Strong boys and supergirls? School professionals’ perceptions of students’ mental health and gender in secondary school

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ABSTRACT
During the first decades of the twenty-first century, adolescents’ perceived stress has been reported to be an important factor in explaining the health problems among students in Swedish schools. Based on interviews with key professionals working in the student welfare team in three secondary schools, the present article aims to contribute new knowledge concerning how the school professionals describe and explain students’ mental health with regard to gender and the kind of support the schools offer to vulnerable students. Norms connected to the “supergirl” and respectable girl framed the explanations for girls’ health-related problems, whereas the explanations for boys’ health-related problems tied to a theme of marginalised masculinities. The findings lead to recommendations concerning the need to recognise and problematise students’ mental health, as well as the need for more preventive work on student welfare issues, in schools and in other societal institutions.

KEYWORDS
Gender; femininity; mental health; marginalised masculinities; secondary school

Introduction and aim
During recent years, both in Sweden and internationally, children’s and adolescents’ health problems have been recognised as a major public health problem (Powers, Edwards, Blackman, & Wegmann, 2013; The Public Health Agency of Sweden, 2015; Wiklund & Fjellman-Wiklund, 2013). Nonetheless, it is difficult to find scientific evidence that children’s and adolescents’ health problems have increased over time, as no larger longitudinal studies have investigated these issues (The Public Health Agency of Sweden, 2015). Previous research has, however, investigated specific health-related issues of various kinds, and this research has underlined the importance of discussing and highlighting the matter.

Research shows that the lack of well-being is particularly high among adolescents and is often linked to school, where perceived stress is an important factor in explaining reported health symptoms (The Public Health Agency of Sweden, 2014; Wiklund, Malmgren-Olsson, Öhman, Bergström, & Fjellman-Wiklund, 2012). Previous studies have also highlighted gender as a central factor in determining adolescents’ mental
health in schools (Brolin Låftman & Modin, 2012). Research has shown that school is important to adolescents’ mental health. Swedish and international studies examining students’ mental health have primarily been based on student surveys and on students’ self-ratings of their mental health and study situation (Modin & Östberg, 2009; The Public Health Agency of Sweden, 2015).

Nevertheless, we know little about how schools support students who are suffering from different health-related problems. The present article seeks to explore how school professionals working in the student welfare team describe students’ mental health with regard to gender. A further aim is to investigate what kind of support the schools offer to this group of students. The following research questions have guided the investigation:

(1) What perceptions of gender do the school professionals express with regard to students’ mental health?

(2) According to the school professionals, what kind of professional help does the school offer to this group of students?

The concept of mental health

The definition of mental health has been widely debated among scholars. Not only is there uncertainty regarding the definitions of mental health, mental illness and mental disorders, and how to use them (The Public Health Agency of Sweden, 2015), but an additional challenge is that the definitions can be difficult to separate because they sometimes overlap.

Mental health covers various dimensions of well-being. The US Centers for Disease Control and Prevention (CDC) has identified three dimensions of mental health: emotional well-being, psychological well-being and social well-being. Emotional well-being includes satisfaction with life, happiness and a sense of calmness. Psychological well-being includes aspects such as optimism, hope and self-confidence, and social well-being includes aspects such as feeling socially accepted, trust in other human beings and society, and having a sense of belonging. According to the European Commission, mental illness covers “mental health problems and strain, impaired functioning associated with distress, symptoms, and diagnosable mental disorders” (The Public Health Agency of Sweden, 2015, p. 14); finally, mental disorder is defined as a form of mental illness that can be diagnosed using established medical diagnosis systems.

In the current study, the focus is not on discussing students’ specific medical issues in depth, but on investigating school professionals’ perceptions of students’ lack of well-being and what underlies their problems. This is why the concept of mental health is used to frame the study.

Adolescence, mental health and school: a survey of the field

Educational research on stress and academic achievement has revealed that girls, to a greater extent than boys, experience pressure to perform well at school and achieve good grades (Asp-Onsjö & Holm, 2014; Brolin Låftman & Modin, 2012; Giota & Gustafsson, 2016). Research also reveals that some girls experience the cultural norms
of femininity as both complex and contradictory to expectations concerning how one should look and behave (Landstedt, Asplund, & Gillander Gådin, 2009). These findings also showed that girls experienced feminine ideals as demanding, controlling and stressful.

