

Factors Contributing to the Social Exclusion of Secondary School Aged Youth

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Abstract

The study describes secondary school nurses', subject teachers', special needs teachers', study counsellors' and school social workers' (n=60) experiences of factors that contribute to the development of social exclusion in adolescents. The data were collected in Finland using an online survey tool in 2022 and analysed using inductive content analysis. Some factors associated with social exclusion of the adolescents concerned the youth themselves: problems with self-esteem, learning, emotional intelligence, mental health and intoxicants; while other factors concerned families: problems with family dynamics, interaction, mental health and socioeconomic issues. Inadequate support and mental health services were also mentioned by the participants. Mental health problems, especially depression, are relatively common in families and a major risk factor for the development of social exclusion. In addition, some of the other factors, for example problems in family dynamics, could be secondary, reflecting diagnosed or undiagnosed mental health problems. The risk of social exclusion is likely to increase if several of these factors are accumulated in a young person's life, possibly passed on from the earlier generation and reinforced in the family home.

Keywords: Mental health problem, social exclusion, youth, inductive content analysis

INTRODUCTION

This qualitative study deals with factors that contribute to the development of social exclusion in secondary school aged (13-15-year-old) adolescents. The term social exclusion originates from the social policy literature. There is no one universally accepted definition of the term, but the various definitions are influenced by political and ideological elements. ^[1] Social exclusion can be approached from the perspective of the individual or society. ^[2] It has been used to refer to coming excluded from civil society, access to social goods, social production and economic assets. ^[3] It is also a way to conceptualise disadvantage; individuals become socially excluded when they do not participate in key activities of their societies. Boardman ^[4], citing earlier work of Burchard et al.,^[5] argues that social exclusion a dynamic process across time and possibly

across generations. It is relative to the time and place in question and characterized by agency (someone or something is doing the exclusion).^[4] Social exclusion can be seen as a continuum, a complex cyclical, self-perpetuating and reinforcing process in which an individual gradually drifts beyond the reach of institutions.^[6] In Finland, the public debate most commonly has concentrated on exclusion from the welfare system, education and employment.^[2]

Social exclusion is an important concept for nursing and nursing science as well. It has relevance in promoting the health of vulnerable groups^[7] and in addressing potential health inequities related to race, class, gender, disability, sexual orientation and immigrant status.^[3] Benbow et al.^[1] have suggested that social exclusion should be conceptualised within a social justice framework, which can be seen as a foundation for nursing science. They stress the importance of continuing work for the development of clear definitions as well as transparency with respect to the philosophical and political underpinnings of the concept.^[1] For the time being, social exclusion remains the most commonly used concept for describing young people's marginalization, poverty, disadvantage and lack of power, despite having been criticised for being an ambiguous and stigmatising concept.^[8]

There is an association between social exclusion and mental health problems. Boardman^[4] has argued that the conditions of social exclusion could be the cause or a consequence of mental health problems, or there may be many third variables, which contribute to both social exclusion and mental health problems. Loneliness, social isolation and social exclusion have been found to affect mental health negatively.^[9-12] On the other hand, depression and loneliness increase social exclusion;^[13-16] this is a two-way road.

The identification of all the various factors that contribute to social exclusion of young people is crucial in order to alleviate human suffering and to mitigate welfare deficiency and the cost to society.^[17, 18] According to the Finnish Institute for Health and Welfare THL,^[19] significant risk factors contributing to the social exclusion of young people include low education and the family's problems related to low income, mental health and intoxicant use. Especially those young people, who have experienced harmful family conditions and child protection, have difficulty adjusting themselves to society.^[18] Parents' mental health problems increase their children's risk of more severe and chronic mental health disorders, compared to peers with healthier parents.^[19] Problems like unemployment, low income, housing problems, violence and neglect may perpetuate across generations.^[19]

