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# HELPING YOUNG PEOPLE

- Listening as a helping method

Material for nursing education



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# HELPING YOUNG PEOPLE -LISTENING AS A HELPING METHOD MATERIAL FOR NURSING EDUCATION

Purpose of this project was to make educational material for nursing students. This thesis is material for students to read and also PowerPoint presentation was made which was presented like a normal lesson in a classroom for nursing students. The aim of this project was to find ways and methods that are used to listen to young people and also tell why listening is an important tool in nursing profession when taking care of young people. Sometimes a nurse might see a young person and for some reason get worried. Young person might be withdrawn, shy or overactive. Nurse might smell alcohol or see bruises or scars. Sometimes nurse just needs to trust own intuition and talk more to the young person and listen to them. Eriksson & Arnkil (2005, 21) had written in their book that nurses and other professionals need to trust their own intuition and use it. Intuition is based on professional's education, morals, work experience and life experience.

The aim was also to give information about: What is meant by listening, what is important to young people concerning therapy, different life situations young person might come across to and then need to get listened to, problems in listening and what are the young peoples and their families' experiences in hospital settings and statistics of young people who are looked after.

## KEYWORDS:

Young people, listening, helping young people, listening young people

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# NUORTEN AUTTAMINEN - KUUNTELEMINEN AUTTAMISMENETELMÄNÄ OPPIMATERIAALI SAIRAANHOITAJAKOULUTUKSEEN

Projektin tarkoitus oli tehdä opetusmateriaalia sairaanhoitajaopiskelijoille. Tämä opinnäytetyö toimii oppimateriaalina opiskelijoille samoin kuin PowerPoint esitys joka esitettiin sairaanhoitajaopiskelijoille. Pyrkimyksenä tällä projektilla oli löytää tavat ja menetelmät joita on käytössä nuoria kuunnellessa ja kertoa miksi kuunteleminen on tärkeä työkalu sairaanhoidossa, kun pidetään huoli nuorista ihmisistä. Joskus sairaanhoitaja voi kohdata nuoren ihmisen ja jostain syystä huolestua. Nuori ihminen voi olla sisäänpäin kääntynyt, ujo tai ylivilkas. Sairaanhoitaja voi haistaa alkoholia tai nähdä mustelmia tai arpia. Joskus sairaanhoitajan tulee luottaa omaan intuitioon ja puhua enemmän nuoren kanssa ja kuunnella heitä. Eriksson & Arnkil (2005, 21) ovat kirjoittaneet kirjassaan, että sairaanhoitajien ja muidenkin ammattilaisten tulee luottaa omaan intuitioon ja käyttää sitä. Intuitio perustuu ammatilliseen koulutukseen, moraalisiin, työkokemukseen ja elämän kokemukseen.

Pyrkimyksenä oli myös antaa tietoa siitä: Mitä tarkoitetaan kuuntelemisella, mikä on tärkeää nuorelle ihmiselle koskien terapiaa, eri elämäntilanteita joita nuori kohtaa ja silloin tarvitsee tulla kuulluksi, ongelmista joita kuuntelemisessä on ja mitkä on nuorten ihmisen ja heidän perheidensä kokemukset sairaalassa ja tilastoja huostaan otetuista lapsista.

ASIASANAT:

Nuoriso, kuunteleminen, nuorison auttaminen, nuorten kuunteleminen

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## INTRODUCTION

This thesis aim was to find methods that are created to help and listen to young people. Methods mentioned are preventative methods. Preventative means that young people are not in trouble or badly excluded from normal daily life and routines. Programs can help maintain decent, safe and healthy way of life. Thesis also tells about ways to listen young people and how young people and people working for young people understand listening. To get to the point what is meant by listening also listening itself was under investigation.

“Listening deeply is a powerful agent of healing and is a natural part of the repertoire of nursing; it is at its very heart “(Browning & Waite 2010, 152).

Young people come from different families and different backgrounds and they have various kinds of experiences and attitudes towards life and future. Listening to their thoughts is important considering that their development is unfinished and what happens in the person’s life as a child has an impact in their development and future.

Young people can have same mental health problems as adults. For example anxiety disorders, depression, psychosis, self-harm, and eating disorders (Prymachuk 2011, 336). In this thesis self-harm and alcohol are mentioned because alcohol is big problem for whole families and one of the mentioned preventative method is made around alcohol misuse in family. That is named Fragile childhood. Self-harm is another one which was under study. That was not very familiar and article used in thesis tells that it is too little investigated. So more studies are needed in that area.

To make thesis beneficial for nurses children in hospital were also studied. How children experience life in hospital setting and what do young people and their families expect from nurses. Fletcher, et al. (2011, 43-45) argue that young people feel that it is important for nurse to be good listener/ have good listener’s qualities among being friendly, caring, professional, kind and helpful. Nurses must build relationship with young people and their families in a safe, effective

and clear communication. Skills that young people and their families see important for nurses are nurse's ability to work safely and effectively in all settings. Nurses who smile and are easy to approach, who are open for talking and listen and give good expert explanations before any procedure is a strong support for children and their families. Young people also want distraction during clinical procedures. Young people want nurse's keeping them free from pain.

# 1 AIM, PURPOSE AND OBJECTIVES

## 1.1 Purpose and aim

Purpose of this project was to make educational material for nursing students. This thesis is material for students to read and also PowerPoint presentation was made which is presented like a normal lesson in a classroom for nursing students. Presentation is found in the end of thesis as appendix. The aim of this project is to find out what different methods and ways have been created to listen what young people have to say. Listen young people's opinions and feelings in their daily life and during their stay in hospital. Advisable way of being present, listening and actually hearing what young people have to say, being there and getting to know them in professional way. Second aim is to tell how to listen young people and about young people's development. The development is seen important part of the work because development is in a critical phase when person is thought being a young person.

## 1.2 Objectives

Ways to get the knowledge about methods is to make an interview with pen and paper by talking with a person who is working with young people and knows significant information about young people and their wellbeing. The extra benefit of making that interview is to get information about other ways that are used to help and listen to young people for making further research. Articles that tell about studies that are made about listening, young people's experiences and opinions are used in getting the information. Articles are mainly searched from Turku University of Applied sciences database, Cinahl. Also books are used, but they have a very small role in thesis. Internet is used to get current and actual knowledge about wellbeing of young people is statistical way. Statistics what will be used tell the experience of wellbeing and depression in numbers told by young people themselves. Used statistics should also be from reliable source.



## 2 LISTENING

*Listening deeply is a powerful agent of healing and is a natural part of the repertoire of nursing; it is at its very heart (Browning & Waite 2010, 152).*

Focused listening is important tool in nursing profession. Listening to another person, patient, service user, child or adolescent can be challenging. However listening is a good tool for determining treatment plans, improving patient compliance, decreasing costs, increasing efficacy and improving patient-practitioner relationships. Nurses often get attached to their role as a nurse, which focuses on tasks and really do have an opportunity to facilitate a connection with patients (Browning & Waite 2010, 151).

*“Opening one’s heart and listening at a deep level does not come easily and is rarely achieved simply by life experience” (Browning & Waite 2010, 151).*

Nurses who work with patients must realize how critical timing is to listen to speakers stories. For nurse’s speakers stories are a part of cultural learning, whereby they both (nurse and speaker) expand the horizons. We have to know how to listen ourselves before we can really understand others. What and how nurses often understand things is based on their own needs, expectations and their culturally learned assumptions and categories of thought. (Browning & Waite 2010, 153)

It is important for nurses to know how to listen to young people and to know why the right way of listening is important. Focused way of listening and knowing how young people want to be heard, hearing what young people have to say, being there and getting to know them, might make young people more co-operative and have positive impact to their development. Listening can enhance the health and well-being of patients in a number of ways like ascertaining details of patients

concerns, develops higher level of trust and relationship with caregivers, outcomes of treatments improve significantly and previously unexplored solutions may arise in the course of conversations (Browning & Waite 2010, 150-153).

Interactions center elements are words. Words are ways of expressing self and they reflect people's relationship about other people. Taking a pause, listening and discussing are center skills of ethical nursing. Human and compassionate nature of nursing is highlighted. People encountering reflects succeed or failure. Even when compassion is highly valued in humanistic way it has been shown to also reflect in profitable and economical way through satisfaction. (Haho, A. Sairaanhoitajat.fi 2014) Helping to empower young people is not just an ethical requirement but equally a developmental task. Children with positive feelings of self-esteem, mastery and control can more easily manage stressful experiences. (McLeod 2006, 50)

Children's Act 1989 key feature was that it increased children's rights in law. (McLeod 2006, 43) The requirement in law was that the social work staff elicit children's wishes and feelings. (McLeod 2006, 50) Ethical way of encountering should be seen in words, gestures and actions. (Haho, A. Sairaanhoitajat.fi 2014)

*"It could be that the biggest barrier to effective listening is when adults do not really want to hear what children have to say" (Alison McLeod 2007, 285).*

## 2.1 How to listen

Skill of effective listening is something everybody can learn and a gift anyone can give. It is giving person's own time and attention. Honest and good way of listening can make speaker to feel accepted and then more open. Listener can give speaker a chance to be intelligent and to become successful. Listener can help speaker by asking questions, showing interest, expressing concern and paying attention. Speakers do their best when they know person is listening (Bonef 2001, 68-69). For young people it is very important to know that they are listened to. (Alison McLeod 2007, 285)