Although research indicates that both girls and boys report perceived stress related to school work, two to three times as many girls report health problems such as headaches, tiredness and sleeping difficulties related to their school work (Wiklund et al., 2012). Other studies have indicated that prevailing masculine ideals and expectations at school force boys to ignore their stress and health problems related to their school work and behave differently (Asp-Onsjö, 2014). Research on adolescent boys and health also shows that trustful and good relationships, self-esteem, and being able and having the courage to resist traditional masculine ideals and still maintain social status are all beneficial to adolescent boys’ good health (Randell, 2016). Randell discusses the importance of taking the multifaceted reality of boys’ daily lives into consideration – something that professionals working with young people, in particular, should do. This is a reality in which norms, values, emotions and relationships play an important role for boys’ health.

An additional dimension of adolescents’ mental health concerns stress and self-harm behaviour. Previous studies have shown that adolescents’ mental health problems as well as their self-harm behaviour have increased during recent decades (Bjärhed, Wångby-Lundh, & Lundh, 2012; Fortune, 2007). Research has also shown that there is a significant difference between girls and boys as regards non-suicidal self-harm behaviour (Bjärhed et al., 2012; Sourander et al., 2006). Non-suicidal self-harm behaviour is more common among girls, and the main form of self-harm behaviour among girls is cutting. Girls are also more likely than boys to report behaviours such as biting, carving into skin and preventing wounds from healing. Nonetheless, self-injuring girls are not a homogeneous group in terms of risk behaviour; they consist of different subgroups with various forms of psychological problems (Bjärhed et al., 2012).

An additional dimension of health-related problems concerns stress and expectations related to appearance. Landstedt and Gillander Gådin’s (2012) findings show that appearance-related stress is more common among girls than among boys. Clark’s (2016) study revealed that current health trends have a strong moralising effect in relation to what is considered an acceptable body for girls. The findings showed that there are narrow standards for girls’ bodies – standards that result both in feelings of guilt and in shame about body size and eating habits. The girls in the study experienced a reality in which their bodies and lifestyle were framed in a health discourse and in which the female body was categorised as healthy versus unhealthy, fat versus thin or good versus bad.

The research literature shows that eating disorders constitute another dimension of adolescents’ health-related problems. This research has mainly focused on women’s eating disorders (Brown & Slaughter, 2012; Evans, Tovee, Boothroyd, & Drewett, 2013). Although the majority of patients with eating disorders are female, statistics from the Knowledge Centre for Eating Disorders show that approximately 10% of patients suffering from eating disorders are boys or men (KÄTS, 2017). Academics as well as the media have shown increased interest in men’s body image and eating disorders among men. This attention, however, has mainly focused on young and adult men, and
it has also has created certain explanations and discourses around these issues (Wright, Halse, & Levy, 2016). Wright et al. (2016) critically discuss this issue in their study. Drawing on interviews with preteen Australian boys with eating disorders, their results reveal that anxiety and appearance-related stress are the main explanations for eating disorders among the boys in the study.

Research on student welfare teams’ collaboration with other institutions to support vulnerable students has shown that school officials often find this form of collaboration challenging. Blomqvist’s (2012) study indicates that school professionals experienced their collaboration with the child and youth psychiatric care system as a very prolonged process involving endless investigations. The same study shows that the social services professionals experienced the same thing. It also shows that there are delays in care provision because the role of the child and youth psychiatric care system is to determine whether or not psychiatric care should be offered to a particular child. This results in children and adolescents sometimes being put on a waiting list for medical and psychiatric help. Schools’ collaboration with the social services often creates frustration among school professionals (Odenbring, Johansson, Lunneblad, & Hammarén, 2015). Research indicates that school officials experience a lack of information from the social services. As a result, schools sometimes file a second report to ensure that the investigation is actually progressing, even when the social services are still working on the case.

**Conceptual framework**

Theoretically, the present study takes its starting point in gender theories and the theoretical understanding that gender is embodied through ongoing social processes. Depending on the social, cultural and historical context, gender can be expressed in multiple ways (Connell, 2003). On a structural level, some gendered norms are given hegemonic status. Connell (2000) argues that this hegemonic order, i.e. hegemonic masculinity, is seldom the most common masculinity, but rather an ideal seldom achieved by living individuals. However, this image of the “ideal man” is a norm to which individuals have to relate. Other masculinities, but also femininities, are measured in relation to as well as subordinated to this normalising and hegemonic masculinity. According to Mac an Ghaill (1994), it is important not only to understand masculinity in relation to femininity, but also to see the relations between and within adolescent boys’ peer groups. In the present study, hegemonic masculinity will provide a framework for understanding these social processes and how certain groups of boys and their health problems are categorised by the school professionals and how their problems can be understood in terms of marginalisation.

