# Asking for a friend

## Youths experience with youth health centres in Sweden

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# Forewords

I want to give a big thank you to my tutor Linda Bresäter, my classmates, friends and familily for all the support.

I also want to give a big thank you to all the amazing people that have been part of the process of this project and that have been willing to open up and share their powerful stories with me.

- Maja Björkqvist

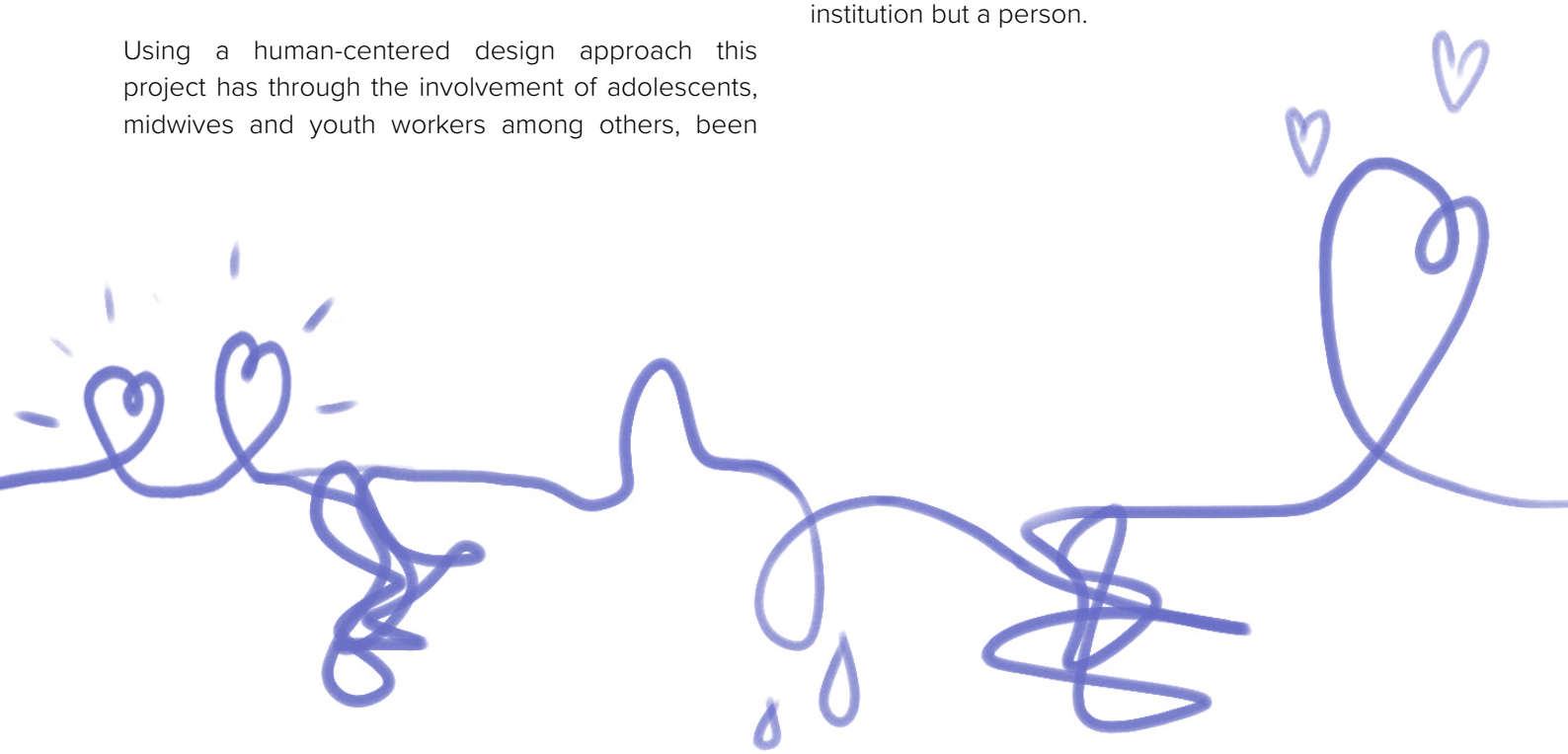
# Abstract

This thesis explores the stigmas and taboos surrounding youth health centers in Sweden and how this might be hindering young people to visit the youth health centers. It's exploring how this can be challenged and how the threshold can be lowered by involving the informal support system and bringing the youth health center to the youth arena which allows for a more informal type of support and guidance.