Besides family, school is the institution that most powerfully shapes the young people's social life. Therefore, being excluded from the school community is a significant factor associated with the risk of social exclusion.^[20] Experienced loneliness and social isolation have a negative effect on individuals' mental health.^[21-23] and can contribute to the development of social exclusion. Becoming excluded can occur through bullying, which has been found to constitute a risk to the physical, psychological and social wellbeing of both those who bully and those who are bullied. Being bullied is also strongly associated with decreased study motivation.^[24, 25]

In recent years, young people's mental health problems have increased both in Finland and internationally, as a result of the COVID-19 pandemic, socioeconomic factors and climate change anxiety.^[26] The pandemic resulted in prolonged state of physical isolation from peers,

teachers, extended families, and community networks. [27] Social withdrawal and various addictions have increased. [28, 29]

Importantly, however, a single problem does not usually affect an individual's life management significantly. The risk of social exclusion mostly grows with the accumulation of problems. [19] A person's childhood circumstances do not directly determine their later life, and for some individuals social exclusion may be temporary. [21]

It is difficult to assess the number of marginalized young people accurately. The statistics may indicate, who the people are with accumulated risk factors, but they do not reliably tell us who is socially excluded. [19] In addition, part of the young people is not visible in any statistics, and it is impossible to assess their situation. [30] Secondly, as the definitions of social exclusion always depend on cultural values, the experiences of the young people themselves should be included in the analysis of social exclusion. [8] Having said that, and keeping the ambiguous definitions of social exclusion in mind, the estimates for the number of socially excluded young people vary from 40,000 to 100,000 in Finland (population 5.5 million). [19] Another relevant estimate is that half of the mental health disorders start before the age 14. [31]

The social exclusion of children and young people cannot be resolved in isolation from the rest of society. [6] The Europe 2020 strategy includes guidelines for active inclusion policies for vulnerable young people. In addition to the EU-level initiatives, a large number of policy measures in education, labour market, and social policy fields exist on national and regional levels that aim to improve young people labour market integration and social inclusion. [32]

In Finland, secondary school-aged young people have the right to have access to primarily preventive welfare services that support the school community as a whole and include cooperation between the school and home and systematic multi-professional cooperation between teaching staff, health and social services as well as any other actors deemed necessary. [33] "The other actors" include outreach services, regional health and social services centres and psychiatric clinics. Finland is also committed to the Youth Guarantee initiated by the European Union. In practice, it means that young people can receive an offer of employment, training, work try-outs, startup grants, coaching and career guidance within a period of three months. Almost 70 One-Stop Guidance Centres across Finland have been provided for help in matters related to work, education and everyday life. [34, 35]

In this qualitative study, the purpose was to describe secondary school nurses', subject teachers', special needs teachers', study counselors' and school social workers' experiences of factors that contribute to the development of social exclusion in secondary school aged adolescents. The topic has not been explored much for this age group before. It is important for school and school health professionals to become aware of the potential risk factors and early signs of social exclusion. The study aimed at producing knowledge that could promote the identification of social exclusion and facilitate early interventions in secondary schools.

The *research question* was: What factors can contribute to the social exclusion of secondary school-aged young people?

MATERIALS AND METHODS

This is a qualitative study conducted with professionals working with secondary school-aged young people in Finland. The findings are based on inductive content analysis of the participants' response to an open question dealing with the social exclusion of secondary school-aged young people. The terms adolescent and young person or young people are used to refer to the mostly 13-15-year-old pupils of secondary schools.

Data Collection

The study participants were 11 secondary school nurses, 32 subject teachers, 8 special needs teachers, 4 study counselors and 5 school social workers (n=60) in a western region of Finland. They had a median work experience of 10 years, and the majority (83%) of them were women. The data were collected using a Webropol online survey tool in November and December 2022. The participants were asked to describe factors which, in their experience, contributed to the social exclusion of secondary school-aged young people.