Closely connected to gendered ideals and norms are judgements and expectations concerning the so-called respectable girl (Skeggs, 2002). According to Skeggs, trying to attain respectability legitimates and maintains different gendered practices. These practices involve norms such as the expectation that girls will conform, and thus be the well-behaved and “good girl”. In relation to Skeggs’ work on the respectable girl, Walkerdine et al.’s (2001) discussion about “I can have everything” girls and “super-girls” is applicable in the present study. According to Walkerdine et al. (2001), this form of femininity is framed on the basis of discourses of “girl power”, which emphasise academic success, having and being whatever you want – an ideal that is difficult to
actually live up to. In the present study, Skeggs’ and Walkerdine’s work will provide a framework for analysing the school professionals’ narratives concerning vulnerable girls and femininity.

The study

The present study draws on data concerning student welfare teams at three secondary schools (enrolling students from to sixth to the ninth grade) located in urban areas with different demographics in southern Sweden. One of the first steps in the study was to submit an ethical review application to the Regional Ethical Review Board. The application was approved during the spring of 2014 (application number 091-14). The research project was three years in duration (2014–2016), and was funded by a grant from the Swedish Crime Victim Compensation and Support Authority. The empirical phase of the study, i.e. the fieldwork, was conducted during 2014 and 2015.

With respect to research ethics, all school officials were informed about the ethical considerations and the study (Vetenskapsrådet, 2011). Access to the schools was gained through the headmasters at the respective schools. Initially, I contacted and informed the headmasters about the study though personal e-mails and telephone calls. To ensure trustworthiness, I also personally visited the respective schools to inform the headmasters, together with the other members of the student welfare teams, about the study and to obtain permission to conduct it. To ensure confidentiality, all informant and school names are pseudonyms.

Two of the schools, Rosehip Hill School and Queen’s School, are located in one of Sweden’s major metropolitan areas, and the third school, Meadow School, is located in a small town. Rosehip Hill School is a public school located in what could be categorised as a rather mixed middle-class neighbourhood. About one-fifth of the population in this neighbourhood have a foreign background. Queen’s School is a so-called independent or semi-private school and attracts students from all over town as well as students from neighbouring municipalities. A majority of the students have middle-class and immigrant backgrounds. Meadow School is a public school located in a small town (population approximately 20,000). At Meadow School, the students’ backgrounds are relatively mixed in terms of socioeconomic status and ethnic background.

Methodology

The study includes observations from student welfare team meetings, individual interviews, interviews in pairs and focus group interviews with school professionals working in the student welfare team. The present article draws on individual and focus group interviews with key professionals working on student welfare teams.

The headmasters at the respective schools led the student welfare team meetings. Other school key professionals involved in this work and attending the student welfare team meetings are school nurses, school counsellors, special education teachers and school psychologists. The student welfare team meets approximately once a week to discuss students’ mental health and to try to find solutions for students who need some kind of extra help and support. During these meetings, various issues regarding students’ mental health at school and in the home environment were discussed.
Typically, the student welfare team had a list of students in need of help and support, and went through this list school class by school class. The researcher’s role during these meetings was to observe what issues the professionals brought up. The observations were documented using handwritten field notes that were later transcribed.

Given the different organisations at the respective schools, the student welfare teams consisted of different key school professionals. This also explains the variety of participants. At Meadow School, the student welfare team consisted of the principal, the school nurse, the school counsellor, the special education teacher and the school assistant; at Queen’s School the principal, the school nurse and the school counsellors were involved in this work; and at Rosehip Hill School the student welfare team consisted of the principal, the school nurse, the school counsellor, the special education teacher and the school psychologist. Taken together, almost all of the key school professionals working on the respective student welfare teams participated in the study. The only school official who was unable to participate in the study was the headmaster at Rosehip Hill School.