The youth health centers in Sweden have been around since 1970 and are a well known and established form of healthcare, yet the majority of the visitors are young women. How come? I've been working from the hypothesis that there is a need for more youth to seek help but that they for various reasons don't manage to make it all the way there. There are many stigmas surrounding topics that the youth health center is dealing with, such as sex, depression, or domestic violence. This is especially true for young people on the edge between childhood and adulthood.

Using a human-centered design approach this project has through the involvement of adolescents, midwives and youth workers among others, been exploring challenges and finding opportunities where interaction design can be used to improve the situation for the youth that do not make it to the youth health centers but that want and would benefit from their services.

The final design proposal is an ambassadorship, aimed towards adults already part of the informal support system, that will enable youth to feel more empowered to seek help. It is set up to reach the youth in new ways, in an informal manner to bring the solution to the youth and to create a more comfortable space for them to open up within. Part of this is also a service for youth to effortlessly get in contact with the youth health center and to create personal connections to its personnel through link cards and video presentations. These connections are there to prepare the youth and to lower the bar of contact by building trust and humanize the help-seeking process. To make it clear that they are not trying to contact an institution but a person.



# Definitions

## Midwife:

The midwifery profession in Sweden works within reproductive and sexual health. This includes maternity and obstetric welfare, gynaecological care, contraception-, abortion- and sexual consulting. They can work with both women's and men's sexual and reproductive health (Svenska Barnmorskeförbundet, 2020). Within this report when referring to a midwife, this person is working as a midwife at the youth health centres and with both men and women.

## YHC:

Youth Health Centres (ungdomsmottagningen)

## Youth Worker:

A person that is working as a youth leader at a youth centre where adolescents can go in their free time.

## Social Influences:

People that are close to the youth, that they look up to and trust, and that influences them to make decisions.

## Informal Support System:

People that the youth know and have a relationship and trust to already, to whom they turn to for help and advice.

## User:

Within this report when referring to "the user" it is first and foremost, meant the youth(s)

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# 1.0 Introduction

The youth health centers (Ungdomsmottagning in Swedish) are for many teens the first independent contact they have with the health care system. This is a good place to turn to with professionals specialized in youth health. But many teens in Sweden have limited knowledge about what the youth health centers can help with or they don't dare to visit any of the centers because of stigmas, norms, and taboos. For example regarding mental health or family issues; abuse, violence, depression. So what would it take for them to feel more comfortable in seeking help?

With this MFA thesis, I have investigated how interaction and service design practices can be used to explore these kinds of topics and how we can design for youth to feel more comfortable opening up and seeking help when in need. The final design proposal is a service design concept designed for this.

# 1.1 Background

## Youth health centres

In 1970 the first youth health centers (YHC), ungdomsmottagning or ungdomshälsa in Swedish, opened in Sweden. The first YHC was opened by the paediatrician Gustaf Högberg because he saw a need for specialized care for youth, and as he put it "I have chosen to care about the youth." He was proven to be right, "The first evening, 15 brave young people arrived. We had not advertised. It was the jungle telegraph that had worked. Then there were 40-50 visitors per night. We were open one night a week." (FSUM, Höjeberg, 2010). Today they are focusing on youths' physical, psychological, and sexual and reproductive health and youths between 12-25 years old are welcome to seek help at these health centers. They can help with preventive care and consulting regarding, e.g, contraception, and sexuality as well as helping with depression, stress, and anxiety, among other things. They aim to "From a holistic perspective on young people's situation, promote the development of young people's mental and physical health, strengthen young people in managing their sexuality, respecting themselves and others, and preventing unwanted pregnancies and sexually transmitted diseases." (FSUM, Höjeberg, 2010) The youth health center works on the youth's mission and to, primarily, has the youth perspective and all visits are voluntary. They aim to have a low threshold organization which means to make it easy for young people to seek the help that they are entitled to. (FSUM, 2016)

Sexual and reproductive health is part of the basic education in Sweden included in this education is often external actors that can add to the education in the form of knowledge, material, and school visits. (Skolverket, 2020) There are many ways to go for help-seeking, for example, to talk to the school nurse or go to the youth health centers directly. They have professional secrecy towards parents from the day the children are turning 15 years old.