Good listener carries pen and paper and takes notes. Developing own shorthand including symbols, pictures, punctuation and abbreviations is a good way, because there is not time to write everything while listening. Reporting later to someone what person has learned is good way of rehearsal. Person must want to listen. From desire to listen comes commitment and concentration. Concentration is focused mental energy. Planning time, knowing limits, mental pictures about topic and setting listening priorities helps to get maximum concentration. Person must desire to listen to be effective on communication. Developing interest to the topic of discussion at hand or the person who is talking make good listeners. If person chooses not to listen, is not committed or concentrated mind can go to vacation and mind does not interpret, evaluate or respond to the speaker and the message. Daydreaming is when we are not present. Involving the whole body is a good way of showing the person who is talking that he/she is listened. Person who is listening must tune in ears, eyes, mind, body, heart and intuition. That way person conveys positive attitude, sits in attentive posture, remains alert, is nodding, makes good eye contact, and listens between lines, looks like a listener. Good listener does not fidget, blink, bite lip, frown deeply, play with hair, look time or stare. Pacing the speaker builds rapport. Pacing is building positive relationship with speaker by imitating or mirroring. Sensing similarities helps to feel ease because humans are most comfortable with similar people. Pacing happens by matching voice rate or volume, using same words or phrases, use same positions, sit forward or put hands the same way. Breathe about the same rate. But don't be too obvious. Control distractions as telephone, background noise, unfamiliarity, with vocabulary, seating, lighting, headaches, hunger, fatigue or current emotional state. (Bonef 2001, 70-90)

## 2.2 Difference how the young people and the adults understand listening

In research made by Alison McLeod (2006, 46) it is said that social workers make big efforts to elicit individual children's efforts and to respond to them. Social workers see listening as question of attitude. Listening is first and foremost about an ethic of openness to and respect for the other and belongs in context of the

quality of one-to-one relationship. To listen was used to mean to pay attention. That means also taken notice of young person's complaint even could not change the situation. Young people saw it differently. Hardly any young people felt that they had been heard. To young people it meant that social workers should act on what they have heard. If the social worker did not act it meant they had not listened. (McLeod 2006, 45) A young person appreciates workers who listen and get the trouble to know them and workers who have been working with them for a longer period of time. (McLeod 2007, 285) The social workers lay more emphasis on helping young people resolve emotional difficulties. (McLeod 2006, 49)

### 3 YOUNG PEOPLE

Biologically it is movement through puberty that separates childhood from adulthood. In adolescence it may be that individuals encounter their first significant transition in their lives. (Prymachuk 2011, 333-334)

Adolescents and youth together form a group that is referred to as “young people”. Adolescents as 10-19 years of age and youth as 15-24 years of age. (Arora et al. 2015, 193)

Every young person goes through psychological development. Then he/she grows irreparably clear away from parents towards own independency and adulthood. Young people’s psychological development can be divided in to three categories. Biological and sexual development, other is being detached from parents and third is about getting own identity. Physical development activates psychological development where earlier psychological development will be gone through again. At adolescent age sexual development will mold the final sexual identity. For young people friends are important to mirror self and stronger self-esteem. It is easier to be part of a group than being alone. Sometimes young people get lonely or worried about their bodies. Then school nurses are easy to approach for young people. In later part of young age young people are ready for compromises and they are more flexible. They are independent and don’t feel the need of parents. Their sexual identity is better and stable. (Terho et al. 2002, 107)

Young people being the most energetic and dynamic, tend to get involved in high-risk behaviors making them susceptible to criminal offences, accidents, physical injuries, emotional trauma and medical problems. (Arora et al. 2015, 193) Also problems in the young person’s life might be related to young person’s self, school/work, parents, peers, future or dating (Alestalo et al. 2002, 36).

Prymachuk (2011, 334) mentions that it is argued that the empirical evidence shows that majority of young people navigate this stage of their lives with relatively little trauma.

## 4 YOUNG PEOPLE´S DEPRESSION IN NUMBERS

### 4.1 Young people´s depression in numbers

In next tables are shown young people´s depression in numbers as statistical way. Tables are also found in National healthcare department´s webpage as pdf presentation.

Table 1 Serious and severe depression in high school and students in Finland in 2011 (Terveyden ja hyvinvoinnin laitos 2015)

	<b>High school</b>	<b>Trade school</b>
<b>Girls</b>	13,2%	15,9%
<b>Boys</b>	6,3%	7,2%
<b>In all</b>	10,3%	11,2%

Table 2 Mental health problems and substance abuse in life young adults 20-34 years old. Year 2011. (Terveyden ja hyvinvoinnin laitos 2015)

	<b>Men</b>	<b>Women</b>	<b>Inn all</b>
<b>Depression</b>	11,4%	24,2%	17,7%
<b>Anxiety disorder</b>	8,4%	16,9%	12,6%
<b>Substance abuse</b>	20,9%	7,4%	14,2%
<b>Eating disorder</b>	0,3%	6,0%	3,2%
<b>Personality disorder</b>	8,0%	5,5%	6,8%

Table 3 Statistics from National institute for health and welfare. (Terveyden ja hyvinvoinnin laitos 2015)

- Depression-, anxiety and eating disorders are more common in women
- Substance abuse and conduct disorders are more common in men
- Mental disorders are the most common reason in disability pension
- Good thing is that young people's drinking to get intoxicated had reduced and suicides had reduced
- Bad thing is that amount of children taken into custody is growing
- There is no change in mental disturbances; Girls symptoms might be increasing

## 5 YOUNG PEOPLE AND THERAPY

### 5.1 Stress

In Anguita's (2014) view childhood in these days have become very stressful. The reason suggested to be pressures from social media, cyber bullying, increasing numbers of school tests and rising amount of family breakdowns. Those all effect on children's mental health. (Anguita 2014, 474-475)

There are children as young as two or three years old that have the symptoms of stress. Symptoms like crying, freezing or tantrums. Some other symptoms are sleeplessness, irritability, difficulty concentrating, tiredness, diarrhea, stomach aches and headaches. Nurse can recognize the symptoms by looking and asking if child or young person is avoiding school, avoiding social or group activities, does not like to talk in social situations, is irritable, shy or overly reliant on parents. Questions that nurse can ask from child or parent are: Is child or young person scared of doing things with other people like talking, eating or going to the parties? Is child or young person finding it difficult to do things when other people are watching, like playing sports or reading aloud or keeping talk in the class? (Anguita 2014, 474-476)

### 5.2 Young people's mental health problems

Factors that impact young people's experiences and relationships are: (1) environmental including housing, schools, recreation, leisure and community facilities. (2) Social including extended family groups, friendships, family history, employment and financial realities. (3) Family including parenting styles, emotional availability, appropriate boundaries, guidance and siblings. (4) Cultural including beliefs, religious or spiritual practices, peers, values and expectations. (Callahan & Waldock 2006, 132-133)



Depression in adolescence is common and complex condition affecting all aspects of life impairing relationships, academic performance and general health (Garmy et al. 2014, 24). Mental health problems that affect young people are notably anxiety disorders, depression, psychosis, self-harm and eating disorders. The commonest symptom was depression followed by: anxiety, eating disorders, difficulties in human relationships and suicidal or self-destructive behavior (Prymachuk 2011, 336). Alestalo et al. (2002, 36) had put young people's central spheres in life in six categories: Dating, self, school, future, peers and parents. Most young people who have been referred to care had problems in more than one category.

### 5.3 Self-harm

Because of unique position nurses have they should play a leading role in helping young people who self-harm. Forms of self-harm are self-cutting, though burning scalding, scratching the body and self-poisoning. (Prymachuk et al. 2010, 52)

For most of the young people self-harm is one time response to something difficult in their lives, but 10-20% will repeat. (Prymachuk 2011, 338) There appear to be links between depression and repeated self-harm in young people. Repeating self-harm is the reason for concern because young people with repeated self-harm are more likely to do suicide. Those young people who self-harm one time only primary care is enough. Because the risk of suicide those young people who repeat their actions need more intensive interventions. The used form of help is therapy. Individual therapy, family therapy, group therapy or / and psychopharmacological therapy. The challenge in helping people with self-harm is that no one therapy or treatment seems to help. Prymachuk et al. (2010 52-53) suggest that we should explore the different dimensions of self-harm in order to ascertain whether specific treatment modalities are suitable for specific aspects of self-harm. "There is a clear need, both in United kingdom and further afield, for further research and development in the area of young people and self-harm, especially

evaluative research into the interventions used to help this subgroup of young people” (Prymachuk et al. 2010, 52-53).

Table 4 Young people’s problems in their central spheres of life (Alestalo et al. 2002, 36)

<p>Dating</p> <ul style="list-style-type: none"> <li>• Break-up of a relationship</li> <li>• Problem in a relationship</li> <li>• Traumatic experiences</li> </ul>	<p>Self</p> <ul style="list-style-type: none"> <li>• Poor self-awareness</li> <li>• Low self-esteem</li> <li>• Confusion about identity”</li> <li>• Breakdown of identity</li> </ul>
<p>School</p> <ul style="list-style-type: none"> <li>• Inadequacy of resources</li> <li>• Meaningfulness of school decreases</li> <li>• Poor functioning of human relationships</li> <li>• Problems have negative effect on school, work and attendance</li> <li>• School performance deteriorates, grades go down</li> <li>• Going to school becomes impossible</li> </ul>	<p>Parents</p> <ul style="list-style-type: none"> <li>• Lacking or detached relationship</li> <li>• Poorly functioning relationship</li> <li>• Violent relationship</li> <li>• Seriously dependent relationship</li> <li>• True encounter missing, distorted roles</li> </ul>
<p>Peers</p> <ul style="list-style-type: none"> <li>• Relationship is lacking or scarce</li> <li>• Poorly functioning relationship</li> <li>• Relationship limited by adolescents ‘own symptoms</li> <li>• Peer group prompts behaviour which arouses concern</li> </ul>	<p>Future</p> <ul style="list-style-type: none"> <li>• Uncertainty</li> <li>• Concerns about the future</li> <li>• Anxiety and fear</li> <li>• Hopelessness, meaningless life</li> <li>• Over optimism</li> </ul>

#### 5.4 Young people in therapy

Going to therapy has become more common and in these days it has got easier. Young people's attitudes are more positive towards therapy. Depression is acknowledged earlier and the sad echo of therapy has lightened. It does not mean that person is crazy or mentally ill if goes to therapy (Terveyskirjasto 2015).