To give the informants opportunities to self-define students’ health-related problems, the interview questions were designed to be semi-structured. The interview guide included four main sections, with items dealing with: (1) the schools’ social context; (2) the schools’ work with vulnerable students; (3) creating a safe and positive environment for all students; and (4) the schools’ collaboration with families, the social services and/or the youth and psychiatric care system. In total, the interview part of the study included seven individual interviews, two interviews in pairs and two focus group interviews. Depending on access, the individual interviews and interviews in pairs were followed by focus group interviews, which enabled follow-up of the themes that had emerged during the individual interviews. It also enabled more specific and directed questions regarding students’ mental health and gender as well as the support provided by schools. All interview forms – focus group, interviews in pairs and individual interviews – were carried out at the respective schools, lasted from 45 minutes to 1 hour, were audio-recorded and transcribed on a computer.

**Thematic analysis**

The data in the current study have been thematically analysed, which means that the data have been analysed step by step. This form of analysis provides a flexible approach; it is a useful method for examining and highlighting similarities and differences in a data set and it is also useful for summarising key features in a large data set (Nowell, Norris, White, & Moules, 2017). The data collection and data analysis often happen simultaneously, which means that the data analysis may not be entirely distinguishable from the actual data. As a result, thematic analysis is a reflective process that develops over time and it also includes processes where the data analysis is moving back and forth between the different phases. Braun and Clarke (2006) have developed six analytic phases, or steps, that they claim are central when using thematic analysis as a methodological tool (see also Nowell et al., 2017). The present study is inspired by this work and has applied those steps. To better fit the aim and design of the present study, the six steps have been slightly modified and also clarified concerning how they have been defined. These steps (or phases) are: (1) familiarisation with the data; (2) initial coding
of the data material; (3) searching for recurrent patterns in the data material, i.e. themes; (4) reviewing the main themes and subthemes; (5) defining and naming the themes; and the final process, (6) writing and finalising the paper.

During the first phase, a raw analysis of the all data, i.e. interviews and observations, was carried out. Notes about coding ideas and theoretical reflections on the raw data were also made. During the second phase of the process, I read through the transcripts and field notes to obtain an overview of the whole data set, also coding specific characteristics. The third phase involved identifying recurrent themes. The fourth step included refinement of the themes, and main and subthemes were identified. This was followed by a detailed analysis of each theme, and it was during this process that three broad themes emerged. Finally, the sixth phase involved the final analysis and writing (see Nowell et al., 2017). The present results will be organised according to the three identified main themes, which are: (1) eating disorders and stay-at-home students; (2) demands and stress; and (3) seeking support and identifying the problem.

**Eating disorders and stay-at-home students**

According to the school professionals, adolescents today experience greater demands, anxiety and stress compared to adolescents during the 1990s. Regardless of gender, these pressures include having to look good, have a fit body and wear nice clothes. Yet when it comes to eating disorders, as a group boys are more prominent, and it is also common for boys with eating disorders to have long-term absence from school, according to the school professionals. The school professionals reported that these kinds of problems have increased among boys.

When we talk about the medical part and eating disorders we have boys who are very sick. We have children who are stay-at-home students owing to anxiety. I have never experienced anything like this before, it has never been so obvious as it is right now. (Individual interview with school nurse, Queen’s School)

The school officials’ narratives also reveal that eating disorders during adolescence are generally understood as girls’ problems. According to the same school nurse, this assumption may result, in the long run, in this group of boys being forgotten and not receiving adequate help and support.

It is worrying that you often talk about this as a girls’ problem, but I think it’s the other way around. Currently, this is becoming more prevalent among boys, at least at this school. I’ve also heard from other schools about this kind of problem, and we quite agree that this is also a problem among boys. (Individual interview with school nurse, Queen’s School)

Stay-at-home students made up another category of marginalised boys that framed the school officials’ narratives. Most of them were attending sixth or eighth grade. According to the school professionals, boys in this group are harder to reach. This also means that no proper health checks are conducted with these boys during eighth grade, because they are absent from school. The headmaster at Queen’s School also shared her experience of this group of vulnerable boys.
We have boys who have eating disorders or have a hard time getting to school. Sometimes we also have stay-at-home students. It’s hard to come to school when you have anxiety; this is more common among boys. We don’t have many cases, but the cases we have are all boys. They are about the same age, preteens, and have a hard time coming to school because of different forms of anxiety. (Individual interview with headmaster, Queen’s School)

In the case of boys suffering from different forms of anxiety and absence from school, the school professionals always involve and collaborate with the parents, and in most cases collaboration with other professionals outside the school is also necessary.