## Youth development and YHC main audience

To break away from your parents' influence is part of growing up and becoming independent. That includes taking charge of your own healthcare needs, especially when it comes to sexual and reproductive health. The youth health centers are for many teens the first independent contact with the health care system. During the period of life that is called adolescence physical, psychological and social changes are happening that are not always matching and can lead to worry and crises. Then this is a good place to turn to with professionals specialized in youth health. (FSUM, Wendt, & Leijen, 2018).

## Who are the visitors?

Even though the youth health centers are for all adolescents, 85% of all visits to the youth health center are made by women. (Wiksten-Almströmer, 2006) This means most youth's health centers have more experience with helping women, and that young male health issues do not become as visible in society. According to Björk, Rangmar, Fornazar & Malmborg Heiling (Björk, Rangmar, Fornazar, & Malmborg Heiling, 2019), there is a certain base knowledge of what the youth centers are doing and what they can help with but it is shallow. Knowledge about that they are also offering psychological help was limited.

The majority of the visitors are heterosexual girls with the main purpose of getting contraceptives. These girls have a natural way into the YHC because

even though it might be a bit awkward to talk about your sex life it's still considered to be "normal" (in the Swedish society as a whole) to go there for this reason so the threshold is lower. While they are there they are starting to build a relationship with the health center and the midwives that in turn leads to a trust in the YHC and a possibility to ask other questions that you might have in mind but wouldn't ask unless you already had a way in. The youth that is not part of the norm of going there don't have this natural way in and are missing the opportunity of asking "just a quick question". (from a conversation with a midwife)

## Taboo and stigma

During this age period of life, many things can feel difficult and embarrassing. Visiting a health center that for many are associated with sexual and reproductive health can be extra sensitive. According to a focus group in a study conducted by Göteborgsregionen, youths that are seeking help at the youth health centers are at risk for rumors saying they are pregnant, sexually active, or having a sexually transferred decrease. The rumors would be different depending on gender and in some cases, it could even be positive rumors. More likely for men than women. Some youths have strong expectations of not being sexually active before marriage and might not want to visit the youth health centers for this reason, or they might visit a health center in a different part of town in case there are multiple locations. (Björk, Rangmar, Fornazar, & Malmborg Heiling, 2019)

## Differences between health centres

The Swedish healthcare system is government-owned and funded. It is divided into regions where each region has its system and procurements. The youth health centers are also part of these regional systems and therefore there are differences between the about 250 youth health centers across the country. There can be differences in routines or ways of contacting health centers. For example, can the youth in many regions contact the youth health centers by video call while in some they have to book a time and come in for a physical meeting. The common thread that is helping to guide the youth health centers in the same direction is the FSUM, The Swedish Society for Youth Centres. They are developing guidelines and are helping the health centers to develop and are supporting them to keep up with and improve the good quality of the services they provide (FSUM, n.d.).

## Healthcare and equality

The Swedish population is internationally considered in quite good health. 2009 the WHO published a resolution to minimize the inequalities in the health sector that later was built into the UN sustainable development goals as good health and well being and gender equality. (CSDH 2008) Even though Sweden is considered in good health the health gaps are varying and are affected based on gender, and class and the gap is starting to grow (Folkhälsomyndigheten, 2018). Especially the mental health among youth in Sweden is decreasing according to the latest report from Folkhälsomyndigheten.