Young people often change their mind about going to therapy. Dropout rate is often high (Westergaard 2013, 98). Active commitment to therapy for young people is important because it is time for influencing health behaviours that can extend into adulthood (Cheetham et al. 2013, 35). Nurse needs to build a good, trusting and respectful relationship with a young person. Young person needs to be honest and nurse should be honest to a young person. Good communication skills, listening carefully and acknowledging young people's views is important. It would be good for the nurse to check out how young person wants to be called. Body language is important and should be suitable for the situation. Seeing how close to sit to a young person, smiling, appearing calm and approachable. Other good qualities for the nurse are being friendly, kind, trustworthy and credible. Environment should be good for the open conversation. (Prymachuk 2011, 344). It is important to provide warm comfortable, confidential and private space for client (Westergaard 2013, 36). Nurse should not use street language because it might sound ridiculous (Prymachuk 2011, 343). Often when young person is in multidisciplinary meeting he/she can feel intimidated. Nurse can play central role there by supporting the young person to express their views (Prymachuk 2011, 346).

When assessing young people's mental health issues to consider are: Who has the concerns, what the concern is about and the degree it affects in young people's day-to-day life. During the assessment developmental stage, social and cultural context and life events experienced by the child have to be taken into account. (Prymachuk 2011, 314) Young people are referral to care by many different professionals. Referral is issued by doctors, psychologists, public health nurses and other professionals (Alestalo et al. 2002, 35).

When assessing young person the change in behaving might be a reflection of change in mental stage. Young person who is experiencing low mood, anxiety or having troublesome or intrusive thoughts may become withdrawn or overactive. (Prymachuk 2011, 344). A young person may attempt to ease uncomfortable mental or emotional states by using drugs or alcohol, risk taking or figure out other ways of ease their feelings. Mood swings don't always have to do with drugs or mental problems. It just might be how young person is feeling at the time. (Prymachuk 2011, 345).

Very important thing is to listen young people and their stories and experiences how they feel it. That way it is easier to find the way to help that works the best. (Prymachuk 2011, 355). The rules about therapy need to be established early in the beginning of the therapy with young people in order it go fluently and offering a safe feeling to a young person. Also young person need to feel trustful and respect in both ways. Without that young person does not engage to therapy (Westergaard 2013, 100). It takes months or even years to work with some young people and get a good trusting relationship. (McLeod 2007, 285)

Young People might need a range of counselling approaches based on assessment of personal needs. Creative resources might be sand trays, art tools, small figures, dolls, bowls, buttons, stones and clay. Young person should not be imposed to use these methods, but offering, suggesting and inviting those options is good. Young people should not be forced into using those methods (Westergaard 2013, 101).

Parents, educators and social workers provide support and information to young person concerning their future. That is challenging because of the rapid changes in society, institutions and the working life. In today's society, pro-longed studying times and high unemployment make it hard for young people to become economically independent. (Alestalo et al. 2002, 38)

## 5.5 Family therapy

Family therapy is professional and knowledgeable way of see, understand and treat problems and illnesses inside of the family and suffering in separate family members. Family therapy's goal is to change mental disturbance. Family therapy may also be the goal of finding obstruct in family moving forward in constructive way. That happens specially by seeking the family's positive resources and possibilities. Family therapy is used in treating mental health problems by the one family member, treating problems in interaction inside the family or supportive service during psychotherapy. Family therapy varies on its length or how often therapy sessions are kept. It may happen once a week or once a month or even more rarely. In crisis therapy sessions can be kept even daily. Amount of sessions may be from few sessions till 20 sessions. One session is usually one and half hours. Those who join in therapy sessions have to be willing to come. No-one is forced to come. Usually the best way is to ask directly from the patient who he/she wants to join in conversation. Important thing is to structure the family situation, not to quilt anyone. (Terveyskirjasto 2015)

A family therapist usually sees more than one family members at the same time in the session. In these sessions it is possible for the therapist to see the patterns family uses inside it. These patterns mirror habitual interaction patterns at home. Therapy interventions usually focus on these patterns of interaction rather than analysing subconscious impulses or early childhood traumas or individuals as a Freudian therapist would do. In some cases therapist could point out these expressed patterns and suggest different way of responding to other family members. (Callaghan, P. & Waldock, H. 2006, 146).

Table 5 Some principles for working with young people with mental health problems (Prymachuk 2011, 342).

- Use your interpersonal skills to build a trusting relationship
- See the young person's point of view and focus on their needs
- Be aware that you might have got it wrong
- Communicate and liaise with colleagues and family
- Know your roles and responsibilities and recognise your training needs
- Challenge prejudice and stigma

### 5.6 Young people's expectations about therapy

Younger clients demand early improvements to relieve their psychological distress and be provided assurance early on that therapy can help them. One of the main barriers to help-seeking is the belief that therapy is not effective and young people had commented that they had high expectations about therapy but those young people expectations were not met (Watsford and Rickwood 2013, 82).

Young people aged 12 - 25 can hold expectations about therapy related to their role as a client, the therapist role, the processes of therapy or/and about the outcomes of therapy. The expectations may have a big influence in young people's engagement in the process. Therapist should take time in the first session to discuss with the young person what they can expect regarding the therapeutic encounter, identify the client's individual expectations and hopes for therapy and therapist should help young people to maintain a high level of commitment by periodically monitoring commitment levels through motivational interviewing techniques. Young people's trust in therapist increases when expectations equates with reality of therapy and the provided intervention. (Watsford & Rickwood 2013, 75)

## 6 ALCOHOL USE IN YOUNG PEOPLE

### 6.1 Parents alcohol use can predict young people alcohol use

Age limit of drinking in Finland depends on what kind of drink is in question. Shop age limit for beer is 18, for wine it is 18 and spirits it is 20, but by study of Ahlström & Huntanen (2008) the importance of minimum legal age was minimal. There were more effect in price because adolescents in many societies have fewer economic resources than older adults. Importance of social sources in youth access to alcohol has been shown to be greater importance than commercial resources. Alcohol intoxication is an individual decision and does not have to do how alcohol has received. Young people's personal network influences in their drinking habits (Ahlström & Huntanen 2008 559-561).

In research made in Finland 2005 it was investigated how parental drinking patterns have been associated with adolescent's alcohol consumption. When young person has parents who are heavy drinkers it is possible that adolescent becomes heavy drinker. It is also found that young people's alcohol experimenting and frequent alcohol consumption were associated with living in single-parent families (Seljamo et al. 2005, 984). Both mothers and fathers present alcohol use and their alcohol use histories were significant predictors for the young person to drink, but especially fathers heavy drinking and early experiences of alcohol were the most potent factors of young people's early alcohol consumption. These families should have special guidance, support, and treatment targeted to them. When young people were drinking to get drunk it was a predictor of mental health problems, but not all young people with problematic drinking patterns will have alcohol related problems in the future. Among adolescents, no gender differences in alcohol use or frequency or amount of drinking were found. Also family related mechanisms leading young person to drink were not differing among gender (Seljamo, et al. 2005 991-992).

## 6.2 Effects of domestic abuse and alcohol problems towards young people

Findings in European Union DAPHNE project tell the sad story about alcohol problems and domestic abuse. The term domestic abuse includes psychological and physical aggression and/or violence. Both problems have inside them disruptive behavior and associated worry that causes child most upset. And if there are more factors present cumulative risk is increasing. (Velleman et al. 2008, 388). Ways to cope for the children include avoidance, discord, arguing, switching off, blaming themselves or seeking help. Anyway seeking help is very low on the list of children coping methods. Children want to keep these kind of family problems in secret. Often this secret is so well hidden that people outside the family do not know about the problem. Children try to find out how to cope with what is going on and then they felt better and safer. Behavioral and emotional problems that young people had living with the parent who is using alcohol or domestic abusing were: anxiety, social withdrawal, rule breaking behavior, aggressive behavior, social problems, thought problems and attention problems. Some young people in this project had told that they had used drugs like cannabis/hashish/marihuana. Top three of the coping methods were (1) Trying to feel better by spending time with others such as family, grown-ups or friends. (2)Wish the problem never happened, (3) Trying to solve the problem out by thinking of answers, trying to sort it out by talking to someone about it. Many young people told that they coped by talking to others about it. Those people were carefully selected. Talking to people with similar experiences was easier and helpful. (Velleman et al. 2008, 399-400). In this project also many said that they would have liked to talk to someone who is not family member. (Velleman et al. 2008, 401).

*“A number of improvements are needed to ensure that such young people are able to access help.” (Velleman et al. 2008, 404)*

*“Such self-help groups are rare and even those that do exist are not well publicized or funded” (Velleman et al. 2008, 404).*



## 7 LOOKED AFTER YOUNG PEOPLE

Every child has a right to live safe. That is why there is a law that children have to be taken in to custody if child's health, or development is in serious danger and there is no other way to affect the situation. Danger might be, that child is not been taken care of, circumstances are unsafe or child does something which is harmful for self. Taken into custody means that social services will take care of child's care and upbringing (Ensijaturvakotienliitto 2015).

Children's wellbeing is closely linked to their relationships and emotions. Reaching and understanding marginalized young person is a time consuming event. A condition for working with disaffected youth is understanding how powerlessness can shape actions of those who are marginalized. Those who want to work with looked after young people and listen to them must be ready for possible resistance and challenge. They must be flexible enough to open the unexpected and confident in their own agenda and allow them to be questioned (McLeod 2007, 285).

About Figure 1. The amount in looked after young people is growing. In figure 1 is shown in light blue the amount of children who have been placed to live outside of their homes. In blue color is shown the children taken into custody and in turquoise it is shown the amount of children that has been taken in emergency custody. On the left is the number of children and in down row is the year.