Data Analysis

Inductive content analysis was used to study participants' responses to the open question on factors that contributed to the development of social exclusion in secondary school-aged young people. [36, 37] In the analysis, original expressions (single clauses, phrases and sentences) were picked out and reduced into 138 units, while paying attention to not losing their essential content. These units were divided into sub-categories and labelled. Similar sub-categories were then combined into 11 generic categories (see Table 1).

Research Ethics and Rigor

Research integrity, meticulousness and openness, as laid down by the National Board on Research Integrity TENK guidelines, [38] were observed throughout the research process. The school and school health services in all the 18 municipalities in the region were contacted with a request for permission to study. Nine municipalities granted permission to study the subject. The potential participants received a link to the survey and an e-mail with information about the voluntary and anonymous nature of the study. They were informed that they could interrupt their participation at any point without negative consequences.

The rigor of qualitative studies can be examined by assessing their credibility, confirmability, reflexivity and transferability. [39] In this study, the credibility of the findings is supported by the fact that the study participants described their personal experiences. The credibility of the findings is enhanced further by direct quotes from the participants and by the fact that the analysis was regularly discussed by the research team involved in larger project on mental health and social exclusion in secondary schools. A careful description of the data analysis, supported by Table 1, can be claimed to increase the confirmability of the study. The researchers acknowledge that they had preconceptions of the topic, since they had encountered young people at risk of social exclusion in their previous work. The investigators believe that the results are transferable at least to other secondary schools in Finland.

Last, it must be stated that social exclusion in young people is both a political and an ethical concern, because the awareness and knowledge of social exclusion is likely to be constructed beyond and aside the young people's experiential world. [8] Despite this, the researchers in this

study rely on the views of experienced professionals. At ages 13-15, the young people are in an acute stage of identity development, only starting to define themselves in relationship to society.

RESULTS

According to the analysis, the following factors could contribute to the social exclusion of secondary school-aged young people: Factors associated with family dynamics and family function; parents' severe mental health problem and traumatic events; socioeconomic factors in the family; problems with self-esteem and emotional intelligence; mental health problems; school-related challenges; challenges related to the experience of being different; problems in friend relationships; problems associated with the social media; problems associated with intoxicants, and inadequate prevention and treatment of mental health problems. All these factors, listed under the title Generic category in Table 1 and marked in bold in the text, involved several sub-categories, which are presented in italics below. Direct quotes from the participating professionals, translated by one of the researchers, are also provided.

Table 1. Factors leading to the social exclusion of secondary school-aged youth

Sub-category	Generic category	Main category
Problems in family communication	Factors associated with family dynamics and family function	Factors leading to the social exclusion of secondary school-aged youth
Passive social life of the family		
No common interests in the family		
Lack of support and encouragement from family members		
Parents' mental health problems	Parents' mental health and social problem and traumatic events	
Social exclusion of the parents		
Traumatic events in the family		
Deficient family conditions	Socioeconomic factors in the family	
Economic problems		
Family's poor socioeconomic status		
Poor self-esteem	Problems with self-esteem and emotional intelligence	
Lack of self-confidence		
Poor emotional skills		
Poor social skills		
Social anxiety	Mental health problems	
Depression		
Other mental health problems		
Lack of aims and dreams		
Learning difficulties	School-related challenges	
Absenteeism		
Feeling different due to overweight	Challenges related to the experience of being different	
Feeling different as a member of a minority		
Feeling different as an immigrant		
Lack of friends	Problems in friend relationships	
Ending of friend relationships		
Being excluded from a group		
Internet addiction	Social media effects	

Addictiveness of the social media		
Social contacts limited to the internet		
Problems associated with the use of alcohol	Problems associated with intoxicants	
Problems associated with the use of illicit drugs		
Mental health problems not identified	Inadequate prevention and treatment of mental health problems	
No interventions to address mental health problems		
Limited availability of mental health services		
Lack of timely help		
Inadequate support		

First, problems in **family dynamics and family function** manifested themselves as *problems in family communication*. In the opinion of the study participants, some families apparently fostered a culture of silence, avoiding certain topics and failing to share their experiences and worries. To quote the participants, “Lack of support from the family, the parents’ emotional inhibitions, which they pass on to the children and adolescents” and “Avoidance of difficult topics and a culture of silence”.