# 1.2 Project scope

## Focus on before visit

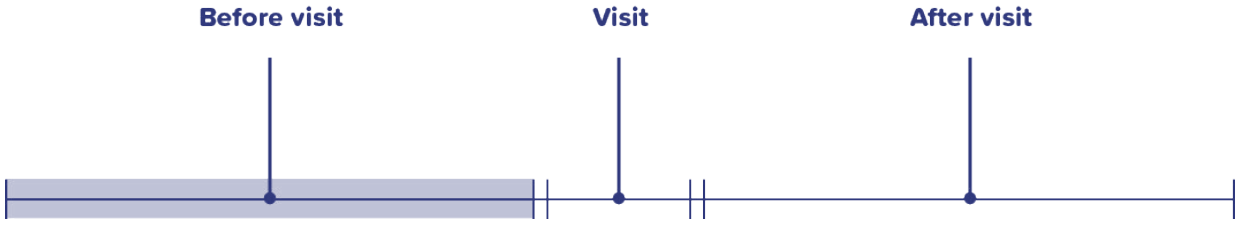
During this project, I have explored further what is limiting teens from contacting the youth health centers and stigmas, taboos, and norms around making a visit. Where is this coming from and how could it be addressed in order to create something that could help youth feel more comfortable around it. Seeing that 85% of the visitors are women, it made me think, “What about the rest? Why are they not visiting?” This became my starting point. Looking specifically at the youth that feels that they have a need and could benefit from visiting the YHC but that actually do not visit. To then try to develop a solution that could be a possible answer by lowering the threshold of help-seeking.

I didn’t intend to rethink the entire journey of visiting a health center but instead, I chose to focus on one part of the journey. Before the youth are visiting the health centers and how professionals can be part of this process. This is due to the fact that this seems to be the bigger problem to space, to understand the youth that does not come all the way to the point of visiting. To find a way to make them feel more comfortable to get to that point.

Due to limited resources, the scope and target group was mainly restricted to the cities of Umeå and Sundsvall, with online sessions and interviews with adolescents in Simrishamn, Malmö, Stockholm, and Jönköping.

***How could we design for youth to feel more comfortable seeking help and talking about the problems that are stigmatised and taboo to talk about today?***

***How could we lower the bar of contact to start the conversation and relationship between youth and the youth health centre earlier?***



# 2.0 Approach

## Human centred design

It was important to get a deep understanding of youths' emotional journey of seeking help and what they are going through in order to visit the youth health centers, from thought to action. Taking a human-centered design approach was then a good way to develop the project. HCD is aiming to include the users and to build empathy with them by immersing yourself in their lives to really understand their needs. Then include them along with the design project by developing, sharing, and evaluating ideas with them. Within this project, this was a bit of a challenge since my main youth users were the ones not having any experience with the youth health center, or not wanting to go there for various reasons. I solved this by turning to schools and youth centers to talk to potential users instead of going through the youth health center, and from there I used the snowballing method to get in touch with more users.

Another challenge for a participatory process was also that many were spread out throughout Sweden. I made this work with online tools and involvement as well as some on-site sessions. This helped me to identify some touchpoints and scenarios in order to rethink how these health centers could fit into the youths' everyday life.

## Considerate data collection

It was important to acknowledge that the topics that were touched upon could potentially be quite sensitive for the participants. In the group session, I approached this by talking about this topic in more general terms so that the people that wanted to share could do so and the ones that didn't want to, didn't have to. In one-on-one sessions, I made it clear that they could always choose not to answer a question if they felt uncomfortable. Also considering they could be under 18 and under aged, it led me to anonymize the data collected. I was also considerate of how I collected data. In the meetings I had with users I recorded audio mixed with notes depending on what the participants were comfortable with and only took photos of hands.

# Method

To be able to get that deep understanding of the adolescent emotional journey the project tried to involve many different stakeholders and users and was following a user-centered design process in three steps. It started with an initial research phase where I involved myself in the context, followed by an exploration and ideation phase, and finally refining and presenting a final design proposal. The research phase was divided into two parts, secondary and primary research. In the primary research, I immersed myself in the context as much as I could considering a spread out user group. This was made both through design research with online and onsite interviews (both experts and youth) and onsite workshops in Sundsvall and in Umeå as well as hanging out at the health center a few evenings to immerse myself in the everyday life of the youth. It also included surveys and observations.

The secondary research included readings and background and history research. The explorations phase included ideation sessions, co-creation sessions, analysis, evaluation, and feedback sessions with users, then design directions, and initial concepts were created and tested. The final phase aimed to create and refine the final concept to then develop and present the final design proposal, this included user-testing, co-creation sessions, storytelling, and framing. Each phase worked to open up and narrow down the scope according to the double diamond model.