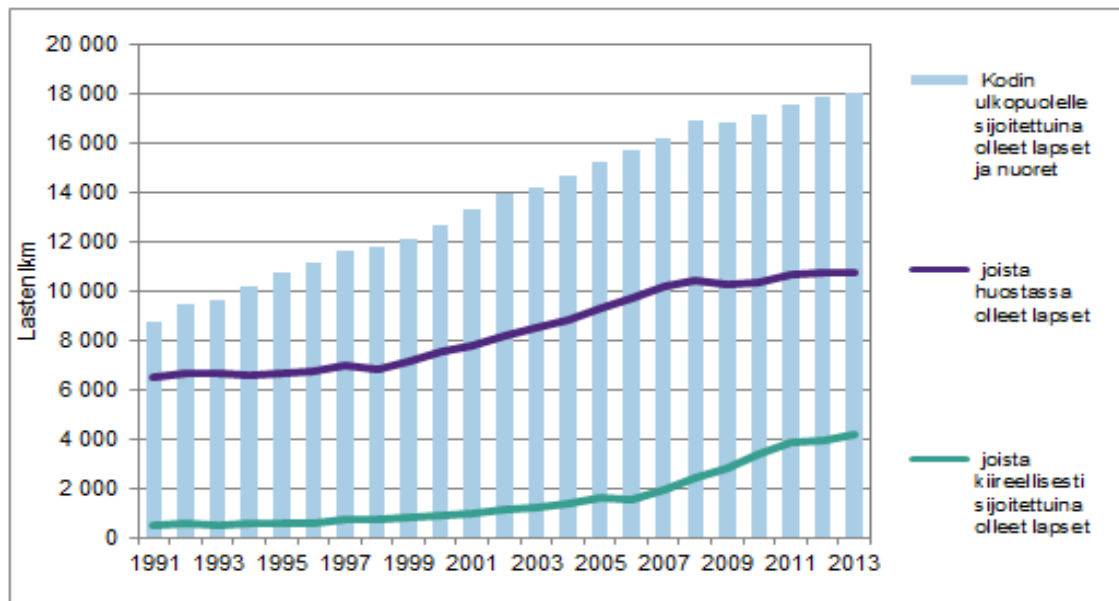


Figure 1 Children who have been taken into custody in Finland. (Source: <https://www.thl.fi/fi/tilastot/tilastot-aiheittain/lasten-nuorten-ja-perheiden-sosiaalipalvelut/lastensuojelu> 2015)

## 8 PROGRAMS THAT ARE DESIGNED TO HELP

### 8.1 School HealthCare

School HealthCare's meaning is to guarantee healthy growing for every student and teach healthy lifestyle for them. School HealthCare's task is to give ground for healthy adulthood for every student. It is free of charge. Treating students for accidents that have happened in school is free of charge. Municipalities make own decisions about school healthcare independently. The most importantly school healthcare is a preventative method of taking care of students. Preventative method of taking care of children is important because the expectation for future life is long. There are also risk groups among students and school healthcare tries to find those groups. The earlier those students in risk groups are found the better the results are. The power of school healthcare is that it gets into contact with students repeatedly. (Terho et al. 2002, 19)

When school starts a plan for future health care is made with every student individually. School healthcare continues until school ends. School healthcare also takes part of healthcare education at school. The plan of giving education is made together with school and school healthcare every autumn before school starts. That plan includes what will be thought, by whom and how to follow the results of that education. School public health nurses are there if young person wants to go and have a talk about something difficult and does not want to talk about it at home. School public health nurses are bound to secrecy so they cannot tell about conversations to anyone. Still if school public health nurses hear something alarming they are obliged to act on it by the law in Finland (Terho et al. 2002, 20-21).

## 8.2 Omin Jaloin menetelmä/ Own Legs method

This is a preventative child welfare method and because it is a preventative method young person is not yet in trouble or badly excluded. Just small clues about arising trouble. With this method the professional worker, the young person and the young person's family try to get young person to have good quality youth. This method has been planned for young people aged between 13-17 years. Person's life will be put into nine different clusters: Family, health, school, hobbies, friends, dating, substances, crime and money. Professionals like social worker will meet a young person five times and the family at least one time. The young person gets to think about own relationships and own life. In the beginning of the meetings young person does a five year plan about own life and then goes through the plan with the professional worker. Professional worker can also be a link between young person and the family. It is quite common that at first young person is sceptical about meeting professional worker, but the young person warms up for the idea when hears and understands what the meetings are about. When the last time is at hand young person might want to continue the meetings (Interview with Katja Marjanen 2014).

Katja Marjanen works in Valomerkki in Salo and tells that she has about five to six sessions with young person. One session in a week. Each session has its own purpose and is planned by the project designers. In the final meeting the sender of the young person might be present and gets to know about the sessions and gets to have its say for the young person's future plans.

Table 6. Phases of the sessions with a young person and professional worker

Number of the session	Purpose and plan for session
<b>Session 1</b>	Young person does a five year plan for self.
<b>Session 2</b>	Tasks concerning family, health, crime, alcohol or drugs
<b>Session 3</b>	Tasks concerning family, health, crime, alcohol or drugs
<b>Session 4</b>	Family may come to join in the session
<b>Session 5</b>	Game about values
<b>Session 6</b>	Final session where the sender may be present

### 9.2.1 Continuation after sessions

Continuation after sessions depends in how young person's sessions have gone. Young person may agree to see a school social worker, school psychologist, there has been case were young person continued to school doctor and from there to youth psychiatric policlinic. New child protection notification has to be made if young person does not feel like some change has to be made in life or young person's parents are not co-operative. There are for in-stance families who are drinking at home with their under aged children and don't see nothing wrong about it. Co-operation with young person's family is important even if they see professional workers only one time. Guidance for more therapy is possible. And parents may get suggested to see more counselling. (Katja Marjanen, 2014)

*“The best thing about the Own Legs method is that it helps young person to figure things out on their own. Because it is a preventative method it is hard to estimate” (Katja Marjanen 2014).*

### 8.3 Pois syrjästä / Away from the side

Kaste Program is a strategic steering tool that is used to manage and reform social and health policy. The targets of the Kaste program are that inequalities in wellbeing and health will be reduced and social welfare and health care structures and services will be organized in a client-oriented and economically sustainable way. In this project the aim is to strengthen children's, young peoples and families part in their own lives and strengthen develop services for them. Goal is to develop services where over generation can be cut and help families in holistic way. ( Ministry of social and healthcare 2015)

### 8.4 Lasinen lapsuus/ Fragile childhood

There are young people who grow up in families where substance abuse or violence takes place. Those young people need help. Help is usually given through ways that help the whole family. In some cases young people are taken into child caring institutions. Fragile childhood activity tries to look at the world through the eyes of the child. Fragile childhood has been designed for the families where are children suffering from the impact of drinking adults. Fragile Childhood has now a project called Putting Pieces Together. It is based on the observations that have been made in their earlier work. Surveys that have been done and writings sent by young adults to campaigns and the concerns described by young people tell the same story: *In the lives of many people growing up, substance abuse at home is linked to anxiety, depression and uncertainty about coping as an adult. It can be hard to move on from hostility, shame and lack of trust to become an adult gaining more independence and positive view of the future* (A-klinikkasäätiö 2015).

## 8.5 Other methods

These next methods are also used in Finland. They are that kind of services that young people can contact themselves without professionals from school or other healthcare services making referral to them. They are mainly free of charge.

There are different help offers' concerning helping phone for young people in the internet. Mannerheim League for Child Welfare is the largest child welfare organization in Finland and offers helping phone/ telephone counselling for children, young people and parents with empathy, assistance and advice. The telephone call is free of charge in whole country and young people can call there every day. The person who answers the phone is an educated adult and has a professional secrecy obligation (Mannerheimin lastensuojeluliitto 2015).

Youth center's in Finland offer young people the place to hang around and spend time with peers and trained professional adults who work there. Usually using the place is free of charge. Along with hanging around young people can play different outdoor games, videogames, and billiard, watch movies, bake, listen to music, sing, and dance or do chores. They are mainly for children aged 7-19 years old (Turun kaupunki nuorisoasiainkeskus 2015).

With congregation young people can talk and think about spiritual and questions in every young person's mind. Young people can do variety of things in congregations and that way find own place in that community. In Turku they offer for example games, camps and night cafes. Also congregations have trained professionals who listen and help young people (Helsingin Mikaelin seurakunta. 2015).

## **9 YOUNG PEOPLES AND THEIR FAMILIES EXPECTATIONS AND EXPERIENCES IN HOSPITAL SETTING**

### 9.1 Young people tell what makes a good nurse

Talking about receiving nursing care and being in a hospital might bring back painful memories about being in a hospital for young people. (Randal & Hill 2012, 19) Being admitted to hospital can be traumatic event to a young person because it separates young person from their home environment. Conclusion about good nurse's qualities, is that all young people feel that it is important for nurse to be good listener/ have good listener's qualities among being friendly, caring, professional, kind and helpful. Nurses must build relationship with young people and their families in a safe, effective and clear communication. (Randall & Hill 2012, 18)

Study made in England had 69 children in it, which 17 of them were considered as young people, even all of them were over 12 years old. It revealed areas that children and young people believe and experience to be important for a future nurse. In the study were used `draw and write or draw and tell` -method. Skills that young people and their families see important for nurses are nurse's ability to work safely and effectively in all settings. Nurses who smile and are easy to approach, who are open for talking and listen and give good expert explanations before any procedure is a strong support for children and their families. Young people also want distraction during clinical procedures. Young people want nurse's keeping them free from pain (Fletcher et al. 2011, 43-45).



