necessary, to submit a child welfare notification. Compliance with the obligation of confidentiality was necessary; however, in some situations, this obligation was reported to be repealed by some other law. Laws and regulations were constantly considered during nurses' work and described as providing a framework for action. Nurses needed knowledge about the service network, such as third-sector operators and actors in the client's network that promote the mental health of adolescents.

3.2 Skill-related competence

Eight subcategories were formed within the skill-related competence (see Figure 1). Nurses had skills for dialogue in client work in the nurse-client relationship and client networks. A dialogue between the client and the nurse formed the basis for the work. Communication skills, such as the ability to listen, conversation skills, and the ability to be present, were reflected by the informants as central. Nonverbal communication and creating a favorable atmosphere with one's presence were important, as well as the nurse's mental alertness. The dialogue between the client and the nurse also included the art of verbalizing and normalizing the client's feelings.

Skills for cooperation with the client were essential aspects of the client relationship. The aim was to meet the clients without the feeling of haste or hurry, to give them space, establish a trusting relationship, and involve them in their treatment by motivating them to consider together possible ways to support their well-being and resources. The nurses aimed to bring out new perspectives to the customer's situation. Self-care programs were reviewed together. However, according to the results, there were situations in which some clients terminated the treatment and cooperation with the nurse on their own initiative.

Skills for cooperation with the client's close network were related to the nurse's ability to see the clients as part of their own network and to connect the client's treatment to it. Cooperation was conducted with the clients' family, parents, and other close network(s). In practice, cooperation could mean taking parents into account when submitting a child welfare notification. Cooperation skills were described as the ability to tell the close network the essential facts about the client's treatment and ask for crucial information about the client's situation. The ability to transfer information was central when collaborating with the clients and their close network(s).

Skills for multidisciplinary cooperation were important because multidisciplinary cooperation was carried out extensively. Cooperation was carried out in student welfare groups, where the partners were public health nurses, doctors, school social workers, and psychologists. However, the possibility to work with a public health nurse or a doctor as a pair was rare. As for the school employees, nurses collaborated with the principal, teachers, special education teachers, guidance counselors, and other staff. Moreover, cooperation was carried out with other stakeholders, such as child welfare and social work professionals and colleagues in student health-care. In practice, cooperation meant, for example, the ability to transfer information.

Skills for the assessment of the need and outcome of the treatment meant assessment of the client's mental state and the urgency of possible treatment needed. The ability to assess the severity of a possible mental disorder and the need for emergency care or a doctor's appointment was essential. The assessment of the client's somatic and social situation was part of the assessment. Based on them, the nurse was able to evaluate and determine the framework of treatment, i.e., the frequency of appointments if the discussions with the nurse were suitable. Prioritization of treatment was important when planning treatment because not all client's problems should be immediately addressed. Still, those essential factors for the client should be discovered first. As the treatment concludes, it was important to use the relevant assessment methods when assessing the outcome. The methods described were an interview, observation of the client, structured questionnaires, and metrics. For example, assessment methods were also used to assess possible substance addictions and concentration disorders. In addition, the nurse should know the diagnostic criteria, national Current Care Guidelines, how to use laboratory tests, and have problem-solving skills. The informants also mentioned that they had especially studied assessment skills.

The informants described technical skills as the ability to

record and use electrical systems. Technical skills were also related to caring for the client, for example, when using questionnaires as part of the care. Development skills included the ability to plan and participate in collaborative projects in different networks, as well as the ability to develop one's work and job description together with colleagues. Also, developing this competence was seen as central because of the changes in professional knowledge that emerged constantly. Self-development and the acquisition of knowledge were important. Training opportunities were sought after and participated in whenever possible. Professional growth was described to be continuous. Some nurses already had acquired additional training, such as short therapy or sexual counselor training.

Skills for the organization of one's own work were independent abilities and included, for example, time management. The stages of the caring process, such as the assessment, planning, implementation, evaluation, and termination of the caring relationship, were completed independently. The freedom to act independently was perceived as bringing responsibility. When the number of clients was large, and clients came from several different educational institutions, the importance of limiting work was emphasized as only a limited number of clients could be seen. In addition to client visits, time was spent on phone calls and cooperation with other professionals. The informants stated that not all their work was reflected in the statistics of the organization. Limiting work was considered challenging, however, it was seen as part of their professional skills. One could manage one's work by enforcing structure and routine. Orders from supervisors and bureaucracy and the organizational framework ultimately set boundaries for their work.