# Activities

## Overview of activities design ethnography

7 deep interviews with youth
7 deep interviews with experts
6 interviews with the informal support system
3 workshops
1 observation
3 hangouts and chats with 19 teenagers
1 survey with 15 answers
1 chat with the manager for the youth health centre in Sundsvall

# Market analysis

**Perception of the Youth Health Centre:** Since the youth health center has been around for 50 years, it has built a strong brand and identity as a health institution for youth health (Höjeberg, 2010). Although one common assumption among both youth and adults is that the youth health centers mainly help with sexual and reproductive health and in some cases that it is mainly for girls and young women.

**"Yes we know it, they came here (to the youth center) to talk about sex and handed out condoms a few times"** - *young man.*

The less known section of the youth health center is mental health. In some cases the reputation of the health center depends on the personnel itself.

**"There is one midwife at the youth health center that is great and she makes everyone want to go there. She's the reason why the youth health center has such a good reputation."** - *young woman.*

Within all the interviews and encounters I had with the youth the main associations were similar, the part that came up first in the conversations, but it seemed that the perception might change with age and friend circle as well. One girl was saying "In "högstadiet" ( age 13-15) I thought it was for getting birth control and condoms and such,... It was not until I started "gymnasium" (age 16-19) that I also learned it's possible to go there regarding mental health." - young woman.

**Branding:** Due to the regional division, the youth health center is not the same in any region. Each region has its own branding, strategy, and its own visual identity (see image). The only branding that is the same across the country is the online version of the youth health center, UMO, this is a website that is funded by all regions but not directly part of any youth health center. (UMO, n.d.)

The biggest and most important strength attribute of their brand is the name, Ungdomsmottagningen, which with the lack of visual branding is the one common thing among all the youth health centres (apart from two, called Ungdomshälsan)