Young people with mental health problems, who are admitted to hospital and go to school in Birmingham children's hospital prefer nurses who: laugh with them and talk to them, who are not boring, make bad stuff seem better, does nursing with humor and it was also important to young people that nurses were having a laugh with family and friends, but they should not be over familiar. So it was important to young people that nurses were professionals, trustworthy and smartly presented. They also told that good nurse gives you what you need, when you need it, understand, lets to be private, is kind and thoughtful, cares, is clean, treats like treats a patient, not friend or family. When talking about gender of a nurse boys did not care if caretaker was man or a woman, but girls told they only trust their dad. When talking about intimate care boys prefer male caregivers. If the person answering were younger they saw female caregiver as moms to them. (Randal & Hill 2012, 18)

These young people were 11-14 years old boys and girls and from different ethnic, cultural and religious backgrounds. (Randal & Hill 2012,14)

## 9.2 Having a child in hospital

Children and young people admitted to hospital are scared and worried and afraid of unknown. They also might have concerns related to environment, social needs and personal needs and requirements. (Fletcher et al. 2011, 39)

Children and young people aged 7-18 years old were interviewed about their experiences in hospital setting. They wanted to have information about their illness, procedures, possible risks associated with procedures, outcome of procedures, medications, length of stay and what to expect. Being included in discussions and decision making helped them to prepare in what to expect and reduced their worries and gave them reassurance. Children who were involved in discussions and

decision making felt valued, happy and less anxious. If doctors talked to parents separately it made children feel scared and apprehensive. When children could not be part of communication, discussions and decision making it made them feel disappointed, sad, confused, angry, worried, shocked, betrayed, lonely, ignored and rejected. Listening children and young people when they are providing information is important because when adult professionals did not listen information about their allergies, and their preferences to medications, blood tests, cannulation techniques it made them feel frustrated. (Coyne and Gallagher 2011, 237)

Hopia et al. (2005) argue that having a child in hospital is a major source for stress for the whole family. Parents feel lot of different emotions and their concern and anxiety will often be mixed with feelings of insecurity, guilt, fear and grief. Parents were not sure about their role in hospital setting. For children undergoing treatment in hospital is rising feelings of fear, anger and insecurity (Hopia et al. 2005, 213). The whole families point of view where studied and five domains were differentiated in promoting whole family's wellbeing during hospital stay. Five domains that were differentiated: Reinforcing parenthood, looking after child welfare, sharing the emotional burden, supporting everyday coping and creating a confidential care relationship. In that study all the children were under 16 years old. (Hopia et al. 2005, 212)

Nutrition and diet is a topic for debate because nurses are aware of the fact that some children and young people suffer from obesity. Parent on the other hand are afraid of children's malnutrition during hospital stay. Children's nurse in the future needs to be skilled in health promotion. (Fletcher et al. 2011, 44)

### 9.3 Young people treated in adult wards

Dean and Black have written report about young people treated in adult wards. When 13 to 18 year old children or young people were treated in adult wards many 18 year old patients found it difficult to abrupt, feeling of being nursed with preeminently older people and staff not always treating them appropriately. Warm welcome would make a positive difference. (Dean & Black 2015, 229)

They also heard noises such as people coughing, nurses whispering, constant beeps and alarms and patients crying, as well as unknown sounds that were particularly frightening. Young people reported of feeling scared of unknown sounds and reported that in children's ward noises were more familiar and because of that the sounds felt safer. Young person found being nursed on mixed-sex wards "extremely uncomfortable" and other young person reported "elderly men" from other bays wandering in as they wished which was "not nice" and "disturbing" (Dean & Black 2015, 233).

*"A lot of the patients were confused. They'd be undressing ... One old lady came and fiddled with my insulin drip cause she thought it was a phone. She came and started pressing the buttons, which obviously had I been asleep, I wouldn't have known and that had been quite unsafe" (Dean & Black 2015, 233).*

Young people felt that the experience would have been improved if they would have had visitors/ member of the family staying over for night (Dean & Black 2015, 233).

*"I did ask if my mum could stay with me "cause I was so scared and they just said: No we don't do that here". She wasn't allowed to stay over at all ...It would have made a massive difference if she had been allowed to stay. I thought the staff would laugh at me if I pushed it too much" (Dean & Black 2015, 233).*

Evidence suggests that open visiting policies can be beneficial to both the patient and their families as they can decrease anxiety. (Dean & Black 2015, 233)

Better rules and regulations needs to be made for young persons that includes appropriately trained staff, adolescent friendly environments and areas that are dedicated for young persons (Dean & Black 2015, 229).

## 10 EVALUATION OF THE PROJECT

### 10.1 Getting evaluated by peers

The material was presented in the classroom like a normal lesson, by the person who made the project. Topic was discussed and feedback from students were asked spoken and by putting a check mark to the following flyer. Following flyer were asked to be filled after lesson 25.1.2016 given to nursing students in Turku University of Applied sciences, Salo department.

<p>Do you find Helping young people –listening as a helping method material beneficial for nursing students?</p> <p>Yes _____</p> <p>No _____</p> <p>Put a check mark to a line which is descriptive to your opinion.</p> <p style="text-align: center;"><b>THANK YOU!!</b></p>
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### 10.2 Evaluation result from peers

Study material was presented to nursing students in Turku University of Applied sciences Salo department in 25.1.2016 at 12:15-13:45. PowerPoint slides used in presentation are included to thesis appendix. After presentation students had opportunity to ask questions. Questions were about limitations, nurses silence obligation, cultural perspectives, why alcohol had own topic, families in Finland and what causes depression for young people. After questions were answered students answered to the question: Do you find helping young people –listening as a helping method material beneficial for nursing students. Answer was unanimous. 19/19 answers were yes.

## 11 LIMITATIONS AND VALIDITY

This thesis has limitations. One is that the topic and the area that was under study were too large. When starting to do this thesis it was not clear how large the area would be. So to do this properly outcome would be a book. Other limitations were that only self-harming and alcohol were discussed, when young people have problems in other life areas also. They all would have to be discussed. There are also more methods that are created to listen to young people. Not all of them were mentioned in thesis. Alcohol was mentioned because the writer saw alcohol as a big problem among adults as well as among young people. Alcohol should be discussed more in public and between professional workers who help families. Self-harm was mentioned in thesis because it was experienced by the writer of thesis as a new rising thing among young people and should be more studied as it was mentioned in article: Prymachuk, S. & Trainor, G. 2010. Helping young people who self-harm: perspectives from England.

Sources of thesis were respectful and therefore valid. Articles that were used were carefully selected and read. Bonef, D. 2001. Business of listening: A Practical guide to effective listening and Browning, S. & Waite, R. 2010. The Gift of listening: Just listening strategies, were two very good articles. Because this thesis was made in Finland and writer saw alcohol as a major problem it was very good that articles that has studied Finnish drinking and its effects were found. Seljamo et al. 2006. Alcohol Use in families: a 15-year prospective follow-up study. Second was Ahlström, S. & Huhtanen, P. 2007. The effects of perceived availability of different alcohol beverages on young people's drinking in Europe: A comparative exploration. Third was Velleman et al. 2008. Domestic abuse experienced by young people living in families with alcohol problems: result from a cross-european study. Also A-klinikkasäätiös webpages tell the sad story of effects on parental drinking.

Books that were used are also valid books. Books were in very small role. The noteworthy books were: Prymachuk, S. 2011. Mental Health Nursing and Callaghan, P. & Waldock, H. 2006. Oxford handbook of mental health nursing.

Webpages were used just to have support for the facts that are in public knowledge. Children's opinions were transmitted from the articles that were used. McLeod, A. 2006. Respect or empowerment? Alternative understandings of "listening" in child-care social work. McLeod, A. 2007. Whose agenda? Issues of Power and relationship when listening to looked after young people. Professional workers opinions were mainly from articles, but also from one interview with pen and paper method. Person who was interviewed was strong professional in studied area. Her name is Katja Marjanen and she works in Valomerkki.

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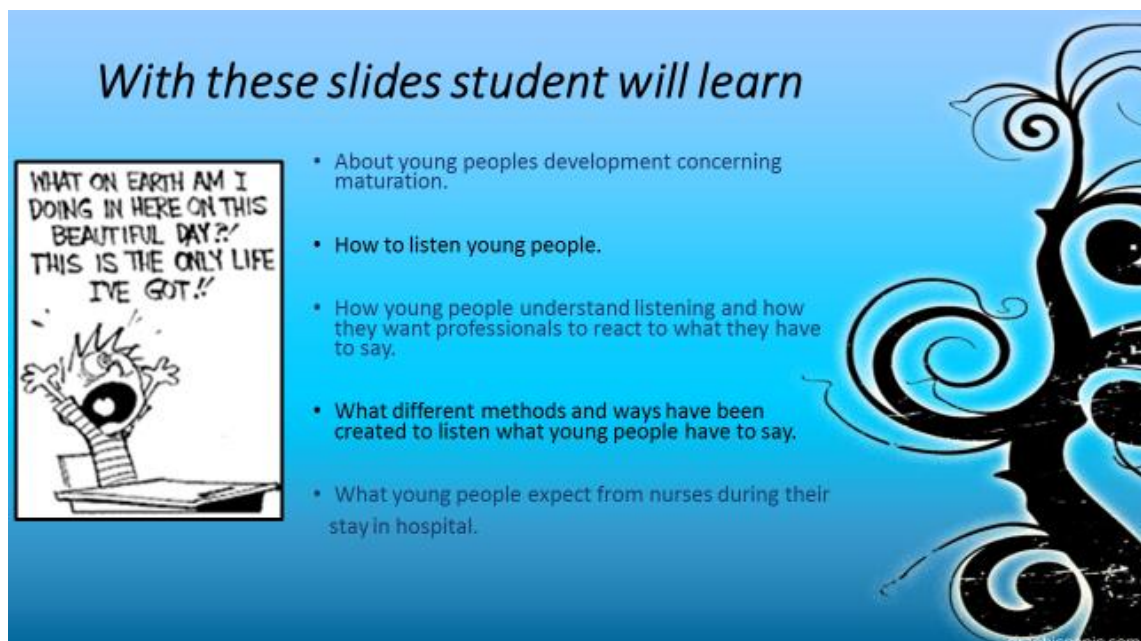
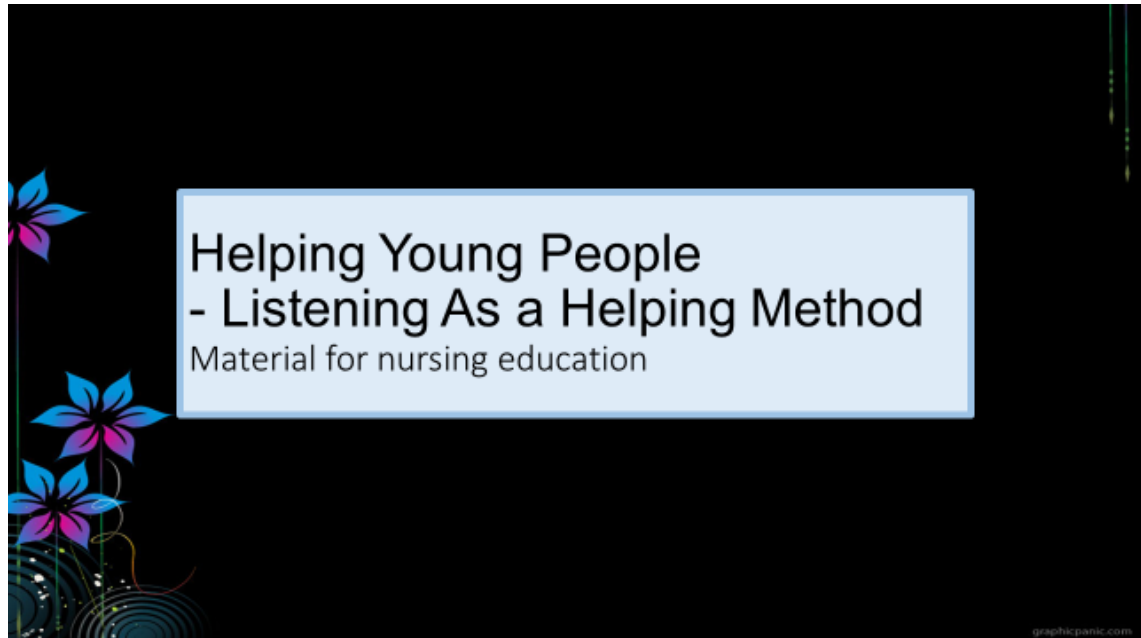
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## Appendix