3.3 Attitudinal competence

Four subcategories were formed within attitudinal competence (see Figure 1). The first competence was a positive attitude towards the promotion of mental health. Mental health promotion was a reason to work and was present in all work. The desire to promote health was a fundamental prerequisite for work. According to some informants, the attitude towards promoting mental health had yet to be well considered. Despite the positive attitude, the focus of the work was more often seen as remedial than preventive. However, a health-promoting perspective was felt to be present in the treatment of the disorders.

The informants reflected upon social responsibility. Mental disorders were perceived as harmful and causing suffering for individuals and society. The work felt meaningful because one could serve the community and, at a practical level, influence the mental health of individuals and communities.

Preventive work was considered to prevent the development and worsening of mental health problems. Thus, it is cost-effective and reduces the amount of work in the future. The accessibility of services, e.g., quick access to treatment, was seen as crucial in preventive work. Dealing with life situations or crises in time was seen as useful in preventing mental health problems, and efforts were made to minimize the client's actions that could harm themselves or others.

A positive attitude towards clients meant meeting them as a person, in a neutral way, regardless of their background. The attitude towards clients with mental health issues was described as permissive and tolerant. The informants described a client-oriented attitude, for example, treatment and exercises were described as starting from the client's needs, wishes, and readiness. The situation and challenges were assessed from the client's point of view. A trusting relationship with the client was seen as important, and efforts were made to avoid highlighting the nurse's attitudes excessively. The client's age, readiness for the situation, and possible social tension were considered, and a solution-oriented and resource-oriented style was used.

3.4 Personal characteristics

Five subcategories were formed within personal characteristics (see Figure 1). The informants described a character who meets humans in a holistic way. A human was seen as a mental, physical, and social entity. Physical health, meaningful activities, and social relationships were seen to affect one another and overall health. The informants described a character who perceives mental health as a flexible state. This meant that mental health could be improved for an individual client in any situation. Hopeless situations regarding mental health were seen to exist only rarely, and the idea of mental health flexibility was helpful.

The informants described a science-oriented character of a nurse, which manifested as a science-oriented approach to mental health. The work was guided by a scientific understanding of mental health and provided clients with research-based information instead of beliefs. Beliefs related to mental health either did not exist or were not utilized in mental health promotion work. Decisions were to be based on evidence. Some informants said that it was not possible to be sure whether one's own beliefs would unconsciously impact the work with clients. The aim was to provide clients with facts because this was an effective way to promote health.

For example, the nurse's personality was used in client work by giving the client examples from their own life or youth. Personality was utilized by being open and genuinely oneself, sharing one's own feelings, and using intuition. Humor was

also used. Tacit knowledge was utilized at work and shared with colleagues. Nurses avoided giving the clients direct advice. Humility, humanity, admitting mistakes, questioning thought patterns, and moral reflection was evident in their responses. The client was sometimes perceived as identifying with the caring employee, and the nurse was perceived as a role model. Being a role model was seen as important, and the nurses believed they could influence adolescents. The nurse was seen as a role model in tolerance and flexibility. However, the idea of being a role model was not necessarily seen as natural.

An important characteristic of a nurse was valuing one's own well-being at work. It was addressed by taking care of one's mental health and routines and managing their free time. Setting boundaries was considered essential, and efforts were made to do the work appropriately. However, the sense of urgency the nurses felt was not perceived as good. Collegial support and work supervision were used to support well-being.

4. DISCUSSION

The aim of this qualitative study was to examine mental health nurses' competence areas in adolescent mental health promotion work in student healthcare. Although this study has confirmed earlier findings, due to a small sample size and data collection from only one city area, our findings should be generalized with caution. The results show that nurses had extensive multidisciplinary knowledge, skill-related competencies, attitudinal competencies, and suitable personal characteristics^[10,13] in adolescent mental health promotion work. The results met all the nine competence areas and professional quality standards of health promotion work set by IUHPE.^[14] Further, all the quality standards for training social and healthcare professionals,^[15] except for using media, were met.

Multidisciplinary knowledge was highlighted by the informants in many ways, and putting research evidence into practice was evident. As Tamminen^[5] states, knowledge of the grounds, concepts, and practical means of mental health promotion is necessary when carrying out mental health promotion work. Additionally, WHO^[4] states that the mental health system should be guided by knowledge (see also,^[15]). Putkuri et al.^[16] reported that when public health nurses experienced, their theoretical knowledge concerning mental health was insufficient, negatively affecting their capability to implement mental health promotion work in child health clinics and school health care. Similarly, the informants of this study stated that thorough knowledge of mental well-being is very relevant for their work and described many elements affecting the client's mental health, which they ad-

dress when meeting the client. The informants mentioned different kinds of evidence-based information sources and their use. It can be concluded that the results reflected the nurses' evidence-based practice in many ways.