*Image source: regional Swedish youth health centres.*

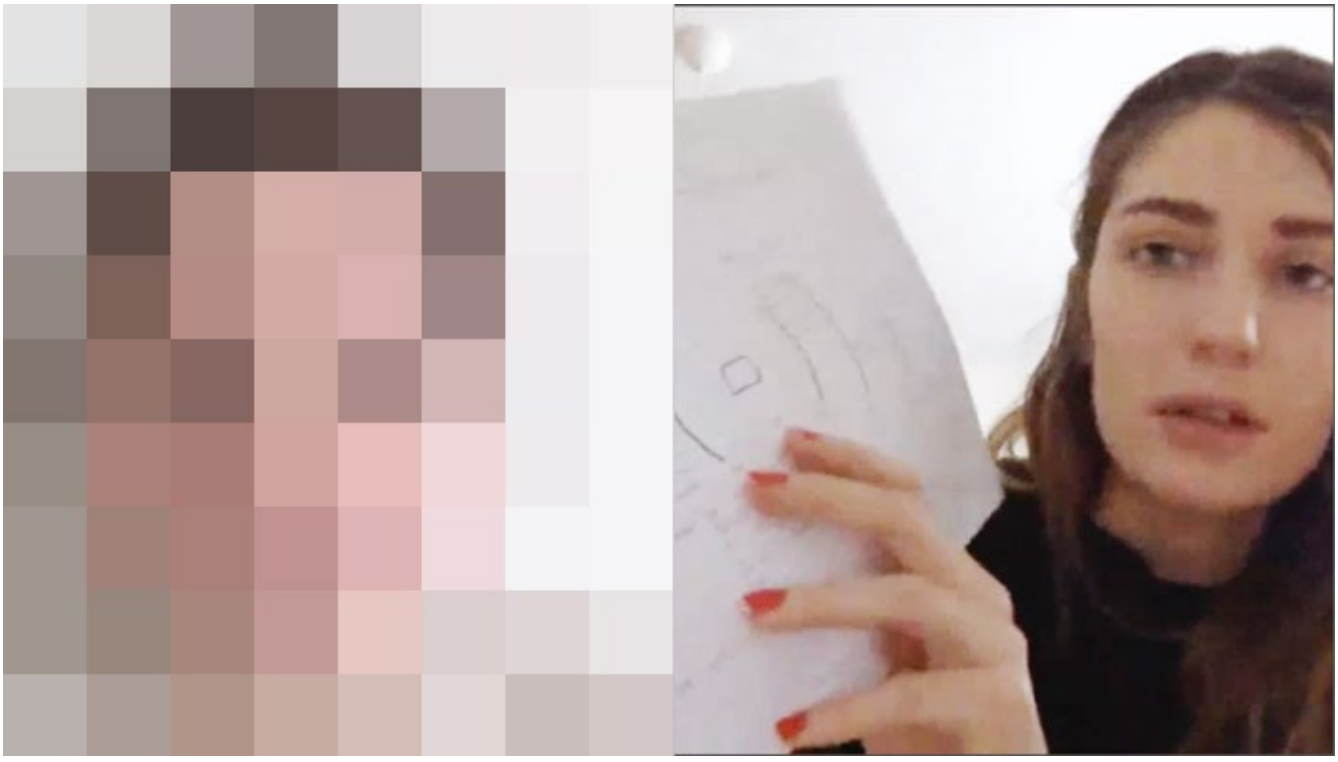
# 3.0 Research

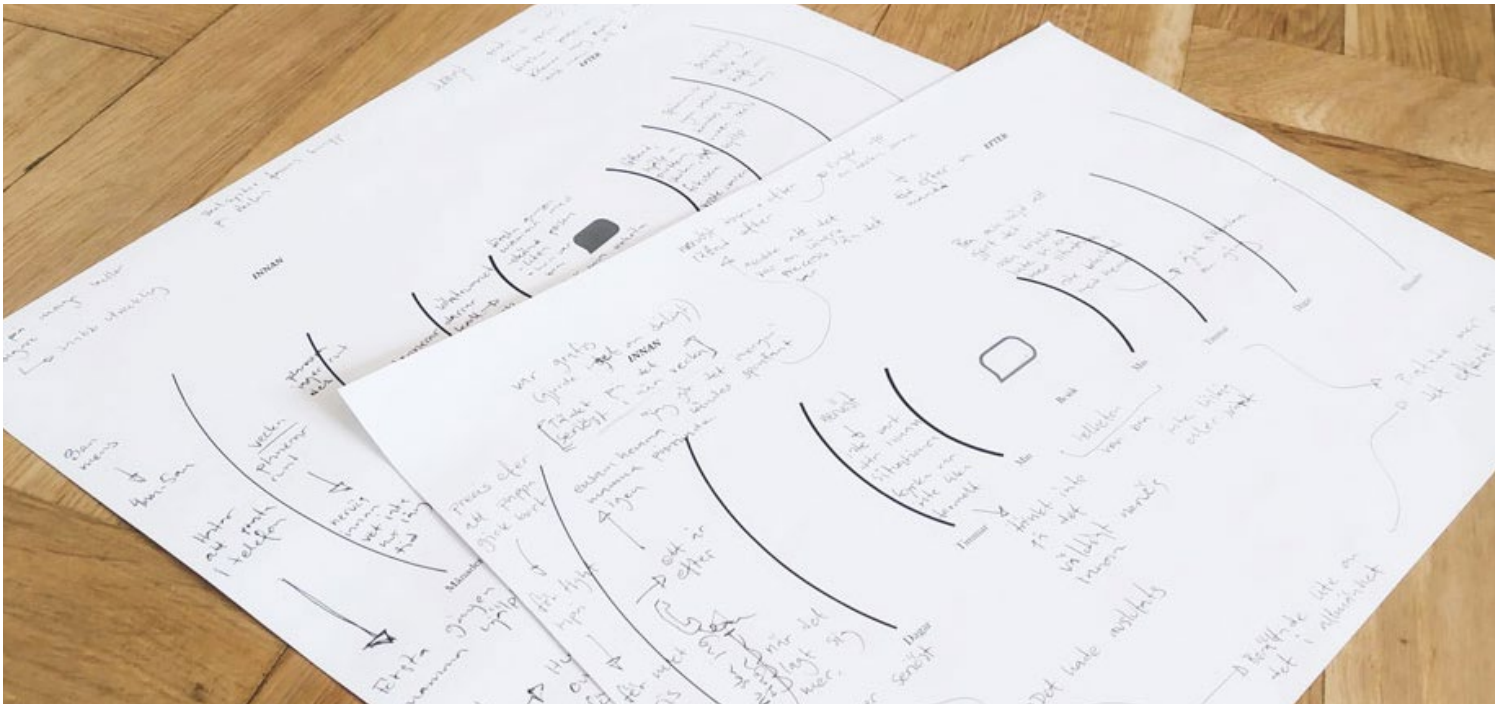
## Expert Interviews

Interviews with experts, in this case, midwives at the youth health center, school nurses, and youth workers gave me a lot of insights into what their reality of working and meeting youth is like. The interviews were conducted as semi-structured and the topics and focus shifted a bit depending on the interviewee. The interviews them-self aimed to, among other things, get an understanding of how they work, how they see their role, and how they are working with these issues today. Throughout most of the interviews, the focus was on how they work, and on youth, behavior, reasoning, and emotions.

In a second run of interviews, later on in the project, interviews were also held with sports coaches and youth workers to understand their needs and how they are dealing with situations when youths are coming to them for help or when they see that someone is in need of help.

**Main outcomes:** These interviews have helped me frame and formulate design principles *(see page 31)* and get a sense of what is important when it comes to working with and design for youth, for example, how important it is to ask and bring up difficult topics because it is easier to answer to a question than it is to bring up the topic oneself. I learned how they live to help these youths and they always have the youth's best interest in mind and how important it is to be able to be flexible towards the ones you meet. That you need to be able to adapt the topics and way of formulating depending on the person.





## Youth interviews + (tools)

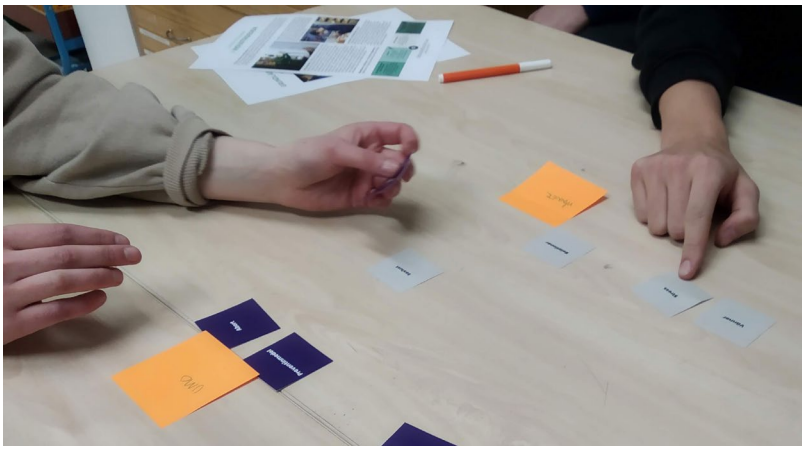
Semi-structured interviews were also conducted with youths. These interviews were aimed to get a deep understanding of the emotional journey of seeking help for issues that are perceived as difficult. One part of the interview focused on this in broader terms (also outside of the youth health center). I used probes in the interviews to help direct the conversation and to really go into details in their journeys. *(see image)* The second part focused specifically on the youth health center and their previous knowledge, experience, and perception of them. Also here I got the opportunity to take part in many beautiful and difficult stories about their struggles and inner thoughts.

**Main outcomes:** I learned about trust, denial, what's expected of them, what they should or should not do, about insecurities and societal pressure, and stigmas. Who they talk to, who they would never talk to and why, and what is difficult and what is easy. All this helped me gain many insights into what might be the reasons why it can be hard to seek help. *(see research analysis, page 21)*

# Workshop + workshop kit

I conducted three user- (youth) workshops with a total of 21 participants. It was formulated in such a way so the participants could choose to share their personal experiences or not. For these workshops, I developed a workshop kit that consisted of personas and scenarios, props, topic cards, and templates for storytelling. These kits were used in the workshops together with exercises such as card sorting and future scenario building. Each exercise aimed to start a discussion on how they think and how they would act in different situations.