If the student is a stay-at-home student and is absent from school, then we have to investigate what in the school environment is causing the anxiety and remove the problems so the student can attend school. If the anxiety still remains, if there is some other kind of problem, it doesn’t matter what kind of adjustments we make in school, then it’s more a psychiatric matter and something that child and youth psychiatric care have to deal with. (Individual interview with school psychologist, Rosehip Hill School)

In situations where students are suffering from psychiatric problems, it is necessary for the school to also involve the child and youth psychiatric care. The school psychologist at Rosehip Hill continues to elaborate on how the student welfare team handles stay-at-home students.

At the stage when I meet this group of students what I initially have to do is a psychological investigation. If it concerns learning difficulties the previous step has been a special education investigation. “We do not know what it is, we need to a further investigation to better understand what it is and make the necessary adjustments so the student will come back to school”. In other cases, my role in the student welfare team is to support my colleagues during the meetings. Or supporting the team when we meet parents or have to collaborate with the child and youth psychiatric care system, I give a psychological perspective on the matter. (Individual interview with school psychologist, Rosehip Hill School)

Although the school professionals reported trying to find the best possible solutions, several of them experienced and expressed frustration about child and youth psychiatric care’s endless investigations, which might result in students receiving adequate support and help only after a long period of time, if they receive any help at all.

Demands and stress

The empirical analysis of the school professionals’ narratives concerning teenage girls reveals that the girls’ daily lives are surrounded by strong norms and expectations connected to traditional feminine ideals. Such narratives were framed to notions and norms connected to the respectable girl and the supergirl (Skeggs, 2002; Walkerdine et al., 2001). According to the school professionals in the present study, these kinds of gendered expectations not only created enormous pressure, but also had a great impact on girls’ mental health.

School counsellor: I’m thinking that many, many girls have different kinds of stress symptoms, like problems sleeping, for example. They only sleep for a few hours, they can’t fall asleep, they can’t relax and then you have the social media and you have to be online all the time.
Interviewer: Is that the main reason why they feel stressed?

School counsellor: I’m also thinking academic achievement and good grades and also that you feel it’s impossible to turn off your mobile phone and when you receive a message you just have to read it and reply. And I’m also thinking that you have to perform well at school, you have to be a good friend, you have to be good at home, you have to be good looking, wear the right clothes, you have to have a cool boyfriend, well yes, and good grades, yes, and I’m thinking social media, also adults experience this, we live in another era today, you have Internet at home, you have mobile phones, you are not free when you get home, no you’re simply not. (Individual interview with school counsellor, Meadow School)

The school professionals reported that girls were more often forced to assume more responsibility. These results correspond with previous studies that reveal that girls who fail to live up to these ideals fail to fulfil the expected image of being the “ideal girl”, often putting them at greater risk for health-related problems (Asp-Onsjö & Holm, 2014; Clark, 2016; Landstedt et al., 2009; Landstedt & Gillander Gådin, 2012). The present results show that girls are exposed to a variety of demands, from schoolwork to conforming to the good daughter ideal. The school officials’ narratives also reveal demands connected to heterosexual norms and expectations concerning the girls’ appearance and dating the right kind of boyfriend.

The school professionals also reported that the girls’ stress was at times expressed through self-harm behaviour. When referring to situations in which students had different kinds of severe health problems, collaboration with parents was a central part of school professionals’ attempts to deal with the matter.

I met a dad yesterday who has a daughter that has not been feeling very well because of stress and self-harm behaviour. We had a meeting that turned out very well. Teachers and school counsellors also attended this meeting, but the dad got back today and told me a little bit more about what’s going on at home. I told him that you can receive help and support, but this means that the school has to make a report to the social services. The parents often become anxious when you mention the social services, but I try to tell them that you will receive support if we file a report or if you do it yourself as a dad or mum. It’s very important that you give them all the information about how it works and information about the procedure, so the family can receive all the necessary help and support. (Individual interview with school nurse, Queen’s School)

The results in the current study reveal that only girls were mentioned in the school official’s narratives about students with self-harm behaviour. As has been suggested in previous research, self-harm behaviour, such as cutting, is more common among girls (Bjärhed et al., 2012). The narratives also revealed that finding adequate solutions and offering support to the whole family were crucial in situations like the one described in the excerpt above. Although not mentioned in this extract, the schools also collaborated with and involved child and youth psychiatric care in similar situations.
Seeking support and identifying the problem

One of the major challenges that school professionals have to face concerns identifying students with health-related issues. The school professionals reported that it is often easier to gather information about girls, because they are more likely to spontaneously seek help through the school nurse or school counsellor.