Client-centeredness and co-operation with the client's close network were important grounds for the work of nurses. Similarly, Moyo et al.^[17] presented person- and family-centered care as one of the core competencies of a mental health nurse in general.

As part of the dialogue skills in client work, communication skills were seen as crucial in mental health promotion work. Similarly, Maijala^[13] found communication skills as one of the most essential abilities in health promotion work. The informants do multidisciplinary work with many professionals; as Tamminen^[5] states, the skill to conduct multidisciplinary work is a specific area of mental health promotion work. Despite nurses' extensive collaboration networks in student healthcare, their work appeared highly independent. The organization of one's own work and competence development were essential, and they can be concluded to reflect self-leadership.

Nurses had a positive attitude towards mental health promotion, and preventive work was considered cost-effective. The vision of the nurses was that mental health disorders could be reduced through preventative work. Similarly, Maijala^[13] emphasized the importance of a proactive stance. The informants raised that the promotion of mental health was the reason for their work. However, the focus of the work was more often seen as remedial than preventive. In the future, it would be important to investigate how the work of nurses in student healthcare could be transformed to be more preventative. Nurses found their work meaningful since they could serve society and promote social responsibility. This reflects the view by Maijala^[13] on the nurse as an advocate in health promotion work.

The nurses described a holistic approach to mental health as part of their personal characteristics. According to Jormfeldt et al.,^[18] a holistic approach and addressing physical challenges and lifestyle guidance is essential when meeting clients suffering from mental health issues. Further, Moyo et al.^[17] presented the promotion of physical health as one core competency of a mental health nurse. A holistic approach to health promotion work is considered a crucial part of nurses' competency areas also by Maijala.^[13]

Nurses used their own personalities when conducting mental health promotion work. According to some studies,^[13,19] being a role model is relevant in nurses' health promotion work. On the other hand, Kelly et al.^[20] did not find that nurses'

health habits would have significantly impacted their health promotion work. An interesting finding was that nurses had the intention to be genuine and share their feelings with clients. Humility, humanity, admitting one's own mistakes, and questioning one's thought patterns appeared as personal characteristics in client work. Quite similarly, Drach et al.^[19] state that caring, acceptance, trustworthiness, caring for oneself, good self-knowledge, non-judgment, being inspiring, and motivational, among other things, are relevant characteristics of a caregiver when carrying out health promotion work.

Methodological considerations

A detailed description of the data collection, analysis, and results supports the credibility of this study. The interview guide was pilot-tested, which strengthens the credibility of the interviews. An example of the analysis process, including original statements, is provided (Supplementary FILE 2) to enable the readers to evaluate the thinking processes during the analysis. The researcher made field notes during the interviews and used them during the analysis phase to strengthen credibility. The analysis was performed in a team (Supplementary FILE 3), strengthening the credibility of the analysis and the results. The interviews were conducted only once, and the transcripts were not returned to the informants for feedback, which can weaken trustworthiness. Saturation was not reached, nevertheless, several subcategories were produced for all main categories. This confirms that the data and the theoretical framework for the analysis were both relevant. However, the literature review serving as the theoretical framework consisted of literature from years 1998 – 2011, and it was not updated, which can be seen as a weakness.

The main author had working experience as a mental health nurse and was part of the informants' work community, which might have influenced the data collection and analysis. However, she was aware of this and constantly sought to overcome her own possible preconceptions throughout the process.

This study was conducted in one student healthcare unit, and the sample was small, which may limit the transferability of the results. However, the results could be transferred into similar contexts of student healthcare units. Moreover, detailed descriptions of the data collection context, research methods, and results enable the readers to evaluate the transferability of the results themselves. Consolidated criteria for reporting qualitative research (COREQ)^[21] have been used to ensure comprehensive and explicit reporting of the study.

5. CONCLUSION

Nurses described competencies needed in adolescents' mental health work in student healthcare on all four competence

areas, constituting this study's theoretical framework: multidisciplinary knowledge, skill-related competence, attitudinal skills, and personal characteristics. This confirms the relevance of the framework. Evidence-based practice, client-centeredness, communication, and the social significance of the work were emphasized in the findings. More research is needed on how the work of nurses in student healthcare could be more preventive in the future.

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AUTHORS CONTRIBUTIONS

Ms. Henna Salmela and Dr. Virpi Maijala were responsible for study design and revising. Ms. Henna Salmela was responsible for data collection. Ms. Henna Salmela, Dr. Hanna-Leena Melender and Dr. Virpi Maijala drafted and revised the manuscript. All authors read and approved the final manuscript.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

INFORMED CONSENT

Obtained.

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DATA SHARING STATEMENT

No additional data are available.

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