In addition, the study participants thought that *a passive social life of the family and lack of common interests* could increase the young people’s risk of becoming socially excluded. According to the participants, some families seemed to lead isolated lives, without participating in the various activities offered in society, hardly visiting friends or relatives. If the parents had no friends, their children would not know how to seek and create friendly relationships either. Instead, the young people would spend time alone, for example in the social media or in the world of internet games. In these families, the sense of community would be lacking and there would be no common hobbies or interests. All family members might be used to doing things on their own, or having hobbies was considered futile. Possibly one or both parents were work-oriented and did not invest in “quality time for the family”. One of the study participants said, “It seems that adolescents exhibiting signs of social exclusion have families with a limited social life”, while another suggested, “In many cases, when the young person is not able to attend school and there are signs of social exclusion, there is a family with one of the parents (often the mother) not working but staying at home”. According to a third study participant, “They have no hobbies, they don’t travel together or visit anyone; their life is socially limited”.

The last observation on poor family dynamics and family function from the study participants was that the life of some families seemed to be characterized by *lack of support and encouragement*. According to the participants, lack of support and encouragement from family members could lead to the young person’s low self-esteem and social withdrawal and exclusion. These young people, living with little acceptance, encouragement or positive feedback, would not trust themselves and would not be motivated to make an effort at school. The study participants thought that such dispiriting experiences could result in indifference and despondency. In the words of the participants, “At home they don’t know how to make the young people to school” and “You get no support from any adults, you feel bad and are alone”.

Parents’ mental health and social problems, and traumatic events constituted another factor associated with an increased risk of social exclusion in young people. The study participants argued that psychiatric disorders or *mental health problems* in general could

predispose the child to social withdrawal and social exclusion. Depression of both parents, especially, was seen as a major predisposing factor, which involved both genetic and learned intergenerational transmission. The study participants further mentioned *traumatic events in the family*, for example a parent's death, suicide or acute serious illness. The participants described traumatic events as likely to be "anxiety-inducing" and "terrifying", causing the young people to withdraw to themselves, unless they had a close family member supporting them. Anxiety, depression and loneliness could result from such experiences. Finally, the study participants suggested that the *social exclusion of the parents* could also contribute to the young people's social exclusion. Parents were not likely to encourage their children to participate in various activities or to work harder for school grades, if they had come to approve of a "more relaxed way to cope with the daily life". The study participants said, for example, "The thinking they learn at home, you don't need to work" and "A parent's illness/mental health problem, does the parents' staying at home perhaps make it more likely for the young people to stay at home?"

According to the study participants, **socioeconomic factors**, or *deficient family conditions, economic problems* and the *family's poor socioeconomic status*, could contribute to the social exclusion of secondary school-aged young people. Deficient resources, whether material or immaterial, could limit the young people's participation, and economic problems could be reflected in daily coping. The participants mentioned, for example, that some young people lived on inadequate diets or their parents could not afford the equipment needed for hobbies. The socioeconomic status here referred to the traditions, attitudes and social networks of a family. It was seen to be associated with the family's material resources, education and occupation. The study participants argued that a poor socioeconomic status was often transferred from one generation to another. Parents with no vocational or professional education were likely to be less employable and to live with economic problems. In the words of the participants, "No money to take part in hobbies, poor family conditions" and "A challenging social situation of the family, with mental health challenges, excessive use of intoxicants and unemployment in the background".