Educational PowerPoint slide show



## Listening

*Honest and good way of listening can make speaker to feel accepted and then more open. Listener can give speaker a chance to be intelligent and to become successful. Listener can help speaker by asking questions, showing interest, expressing concern and paying attention.*

*"Opening one's heart and listening at a deep level does not come easily and is rarely achieved simply by life experience"*

Browning, S. & Waite, R. 2010. The Gift of listening: Just listening strategies. Nursing forum. An independent voice for nursing. Vol. 45, No 3, 150-158.

Listening deeply is a powerful agent of healing and is a natural part of the repertoire of nursing; it is at its very heart (Browning & Waite 2010).

## Listening

- Listening is a good tool for determining treatment plans, improving patient compliance, decreasing costs, increasing efficacy and improving patient- practitioner relationships.
- Focused way of listening and knowing how young people want to be heard, hearing what young people have to say, being there and getting to know them, might make young people more co-operative and have positive impact to their development. Listening can enhance the health and well-being of patients in a number of ways like ascertaining details of patients concerns, develops higher level of trust and relationship with caregivers, out-comes of treatments improve significantly and previously unexplored solutions may arise in the course of conversations
- For nurses speakers stories are part of cultural learning.  
Both nurse and speaker expand the horizons.
- Nurses own needs, expectations and their culturally learned assumptions and categories of thought effect on how nurses understand things and issues at hand.

Browning, S. & Waite, R. 2010. The Gift of listening: Just listening strategies. Nursing forum. An independent voice for nursing. Vol. 45, No 3, 150-158.

## How to listen

Speakers do their best when they know person is listening (Bonef 2001). For young people it is very important to know that they are listened to (Alison McLeod 2007).

- Good listener carries pen and paper and takes notes. Developing own shorthand including symbols, pictures, punctuation and abbreviations is a good way, because there is not time to write everything while listening.
- Person must want to listen. From desire to listen comes commitment and concentration. Concentration is focused mental energy. Planning time, knowing limits, mental pictures about topic and setting listening priorities helps to get maximum concentration. Person must desire to listen to be effective on communication.
- Involving the whole body is a good way of showing the person who is talking that he/she is listened. Person who is listening must tune in ears, eyes, mind, body, heart and intuition.
- Pacing the speaker builds rapport. Pacing happens by matching voice rate or volume, using same words or phrases, use same positions, sit forward or put hands the same way.

Bonef, D. 2001. Business of listening: A Practical guide to effective listening. MA, USA: Course Technology Cengage Learning. ProQuest eLibrary Web. 20 July 2015.

McLeod, A. 2007. Whose agenda? Issues of Power and relationship when listening to looked after young people. Child and Family Social work, Vol. 12, 278-286.

## Difference how the young people and the adults understand listening

- In research made by Alison McLeod (2006) it is said that social workers make big efforts to elicit individual children's efforts and to respond to them.
- Social workers see listening as question of attitude. Listening is first and foremost about an ethic of openness to and respect for the other and belongs in context of the quality of one-to-one relationship. To listen was used to mean to pay attention. That means also taken notice of young person's complaint even could not change the situation.
- Young people saw it differently. Hardly any young people felt that they had been heard. To young people it meant that social workers should act on what they have heard. If the social worker did not act it meant they had not listened.
- A young person appreciates workers who listen and get the trouble to know them and workers who have been working with them for a longer period of time.
- The social workers laid much more emphasis on helping young people resolve emotional difficulties.

McLeod, A. 2006. Respect or empowerment? Alternative understandings of "listening" in childcare social work. Adoption and Fostering, Vol. 30, No 4, 43-52.

McLeod, A. 2007. Whose agenda? Issues of Power and relationship when listening to looked after young people. Child and Family Social work, Vol. 12, 278-286.

## Young people

- Biologically it is movement through puberty that separates childhood from adulthood. In adolescence it may be that individuals encounter their first significant transition in their lives.
- Adolescents and youth together form a group that is referred to as "young people". Adolescents as 10-19 years of age and youth as 15-24 years of age.
- Every young person goes through psychological development. Then he/she grows irreparably clear away from parents towards own independency and adulthood.
- Young people's psychological development can be divided in to three categories. Biological and sexual development, other is being detached from parents and third is about getting own identity. Physical development activates psycho-logical development where earlier psychological development will be gone through again. At adolescent age sexual development will mould the final sexual identity.

Arora, S.; Shah, D.; Chaturvedi, S. & Gupta, P. 2015. Defining and measuring vulnerability in young people. Indian journal of community medicine. Vol. 40, No 3, 193-197

Prymachuk, S. 2011. Mental Health Nursing. London: SAGE Publications.

## Young people



- For young people friends are important to mirror self and stronger self-esteem. It is easier to be part of a group than being alone. Sometimes young people get lonely or worried about their bodies.
- In later part of young age young people are ready for compromises and they are more flexible. They are independent and don't feel the need of parents. Their sexual identity is better and stable.

Terho, P., Ala-Laurila, E.-L. & Leckso, J. 2002. Kouluterveydenhuolto. 2. Uudistettu painos. Jyväskylä: Gummerus Kirjapaino Oy.

### Young peoples central spheres and factors that impact young peoples experiences and relationships

- Alestalo et al. (2002) had put young people's central spheres in life in six categories:



- Most young people who have been referred to care had problems in more than one category.
- In Oxford handbook it is said that factors that impact young people's experiences and relationships are:
  1. Environmental including housing, schools, recreation, leisure and community facilities.
  2. Social including extended family groups, friendships, family history, employment and financial realities.
  3. Family including parenting styles, emotional availability, appropriate boundaries, guidance and siblings.
  4. Cultural including beliefs, religious or spiritual practices, peers, values and expectations.

### Statistics

- Table 1 Serious and severe depression in high school and trade school students in Finland in 2011
- Table 2 Mental health problems and substance abuse in life young adults 20-34 years old. Year 2011. Source: THL

	High school	Trade school
Girls	13,2%	15,9%
Boys	6,3%	7,2%
In all	10,3%	11,2%

	Men	Women	Inn all
Depression	11,4%	24,2%	17,7%
Anxiety disorder	8,4%	16,9%	12,6%
Substance abuse	20,9%	7,4%	14,2%
Eating disorder	0,3%	6,0%	3,2%
Personality disorder	8,0%	5,5%	6,8%



## Statistics

- Depression-, anxiety and eating disorders are more common in women
- Substance abuse and conduct disorders are more common in men
- Mental disorders are the most common reason in disability pension
- Good thing is that young people's drinking to get intoxicated had reduced and suicides had reduced
- Bad thing is that amount of children taken into custody is growing
- There is no change in mental disturbances; Girls symptoms might be increasing

Source: THL



## Stress

- In Anguita's (2014) view childhood in these days have become very stressful. The reason suggested to be pressures from social media, cyber bullying, in-creasing numbers of school tests and rising amount of family breakdowns. Those all effect on children's mental health.
- Nurse can recognize the symptoms by looking and asking if child is avoiding school, avoiding social or group activities, does not like to talk in social situations, is irritable, shy or overly reliant on parents. Questions that nurse can ask from child or parent are: Is child scared of doing things with other people like talking, eating or going to the parties? Is child finding it difficult to do things when other people are watching, like playing sports or reading aloud or keeping talk in the class?

Anguita, M. 2014. Stress and anxiety in children and young people: A future epidemic. Nurse Prescribing. Vol. 12, No 10, 474-476.



# Self-harm

- Because of unique position nurses have they should play a leading role in helping young people who self-harm.
- Forms of self-harm are self-cutting, though burning scalding, scratching the body and self-poisoning.
- For most of the young people self-harm is one time response to something difficult in their lives, but 10-20% will repeat.
- There appear to be links between depression and repeated self-harm in young people.
- Repeating self-harm is the reason for concern because young people with repeated self-harm are more likely to do suicide.