School counsellor: I more often meet girls.
Interviewer: Okay, do you mean in general?
School counsellor: Yes, that’s right. With younger boys it might be easier, maybe the boys of eight, nine, ten years of age. That’s my experience./…/I rarely see any teenage boys. Now that is something to reflect on.

Interviewer: Absolutely.
School counsellor: If it only has to do with the boys, or if it’s not acceptable for a boy to turn to a school counsellor for help, or if the professionals in the school do not recognise it as a problem among boys, or if it’s because other professionals don’t encourage the boys to talk to me, I don’t have a good answer to this question. (Individual interview with school counsellor, Meadow School)

The school officials also indicated that girls generally have a stronger social network than boys do and that girls are more likely to talk to their friends about their problems and receive support from their friends when they are not feeling well, as expressed by the headmaster at Queen’s School: “The girls have a friend they can turn to and talk to, and then their friends act on their behalf, boys don’t have that kind of support”. Similar findings were revealed in Rew et al.’s (2015) study of adolescents living in rural areas in the southern USA. Their quantitative study showed significant gender differences in what they defined as stress management health-promoting behaviours, i.e. turning to a friend for support. Compared to the boys, the girls in their study reported that they more often had a friend to turn to and talk to when they were not feeling well.

Boys who are suffering from various health-related problems seldom spontaneously ask the school professionals for help, and as a result they are a more or less invisible group.

Interviewer: You mentioned that there are more boys who are suffering from eating disorders, and that the general notion about this issue is a problem that this is more frequent among girls.
School nurse: That’s right.
Headmaster: During my time as headmaster at this school there have been more boys with that kind of health-related problem.
School counsellor: I think this relates to the fact that girls seek support when they feel stressed and they are identified. Whereas for the boys it takes such a long time, that it comes to a point when they feel everything is pointless, the whole situation feels hopeless and they “shut down”. We definitely have to recognise and identify this group of boys at an earlier stage. (Focus group interview, Queen’s School)
The school professionals also discuss how masculine macho ideals affect boys’ behaviour and how this keeps them from talking about their problems. Being a young boy and avoiding asking for help and support also connect to expectations of hegemonic masculinity, according to which boys are supposed to be tough and strong, so that they do not need to talk about their emotions and health-related problems (Connell, 2000). As the school nurse at Queen’s School explained: “There’s so much macho stuff among boys, physically and verbally, but that doesn’t mean that boys are not feeling bad, on the contrary”.

According to several of the student welfare team professionals, teachers often play a central role in identifying when students are suffering from different kinds of health-related problems and when they need help and support.

School counsellor: When it comes to the boys, we often receive second-hand information from teachers, in those situations I think we feel we can file a report. It’s much easier when a girl comes and tells us spontaneously, but this might also have to do with our expectations for boys and girls.

Headmaster: It’s often rumours when it comes to the boys. Is it just rumours or is there a reason to be worried? (Focus group interview, Queen’s School)

Although the school professionals reported that girls were more likely to spontaneously turn to school professionals for help, they also said that it was more common for boys’ problems to be investigated and for boys to receive real help and support for their psychological problems.

Headmaster: Investigations overall, psychological investigations, mainly concern boys./…/I also think that it is harder to get the parents’ approval, when we offer to make an investigation and tell them that, “your child would feel much better”, then it’s easier to get approval from boys’ parents than from girls’ parents.

Interviewer: Do you think this has to do with expectations of boys and girls?

Headmaster: Yes, expectations./…/With the girls there is a fear that they might be less intelligent or that the investigation will show that, and that is much harder for the parents to accept. (Focus group interview, Queen’s School)

The school professionals’ narratives revealed that the girls’ parents feared that their daughters might be considered less intelligent if they were to receive some kind of diagnosis. Strong ideals according to which girls must live up to and fulfil respectable femininity also framed these narratives (Skeggs, 2002).