In the experience of the study participants, **problems with self-esteem and emotional intelligence** were among factors that increased the likelihood of social exclusion in young people. According to the participants, *poor self-esteem* can be a result of not feeling accepted and appreciated at home, at school or among peers. Young people's self-esteem may be fragile also because "their identity formation is still in process". The participants reported that in their experience, low self-esteem was frequently linked with melancholy, depression and a negative self-image and it could lead to social withdrawal, isolation and exclusion. In their opinion, poor self-esteem was sometimes associated with bodily symptoms, for example tensions, stomachaches, headaches and sleeping problems. *Lack of self-confidence*, the result of having failed repeatedly at home or at school and feeling that one's options were limited, was seen to be closely associated with poor self-esteem. To quote, "Poor self-esteem, the experience of being different" and "No confidence in one's ability to succeed".

The study participants brought up *poor emotional and social skills* as factors linked with potential social exclusion. They regarded emotional skills as important for creating trusting, reciprocal relationships. Some young people had difficulty in identifying and accepting their

emotions and reactions, and in recognizing the emotions of others. This could lead to problems in interaction. Those with “poor emotional skills and underdeveloped emotional intelligence” might misinterpret the attitudes of their peers as insulting and easily withdraw from interaction. Difficulties in social encounters might lead to resignation and social withdrawal, even social exclusion. Similarly, according to the study participants, *poor social skills* could lead to social withdrawal and exclusion. Those with poor social skills might fail in their attempts to approach their peers and become targets of bullying instead. This would further diminish their chances to practice social skills and result in more severe isolation. Here are a few verbatim quotes from the participants: “Poor social skills, certain personality traits”; “The silent, so-called good girls and boys are at great risk of becoming socially excluded. Or if you are different and deviate from the group” and “Lack of/difficulty in interaction skills.”

Mental health problems, especially *social anxiety* and *depression*, and *lack of aims and dreams*, can lead to social exclusion according to the study participants. In their experience, depression, characterized by melancholy and aversion to activity, was a relatively common problem of secondary school-aged young people. Depressive mood, combined with repeated disappointments, could hinder the development of aim and dreams. Social anxiety, according to the study participants, was associated with the feeling of being observed and assessed negatively, which could lead to the avoidance of social situations and relationships and ultimately to social withdrawal and social exclusion. The participants mentioned “Untreated mental health problems”; “The young people’s future seems fragmented, lacking dreams” and, (in the context of establishing social contacts:) “Mountains too high to climb”.

School-related challenges was another category that emerged in the analysis of participant contributions. Some children had *learning difficulties* or were frequently *absent from school*. According to the study participants, learning difficulties were commonly caused by dyslexia, neuropsychological problems and attention deficit/hyperactivity disorders. Sometimes an undiagnosed disease could cause the learning difficulty. In the experience of the study participants, adjustment problems were especially common among minorities, for example among immigrants and the Romani people. The study participants further observed that *absenteeism* could easily result in loneliness and increase the risk of social exclusion. Being frequently absent from school could start a vicious circle. To quote, “Long periods of absence from school, after which it is impossible to return”;

“Challenges at school that lead to decreased school motivation. For example, an undiagnosed disease that affects learning can be a challenge. Especially during the transfer from secondary to upper secondary level schools, the young person may drop out of the school system.”

“If the young person is socially isolated from the peers, has learning problems simultaneously, and at home they don’t know how to help, or are for some other reason unable to support and encourage them to go to school, learn a profession and enter working life, all this can lead to dropping out of school. Being absent leads to learning gaps, maybe pushes the person further to the margin (not knowing what has been going on, and the others won’t see the person as belonging to the group anymore) and possibly makes returning to school even harder.”

According to the study participants, **challenges related to the experience of being different** could leave young people vulnerable to social exclusion. Being *overweight* was mentioned as an example. The participants commented that secondary school-aged young people were in any case deeply affected by the challenges associated with identity development and observation of bodily changes. In the words of the participants, “appearance pressures, the experience of being different, having excess weight” could lead to being shunned by peers. The feeling of being different could also be a result of being an *immigrant* or a *member of a minority group*. Immigrants were not always accepted into the group of young people because of prejudice or cultural differences. Members of various other minorities could also experience being rejected, which increased the risk of social withdrawal and social exclusion. To quote the participants, “Difficulty attaching to school” and “The minorities, such as the Romani, are at great risk to become socially excluded during the comprehensive school, especially during transition periods”.