Pryjmachuk, J. & Trainor, G. 2010. Helping young people who self-harm: perspectives from England. Journal of Child and Adolescent Psychiatric Nursing, Vol. 23, No 2, 52-59.



The challenge in helping people with self-harm is that no one therapy or treatment seems to help. Pryjmachuk et al. (2010) suggest that we should explore the different dimensions of self-harm in order to ascertain whether specific treatment modalities are suitable for specific aspects of self-harm.

# Alcohol use in young people

- In research made in Finland 2005 it was investigated how parental drinking patterns have been associated with adolescent's alcohol consumption. When young person has parents who are heavy drinkers it is possible that adolescent becomes heavy drinker.
- It is also found that young people's alcohol experimenting and frequent alcohol consumption were associated with living in single-parent families.
- Both mothers and fathers present alcohol use and their alcohol use histories were significant predictors for the young person to drink, but especially fathers heavy drinking and early experiences of alcohol were the most potent factors of young people's early alcohol consumption.
- These families should have special guidance, support, and treatment targeted to them.

Ahlström, S. & Huhtanen, P. 2007. The effects of perceived availability of different alcohol beverages on young people's drinking in Europe: A comparative exploration. Contemporary drug problems 34/ Winter issue, 559-574.

When young people were drinking to get drunk it was a predictor of mental health problems, but not all young people with problematic drinking patterns will have alcohol related problems in the future.

Among adolescents, no gender differences in alcohol use or frequency or amount of drinking were found. Also family related mechanisms leading young person to drink were not differing among gender.

Guidance

Support

Treatment

## Young people and therapy

- When assessing young people's mental health issues to consider are: Who has the concerns, what the concern is about and the degree it affects in young people's day-to-day life.
- Very important thing is to listen young people and their stories and experiences how they feel it. That way it is easier to find the way to help that works the best. (Pryjmachuk). The rules about therapy need to be established early in the beginning of the therapy with young people in order it go fluently and offering a safe feeling to a young person. Also young person need to feel trustful and respect in both ways. Without that young person does not engage to therapy (Westergaard 2013). It takes months or even years to work with some young people and get a good trusting relationship.
- Young People might need a range of counselling approaches based on assessment of personal needs. Creative resources might be sand trays, art tools, small figures, dolls, bowls, buttons, stones and clay. Young person should not be imposed to use these methods, but offering, suggesting and inviting those options is good. Young people should not be forced into using those methods.

McLeod, A. 2007. Whose agenda? Issues of Power and relationship when listening to looked after young people. Child and Family Social work. Vol. 12, 278-286.

Westergaard, J. 2013. Counselling young people: Counsellors perspectives on 'what works'- An exploratory study, Counselling and Psychotherapy Research Vol. 13, No 2, 98-105.

## Young people and family therapy

- Family therapy is professional and knowledgeable way of see, understand and treat problems and illnesses inside of the family.
- Family therapy's goal is to change mental disturbance.
- Family therapy may also be the goal of finding obstruct in family moving forward in constructive way. That happens specially by seeking the family's positive resources and possibilities.

<http://www.familytherapy.com/familytherapy.com/familytherapy.com/> 16.7.2015

graphicpanie.com

## *Working with young people with mental health problems*

- Young people aged 12 - 25 can hold expectations about therapy related to their role as a client, the therapist role, the processes of therapy or/and about the outcomes of therapy. The expectations may have a big influence in young people's engagement in the process.
- Therapist should take time in the first session to discuss with the young person what they can expect regarding the therapeutic encounter, identify the client's individual expectations and hopes for therapy and therapist should help young people to maintain a high level of commitment by periodically monitoring commitment levels through motivational interviewing techniques. Young people's trust in therapist increases when expectations equates with reality of therapy and the provided intervention. (Wats-ford & Rickwood 2013)

In the table some principles for working with young people with mental health problems. (Prymachuk 2011)

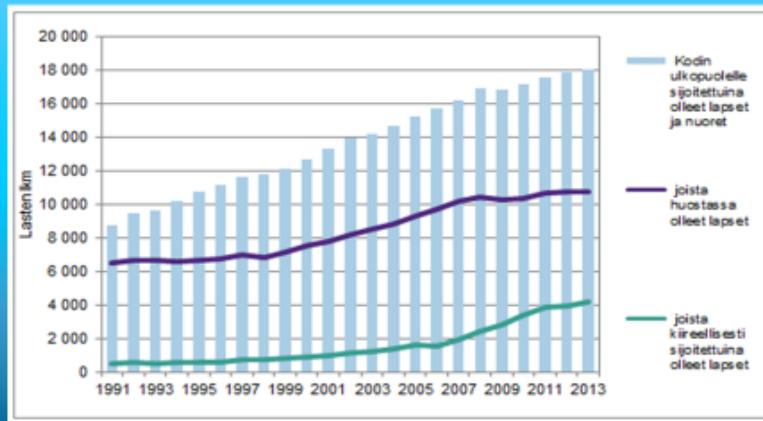
- Use your interpersonal skills to build a trusting relationship
- See the young person's point of view and focus on their needs
- Be aware that you might have got it wrong
- Communicate and liaise with colleagues and family
- Know your roles and responsibilities and recognise your training needs
- Challenge prejudice and stigma

## *Looked after young people*

- Every child has a right to live safe. That is why there is a law that children have to be taken in to custody if child's health, or development is in serious danger and there is no other way to affect the situation.
- Danger might be, that child is not been taken care of, circumstances are unsafe or child does something which is harmful for self.
- Taken into custody means that social services will take care of child's care and upbringing.

In table is shown in light blue the amount of children who have been placed to live outside of their homes. In darker blue colour is shown the children taken into custody and in turquoise it is shown the amount of children that has been taken in emergency custody.

On the left is the number of children and in down row is the year.



### *Preventative methods that are designed to help young people:*

- School HealthCare
- Own Legs method
- Away from the side
- Fragile childhood
- Helping phone
- Youth Center
- Congregation for young people

Concerning this topic preventative means that young person is not yet in trouble or badly excluded.

## School HealthCare

- School HealthCare's meaning is to guarantee healthy growing for every student and teach healthy lifestyle for them. School HealthCare's task is to give ground for healthy adulthood for every student.
- The most importantly school healthcare is a preventative method of taking care of students. Preventative method of taking care of children is important because the expectation for future life is long. There are also risk groups among students and school healthcare tries to find those groups. The earlier those students in risk groups are found the better the results are.
- The power of school healthcare is that it gets into contact with students repeatedly. When school starts a plan for future health care is made with every student individually. School healthcare continues until school ends.

Terho, P.; Ala-Laurila, E.-L. & Laakso, J. 2002. Kouluterveydenhuolto. 2., Uudistettu painos. Jyväskylä: Gummerus Kirjapaino Oy.

- School public health nurses are there also if young person wants to go and have a talk about something difficult and does not want to talk about it at home.
- School public health nurses are bound to secrecy so they cannot tell about conversations to anyone.
- Still if school public health nurses hear something alarming they are obliged to act on it by the law in Finland.

## Own Legs Method

- This is a preventative child welfare method and because it is a preventative method young person is not yet in trouble or badly excluded. Just small clues about arising trouble. With this method the professional worker, the young person and the young person's family try to get young person to have good quality youth.
- This method has been planned for young people aged between 13-17 years. Person's life will be put into nine different clusters:
  - Family
  - Health
  - School
  - Hobbies
  - Friends
  - Dating
  - Substances
  - Crime
  - Money
- Professionals like social worker will meet a young person five times and the family at least one time. The young person gets to think about own relationships and own life. In the beginning of the meetings young person does a five year plan about own life and then goes through the plan with the professional worker.
- Professional worker can also be a link between young person and the family.

Interview with Katja Marjanen

## Own Legs Method sessions

Marjanen (2014) "The best thing about the Own Legs method is that it helps young person to figure things out on their own. Because it is a preventative method it is hard to estimate"

Young person makes a five year plan for self

Young person makes tasks concerning family, health, crime, alcohol or drugs

Tasks concerning family, health, crime, alcohol or drugs

Family may come to join in the session

Game about values

Final session where sender may be present

- It is quite common that at first young person is sceptical about meeting professional worker, but the young person warms up for the idea when hears and understands what the meetings are about. When the last time is at hand young person might want to continue the meetings. (Interview with Katja Marjanen)
- Katja Marjanen works in Valomerkki in Salo and tells that she has about five to six sessions with young person. One session in a week. Each session has its own purpose and is planned by the project designers. In the final meeting the sender of the young person might be present and gets to know about the sessions and gets to have its say for the young person's future plans.
- Continuation after sessions depends in how young person's sessions have gone. Young person may agree to see a school social worker, school psychologist, there has been case were young person continued to school doctor and from there to youth psychiatric polyclinic.
- New child protection notification has to be made if young person does not feel like some change has to be made in life or young person's parents are not co-operative.
- There are for instance families who are drinking at home with their under aged children and don't see nothing wrong about it. Co-operation with young person's family is important even if they see professional workers only one time. Guidance for more therapy is possible. And parents may get suggested to see more counselling. (Katja Marjanen, 2014)

Interview with Katja Marjanen

## Away From the side



- Kaste Program is a strategic steering tool that is used to manage and reform social and health policy. The targets of the Kaste program are that inequalities in wellbeing and health will be reduced and social welfare and health care structures and services will be organized in a client-oriented and economically sustainable way.
- In this project the aim is to strengthen children's, young peoples and families part in their own lives and strengthen develop services for them. Goal is to develop services where over generation can be cut and help families in holistic way.

Sosiaali- ja terveysministeriö, 2015. National Development Programme for Social Welfare and Health Care. stm.fi. Indicated 16.7.2015.