**Conclusions and discussion**

The present article has explored how school professionals working in the student welfare teams categorised and explained students’ health-related problems in relation to gender and what support the schools offered to the students. As shown, the empirical
analysis has revealed a polarised picture of girls’ and boys’ health problems as well as the kind of help that girls and boys were offered or not offered.

The school professionals’ narratives concerning stay-at-home boys and boys who were suffering from eating disorders were tied to what could be categorised as marginalised masculinities (Connell, 2000; Haywood & Johansson, 2017). As reported by the school professionals, boys who suffer from various forms of anxiety make up a rather silent and “invisible” group who seldom ask for help spontaneously. This marginalisation should be understood as a social process, whereby dominant masculinities, i.e. expectations that boys should be tough and strong, have a great impact on boys’ daily lives in school (and elsewhere) and on whether they actually seek support for their health-related problems. The boys’ marginalised position and social structures in society may lead to silence about boys’ health-related problems and even to their being ignored.

The groups of boys mentioned in these narratives were either preteen (i.e. sixth graders) or attending the eighth grade, and they were absent from school owing to eating disorders or various forms of anxiety. In cases where students’ problems are psychiatric in nature, the school files a report to the child and youth psychiatric clinic requesting that they conduct a medical investigation of the student’s mental health, the hope being that this will result in adequate help for the student. These results make an important contribution, as the research on eating disorders has primarily focused on such problems in women (Brown & Slaughter, 2012; Evans et al., 2013). Moreover, the few studies that have looked at boys’ eating disorders have mainly focused on young adults or adult men.

The school professionals’ narratives about girls’ mental health connect to idealised forms of femininities (Skeggs, 2002; Walkerdine et al., 2001). According to the school professionals, girls have several demands to live up to this form of “supergirl” and respectable femininity (Skeggs, 2002; Walkerdine, 2001): academic success, being active on social media, heterosexual ideals of being the good-looking girl with the cool boyfriend, as well as being a good friend and daughter. These high demands have an impact on girls’ health; they have trouble sleeping and sometimes engage in self-harm behaviour.

The results of the present study also challenge the existing image of successful girlhood, i.e. that girls are more or less the “stars” in school, performing well and feeling just fine. In light of this image, the present findings have not only revealed that the high demands on girls have a great impact on girls’ mental health, but also shown an existing gender gap with regard to the kind of support that girls and boys receive. The psychological investigations conducted primarily involved boys, which may result in girls not receiving the help they need.

This image of successful girlhood is also essential to discuss in relation to the media debate on girls’ school performance and girls outperforming boys in school, a debate that has been ongoing during recent decades in Sweden as well as other Western countries. The research community is critical of this very one-sided debate since it has ignored the fact that there are differences between and within different groups of students (Epstein, 1998; Lahelma & Öhrn, 2003; Öhrn, 2012; Wernersson, 2009).

In light of the media debate and the present results, it is important to critically problematise the image of “successful girls”. At the beginning of the twenty-first century,
Walkerdine et al. (2001) claimed that the utopian success of what they defined as the supergirl: "this heady normality, this utopian success, hides the opposite: a defence against failure, a terrible defence against the impossibility that the supergirl identity represents" (p. 86). They also touched upon the pressure and costs of academic success that this group of girls, dominated by middle-class individuals, have to face, particularly in relation to their mental health problems. This is also a group that has been, and still is, forgotten or perhaps even ignored by researchers (Walkerdine et al., 2001).

In light of the limited discussion in the media about students’ mental health, as well as the still limited qualitative research on gender and mental health issues in school, the present study contributes new knowledge and critical discussion about these issues. Nonetheless, the present work makes a small contribution to the research field, and it is essential to further explore and critically discuss the existing norms and notions about “strong boys” and “supergirls”, which have been highlighted here. What we may be seeing here is not only certain gendered norms, but also expressions of middle-class masculinity and femininity, as the data were collected in schools with predominantly middle-class students. Still, more research investigating gendered explanations for students’ health problems, but also looking at intersectionality, will be necessary. Furthermore, what aspects of the school environment may cause these problems is also an important question for further investigation (Landstedt et al., 2009; Ringrose, 2013). In conclusion, more efforts have to be made to prevent health problems among adolescents, not only in the schools through the preventive work of student welfare teams, but also in society at large.

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