The study participants thought that **problems in friend relationships** - *lack of friends, ending of friend relationships* and *being excluded from a group* – could lead to loneliness and social exclusion, especially if the young person did not have a single trusted friend at school. The participants described ending of friend relationships as potentially traumatic. The event could be due to a growing lack of congeniality. Some young people lost friends when they refused to engage in criminal activity of a group. Becoming excluded from a group could be “very stressful psychologically” and it could be preceded by long-term bullying and ridicule. The study participants used the following expression to describe the phenomenon, “Few friends, discrimination, bullying”; “The feeling of being outside”; “Drifting into wrong company” and “Being excluded from a group. Not being accepted, being somehow different from the others”.

The study participants expressed concern over the **social media effects** on young people. They associated *internet addiction* with decreased social contacts among secondary school-aged young people. In addition, time spent online could diminish physical activity and cause health problems. The *social media could be addictive*, displace studying and lead to fewer in-person contacts and poorer academic performance. Having one’s *social contacts limited to the internet* was seen as a factor that could increase the risk of social withdrawal and social exclusion. The study participants would prefer it if young people practised social skills face to face, rather than through the internet.

Problems associated with intoxicants, for example *problems associated with the use of alcohol* and binge drinking had increased among secondary school- aged young people, according to the study participants. They also thought that it was more common for young people to experiment with *illicit drugs*. Both “excessive use of intoxicants and experimentation with illicit drugs” and “early use of intoxicants” was thought to be associated with absenteeism, social withdrawal and social exclusion.

The last category yielded by the analysis of the data was named **inadequate prevention and treatment of mental health problems**. According to the study participants, *mental health problems were not always identified and intervened on*. It was not always easy to identify mental health problems, or the young people’s mood swings were considered a normal part of adolescence. The study participants suggested that sometimes the problem was deliberately

ignored to avoid causing anxiety or stigmatization. The failure to intervene at school might be associated with not having identified the problem, or not knowing what action to take. According to the participants, parents, too, might consider mental health problems to be a part of adolescent development, and would sometimes fail to realize the extent of the problems. Some parents seemed to expect the school to assume responsibility for intervening. The participants said, for example, "There are no interventions and no reflection on the reasons for the problems. Multiprofessional help is often just a word, or very superficial. They give the school the kind of responsibility we have no time or education for" and, "At home they don't welcome the help but position themselves against the school and any attempts to help".

In the experience of the study participants, the *limited availability of mental health services* could prolong or deteriorate the mental health problem or use of intoxicants or illicit drugs. Secondly, the participants mentioned *lack of timely help*, caused by the increasing numbers of young people seeking help from school nurses, psychologists and doctors. In both cases, the risk of social withdrawal and social exclusion could increase. *Inadequate support* could mean, according to the study participants, that the young person had no contact with a safe adult, no one to share their worries with, and no social network to promote their coping and mental health. In the participants' own words, "Distance from the services; in the countryside you can see in concrete terms how far the services are, which undermines both the youngsters' and their guardians' motivation to deal with the things"; "Availability of the services: you are often faced with the problem that institutions outside school will not deal with the problems if they are not serious enough"; "No social network to carry and encourage the young people", and "Often the problems have to culminate at school before you get help from somewhere".

DISCUSSION

This qualitative study conducted in Finland brings together 60 school and school health professionals' experiences of factors, which contribute to the social exclusion of secondary school-aged (13-15-year-old) young people. It seems that in the 2020's, the "hotbed" of social exclusion remains the same or similar as in earlier literature from the past few decades. [4, 16, 19] This study, however, differs from earlier research because it concentrates on a young age group in an acute stage of identity development. It is important for both parents and professionals at schools to become aware of potential risk factors and early signs of social exclusion.