## Fragile childhood

- There are young people who grow up in families where substance abuse or violence takes place. Those young people need help. Help is usually given through ways that help the whole family. In some cases young people are taken into child caring institutions.
- Fragile childhood activity tries to look at the world through the eyes of the child. Fragile childhood has been designed for the families where are children suffering from the impact of drinking adults. Fragile Childhood has now a project called Putting Pieces Together. It is based on the observations that have been made in their earlier work. Surveys that have been done and writings sent by young adults to campaigns and the concerns described by young people tell the same story:

*In the lives of many people growing up, substance abuse at home is linked to anxiety, depression and uncertainty about coping as an adult. It can be hard to move on from hostility, shame and lack of trust to become an adult gaining more independence and positive view of the future.*

A-klinikka 2016. Lapsien lapsuus. <http://www.lapsienlapsuus.fi/> Conducted 14.1.2016



Parental drinking affects child far more than we'd like to think.

## Helping phone for young people

- There are different help offers' concerning helping phone for young people in the internet.
- Mannerheim League for Child Welfare is the largest child welfare organization in Finland and offers helping phone/ telephone counselling for children, young people and parents with empathy, assistance and advice. The telephone call is free of charge in whole country and young people can call there every day.
- The person who answers the phone is an educated adult and has a professional secrecy obligation.

Mannerheimin lastensuojeluliitto. 2016. Lapsot ensin. Auttava puhelin. <http://www.mll.fi/mll/auttavatpuhelimet/lnpr/> Indicated 14.1.2016

## Youth center's



- Youth center's in Finland offer young people the place to hang around and spend time with peers and trained professional adults who work there.
- Usually using the place is free of charge.
- Along with hanging around young people can play different outdoor games, videogames, and billiard, watch movies, bake, listen to music, sing, and dance or do chores.
- They are mainly for children aged 7-19 years old.

Turun kaupunki nuortoesastin keskus. 2015. Maarjan nuorisotalo. turku.fi. Indicated 24.7.2015. <http://www.turku.fi/toimipaikat/maarjan-nuorisotalo>

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## Congregation for young people



- With congregation young people can talk and think about spiritual and questions in every young person's mind. Young people can do variety of things in congregations and that way find own place in that community.
- In Turku they offer for example games, camps and night cafes.
- Congregations have trained professionals who
- listen and help young people.

Helsingin Mikaelin seurakunta. 2015. Mikaelin nuoret. helsinginseurakunnat.fi. Indicated 24.7.2015. [http://www.helsinginseurakunnat.fi/seurakunnat/mikael/toiminta/nuoret\\_1.html](http://www.helsinginseurakunnat.fi/seurakunnat/mikael/toiminta/nuoret_1.html)

graphicpanie.com



## Young people tell what makes a good nurse

Study made in England had 69 children in it, which 17 of them were considered as young people, even all of them were over 12 years old.

It revealed areas that children and young people believe and experience to be important for a future nurse. In the study were used 'draw and write or draw and tell' -method.

Skills that young people and their families see important for nurses are:



*Nurse's ability to work safely and effectively in all settings. Nurses who smile and are easy to approach, who are open for talking and listen and give good expert explanations before any procedure is a strong support for children and their families. Young people also want distraction during clinical procedures. Young people want nurse's keeping them free from pain.*

Fletcher, T.; Glasper, A.; Prudhoe, G.; Coles, L.; Weaver, K. & Ireland, L. 2011. Building the future: Children's views on nurses and hospital care. British journal of nursing. Vol. 20, No 2, 39-45.

Friendly

Caring

Professional

Kind

Helpful

Good listener

## Young people tell what makes a good nurse con't

Young people with mental health problems, who are admitted to hospital and go to school in Birmingham children's hospital prefer nurses who:

*'Laugh with young person and talk to them, who are not boring, make bad stuff seem better, does nursing with humour and it was also important to young people that nurses were having a laugh with family and friends, but they should not be over familiar.'*

So it was important to young people that nurses were professionals, trustworthy and smartly presented. They also told that good nurse gives you what you need, when you need it, understand, lets to be private, is kind and thoughtful, cares, is clean, treats like treats a patient, not friend or family.

When talking about gender of a nurse boys did not care if caretaker was man or a woman, but girls told they only trust their dad. When talking about intimate care boys prefer male caregivers. If the person answering were younger they saw female caregiver as moms to them.

These young people were 11-14 years old boys and girls and from different ethnic, cultural and religious backgrounds.

Randall, D. & Hill, A. 2012. Consulting Children and Young people on what makes a good nurse. Nursing children and young people. Vol. 24, No 3, 14-19.

Laugh

Talk to them

Not boring

Make bad stuff seem better

Does nursing with humor

Not over familiar

Professionals, trustworthy, and smartly presented.

## Having a child in hospital

- Hopia et al. (2005) argue that having a child in hospital is a major source for stress for the whole family. Parents feel lot of different emotions and their concern and anxiety will often be mixed with feelings of insecurity, guilt, fear and grief. Parents were not sure about their role in hospital setting.
- For children undergoing treatment in hospital is rising feelings of fear, anger and insecurity. The whole families point of view where studied and five domains were differentiated in promoting whole family's wellbeing during hospital stay.
- Five domains that were differentiated: Reinforcing parenthood, looking after child welfare, sharing the emotional burden, supporting everyday coping and creating a confidential care relationship.
- In that study all the children were under 16 years old.

Hopia, H.; Tomlinson, P.; Paavilainen, E. & Åstedt-Kurki, P. 2005. Child in hospital: family experiences and expectations of how nurses can promote family health. *Journal of clinical nursing*. Vol. 14, 212-222.



*THANK YOU FOR LISTENING*



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- <http://a66c7b.medialib.glogster.com/mimi37312/media/39/39dc4105f27ceb4e068047d5716e7626178cd84/cool-powerpoint-background.jpg> Background 7.1.2015
- <https://fi.pinterest.com/abbyallamon/asking-alexandria/> Boy in statistics slide 13.1.2016
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- [https://www.google.fi/search?q=teens+hospital+cartoon&source=inms&tbs=isch&sa=X&ved=0ahUKEwim9YnH2qjKAhVhKcWkHY8eBkYQAUjBygB&bih=1067&bih=508&tbs=isch&tbs=rimg%3ACX3Gom8WdCUIhagQjDlqH\\_1oX-VVm3OgDYUoHBRMEGK2Q2691tvWgKru3nAHYXnpIdU7zzhgOyEX86RG51ioSCVqCAkMICEFEfbsF9Y50PtyKhl-hf5VWb6cAMRiry5KuUjJkqEgmNhsqfEx8QRHXTSMp1dmaRCosCyrY5nr3W29aEzeBZ8VlnJkKhJCoqu7ecAdhrcREzae9sdYD8qEgmeKIv1TvPOGfBxOzyET5ySioSCQ7RfzPbnWEXFUOC2h5xj&q=cartoon%20listening](https://www.google.fi/search?q=teens+hospital+cartoon&source=inms&tbs=isch&sa=X&ved=0ahUKEwim9YnH2qjKAhVhKcWkHY8eBkYQAUjBygB&bih=1067&bih=508&tbs=isch&tbs=rimg%3ACX3Gom8WdCUIhagQjDlqH_1oX-VVm3OgDYUoHBRMEGK2Q2691tvWgKru3nAHYXnpIdU7zzhgOyEX86RG51ioSCVqCAkMICEFEfbsF9Y50PtyKhl-hf5VWb6cAMRiry5KuUjJkqEgmNhsqfEx8QRHXTSMp1dmaRCosCyrY5nr3W29aEzeBZ8VlnJkKhJCoqu7ecAdhrcREzae9sdYD8qEgmeKIv1TvPOGfBxOzyET5ySioSCQ7RfzPbnWEXFUOC2h5xj&q=cartoon%20listening) 14.1.2016 Away from the side
- <http://www.lasinenlapsuus.fi/en> Fragile childhood 14.1.2016
- <http://www.turku.fi/vimma> In Youth center slide 14.1.2016
- [https://www.google.fi/search?q=Cartoon+university+learning&bih=1067&bih=508&source=inms&tbs=isch&sa=X&ved=0ahUKEwictOf5ajKAhXEJCwKHxcr8BQAUjBygB&tbs=isch&tbs=rimg%3ACe9NybDjuKjHjgpbvNKs8Kup-Plw4H-dbMg9-1\\_1gWjzRcI5gb0JfepC4gM9EL1Jlrt9TveUEYcANx2m5YioSCV-Clu80pKwEdX1TMUFolpNkhJg6n4-XDgF50RzZkigT8dQJYqEglsyA36X-BRFR/alM6y3qtioSCaPNFwhv5BvQEW6RfNteA8YfkhJkV49zIaz0QsREb\\_1hHPVH1wqEgnLkuu31NV5QRE-nUWayQIO3yoSCRhwA3HabijqEetCOAW9cEii&q=Cartoon%20university%20learning&imgsrc=Dvz-X-UZFikCkM%3A](https://www.google.fi/search?q=Cartoon+university+learning&bih=1067&bih=508&source=inms&tbs=isch&sa=X&ved=0ahUKEwictOf5ajKAhXEJCwKHxcr8BQAUjBygB&tbs=isch&tbs=rimg%3ACe9NybDjuKjHjgpbvNKs8Kup-Plw4H-dbMg9-1_1gWjzRcI5gb0JfepC4gM9EL1Jlrt9TveUEYcANx2m5YioSCV-Clu80pKwEdX1TMUFolpNkhJg6n4-XDgF50RzZkigT8dQJYqEglsyA36X-BRFR/alM6y3qtioSCaPNFwhv5BvQEW6RfNteA8YfkhJkV49zIaz0QsREb_1hHPVH1wqEgnLkuu31NV5QRE-nUWayQIO3yoSCRhwA3HabijqEetCOAW9cEii&q=Cartoon%20university%20learning&imgsrc=Dvz-X-UZFikCkM%3A) Calvin 14.1.2016
- <https://www.emaze.com/@AIQIZWT/Case-study> Picture of a nurse 14.1.2016