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

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# 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 |

**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) |