If the results were collapsed into a portrait of a single young person, it would be someone with untreated mental health, internet addiction and intoxicant use problems, with few or no friends. The person would feel "different" in some manner and have low self-esteem and poor social skills. The family members, too, would have mental health or intoxicant use problems as well as economic concerns, and there would be little communication in the family.

The risk of social exclusion is likely to increase if several of the factors described in this study are accumulated in a young person's life, partly as "package" passed on from the earlier generation and reinforced in the family home. Based on the findings it would seem that mental health problems, especially depression, are relatively common in families and a major risk factor for the development of social exclusion. In addition, some of the factors mentioned in this study, for example excessive use of intoxicants or problems in family dynamics or friend relationships, could be secondary, reflecting diagnosed or undiagnosed mental health

problems. In any case, compared to the general population, individuals with mental health problems are more likely to lead isolated lives. In the reverse direction, limited social networks and loneliness are risk factors for mental health problems. [4, 16]

In this study, problems with self-esteem, a negative self-image and appearance pressures were seen as one possible factor behind social exclusion because they can cause melancholy and depression. In the study of Linardon et al., [40] mental health risks were associated with body dissatisfaction in adolescents. The consequences of body dissatisfaction can be severe. There is an association between eating disorders, body dissatisfaction and mental health problems in adolescents. [41] One observation in this study was the experience of having excess weight lead to shunning. Social exclusion can be a particularly relevant experience to overweight individuals. [42] A recent study indicated that emotional eating can also be a component in digital game addiction, which in turn increases the risk of obesity among adolescents. [43] The professionals in this study were concerned about the negative effect of games, social media and mobile devices on the daily lives of the young people. From the perspective of social exclusion, the study participants worried about too much of the adolescents' interaction being confined to the internet. Many investigators, however, question whether the use of internet actually leads to social withdrawal. [44] For some individuals shy of real-life encounters, the social relationships in the internet and in the world of games may be the only emotional outlets and venues of interaction. [45]

The study participants suggested that young people's mental health issues were not always identified or that professionals failed to intervene, not knowing what action to take. Some teachers apparently felt that they were not qualified or lacked the time to address the problem. The young people's mood swings were frequently considered a normal part of adolescence. Most alarmingly, mental health problems may sometimes be deliberately ignored to avoid causing anxiety or stigmatization. What responses have there been to these problems and what new measures could be undertaken? According to the Finnish Institute for Health and Welfare THL, [19] the individual and collective pupil welfare and counselling services have a crucial role in preventing social exclusion. Especially immigrants and pupils with special needs can benefit from the school services. Unfortunately, a survey conducted with nurses, physicians, social workers and psychologists working at schools revealed that student welfare services in Finland vary a great deal in terms of resources and daily practices. Pupils at secondary schools are not in an equal position. A significant part of the professionals' working hours is spent on dealing with pupils' mental health problems, but only 25% of the respondents in the survey from 2020 had received training in mental health promotion methods, and few had access to clinical supervision. [46] Some municipalities, however, have decided to hire psychiatric nurses to work at schools. The role of psychiatric nurses is relatively new and not based on mandatory law. [47]

It seems evident that nurses working at schools cannot work in isolation. Ideally, nurses should work in pairs, representing both preventive public health and psychiatric expertise. As teachers spend more time with the young people than other professionals, nurses need to co-operate with teaching staff in singling out the most vulnerable individuals and in working out preliminary differential diagnoses for referrals. Importantly, the support of parents and of the whole school community is required to prevent social exclusion. This calls for work on attitudes

and open dialogue. Promotion of mental health and emotional intelligence skills should be included in the school curricula, starting from primary school.

CONCLUSION

Factors associated with social exclusion of secondary school-aged pupils involve problems in the young people's mental health, emotional intelligence and interaction, as well as in their families' dynamics and psychosocial situation. In addition, inadequate mental health services and missing early identification of risk factors play a role in the development of social exclusion.

Disclosure Statement

The authors declare that they have no conflicts of interest.

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