# Collective imaginaries of caring landscapes for rural youth: A concept mapping study in northern Sweden

1. **Frida Jonsson**\* (Corresponding author)

**Affiliation 1:** Department of Epidemiology and Global Health, Umeå University, Umeå, Sweden

**Affiliation 2:** Arctic Research Centre (Arcum) at Umeå University, Umeå, Sweden.

**Email:** frida.jonsson@umu.se

**Phone:** +46 (0)90 786 95 97

**Adress:** 5B, Målpunkt P, Försörjningsvägen 7 B, Norrlands Universitetssjukhus, Epidemiologi och global hälsa, Umeå Universitet, 901 85 Umeå

**ORCID:** 0000-0002-5902-3798

1. **Monica Christianson**

**Affiliation:** Department of Nursing, Umeå University, Umeå, Sweden

**ORCID:** 0000-0003-1003-1655

1. **Maria Wiklund**

**Affiliation 1:** Department of Community Medicine and Rehabilitation, Unit of Physiotherapy, Umeå University, Umeå, Sweden.

**Affiliation 2:** Arctic Research Centre (Arcum) at Umeå University, Umeå, Sweden.

**ORCID:** 0000-0001-6636-9597

1. **Anna-Karin Hurtig**

**Affiliation:** Department of Epidemiology and Global Health, Umeå University, Umeå, Sweden

**ORCID:** 0000-0001-7087-1467

1. **Isabel Goicolea**

**Affiliation:** Department of Epidemiology and Global Health, Umeå University, Umeå, Sweden

**ORCID:** 0000-0002-8114-4705

# Supplementary material

**Supplementary table 1. Examples of strategies included in each theme from phase one**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provide youth-friendly health services** | **Create options and opportunities** | **Be inclusive and open** | **Ensure meaningful youth participation and influence** | **Actively resist metrocentric structures** |
| * Drop-in, allow for spontaneous visits
* Youth clinic, at a central and independent location
* Do more than what is expected, seeing the whole person
* Help young people navigate within the health system
* Develop and increase the usage of eHealth
* Give young people extra time during consultations
* Extended telephone hours
* Mandatory health checks with the social counsellor
* Inform youth about privacy guidelines and how they work
 | * Leisure activities besides sports
* Accessible and safe youth centre
* Culturally adapted and flexible employment
* Strengthen the rural brand and attractiveness
* Highlight and discuss the benefits of living in rural areas
 | * Theatre that discuss sensitive topics
* Talk about masculinity norms
* Better education about Sámi in schools
* Provide community information to immigrant youth
 | * Treat young people as equals
* Develop youth delegations
* Inform and help youth write citizen proposals
 | * Forum and structures for tighter collaboration
* Clarify the roles and responsibilities of actors
* Organizations and institutions working with youth organized under the same administration
 |

**Supplementary table 2. Examples of strategies included in each theme from phase two**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Offer a future** | **Facilitate good collaboration** | **Ensure connectedness** | **Provide a safe and stimulating environment** | **Ensure that (all) youth have the power to influence** | **Redress urban-centred images and policies** |
| * Make rural places attractive and liveable
* More possibilities for internships and work in local companies
* Offer activities that challenge gender stereotypes
* Support to organizations that provide activities
* Provide activities that are free of charge or affordable
* Youth clinics that is open during weekends
* More resources to specialised psychiatric care
* Emergency contraception in supermarkets
* Make it possible to continue studying in rural areas
* Change the educational grading system
 | * Actors developing common objectives, procedures and structure
* Ensure that agreements that are not dependent on individuals
 | * Make travel to city easier
* Public transport adapted to local needs
* 100% access to (good) internet connection
 | * Street lights and well-cleared forest areas
* Childhood free from harassments, bullying and porn.
* Permissive sports facilities, parks and schools
* Mentally stimulating climate
 | * Help young people to “just be”
* Ask young people what they need
* LGBTQI+ skills for everyone who gets in contact with youth
* Enhance knowledge among young people about rights and obligations
* Stronger interventions for socially vulnerable individuals
* Authorities should work more actively with young people
* Youth ambassadors who are involved in decision-making processes
 | * Promote the image of a positive future in rural places
* Stop privatization processes
* Problematize the right to choose a school
* Take advantage of influencers who provide a positive image of rural places
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**Supplementary table 3. Examples of strategies included in each cluster from phase three with mean scores on the feasibility (f) and importance (i) ratings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Guarantee an accessible and sustainable health care services’ network** | **Enhance knowledge about and competence on critical issues** | **Provide relevant education of good quality** | **Be attractive and lively** | **Assure youth-centred approaches and equity** |
| * Ensure that care reaches inaccessible places

(f 2.22; i 4.63)* More flexibility and time in consultations with young people

(f 3.06; i 4.42)* Mobile youth clinics "on tour"

(f 3.11; i 3.63)* Care and treatment programs adapted to local conditions and needs

(f 3.11; i 4.21)* Develop a first-line specialised psychiatry care

(f 2.67; i 4.16)* Increase knowledge about youth clinics and their role

(f 4.05; i 4.05)* Take youth problems and ill health seriously

(f 3.89; i 4.05) | * Offer parent groups and support programs for parents

(f 3.63; i 4.46)* Create a climate that promotes help seeking for mental ill health

(f 3.26; i 4.53)* Ensure that staff have cultural competence

(f 3.61; i 4.32)* Make sure that girls exposed to violence and harassment have access to support

(f 3.68; i 4.74)* Critically discuss masculinity and femininity norms

(f 3.84; i 4.74)* Support youth with a norm-breaking functionality

(f 3.28; i 4.16) | * Increase the possibility of distance learning

(f 3.79; i 4.11)* Offer the program YAM (youth aware of mental health) in all schools

(f 3.47; i 3.74)* Strengthen school health services

(f 3.21; i 4.32)* Increase the resources for and the number of qualified teachers in schools

(f 2.79; i 4.32)* Lower knowledge requirements and focus on in-depth learning in school

(f 2.42; i 3.11)* Structures for prioritizing health promotion in schools

(f 3.63; i 3.95)* Helping and supporting ‘NEETs’

(f 3.11; i 4.37) | * Provide high quality broadband to everyone

(f 3.26; i 4.05)* Strengthen young people's entrepreneurship

(f 3.37; i 3.84)* Establish facilities with activities that can meet different needs of young people

(f 2.84; i 3.89)* Create and offer an inclusive cultural life

(f 3.32; i 4.21)* Maintain and strengthen the sense of community in rural areas

(f 3.37; i 4.37) | * Implement the human rights of indigenous peoples, including Sámi youth's right to identity, culture, language, country and history as a basis for their own health, in all public activities

(f 3.05; i 4.16)* Promote multilingualism, especially in all the national minority languages

(f 3.16; i 3.89)* Empathic encounters where the needs of the young people are at the centre

(f 3.95; i 4.47)* Follow and implement the Convention on the Rights of the Child

(f 3.37; i 4.63)* Prevent further privatization of service important to young people

(f 3.16; i 3.68) |