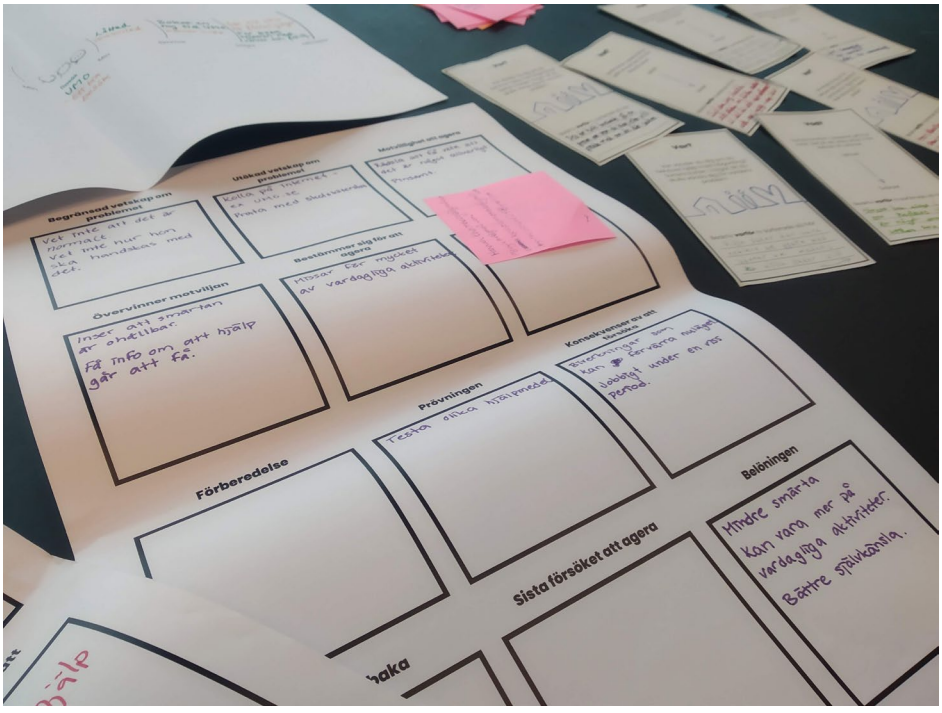
**Main outcomes:** Within these workshops, I learned about how things that are easy to talk about are not necessarily easy to seek help for. And to whom they would go for help with different problems. Sometimes it is not needed to go to the youth health center directly. This helped me get a better understanding of their reasoning and how they would go about to get help. It helped me to gain more and deeper insights.

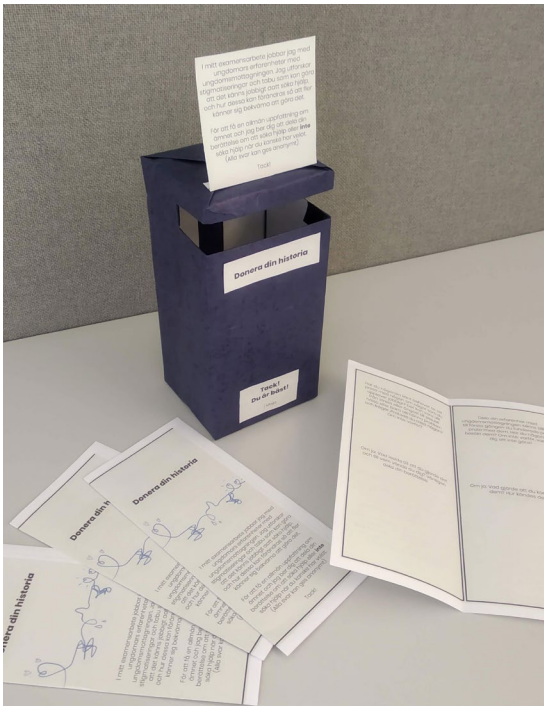



# Hangout at the youth centre and survey

I also tried to immerse myself in the life of youth and one way was to spend a few evenings at a youth center in Umeå and in Sundsvall. Here I hung out with the youth that came by and had conversations with them about their experiences and perception about the youth health center. A challenge with taking this approach was that since these topics are sensitive, not everyone was comfortable talking about it with a stranger (me), especially in bigger groups. Only that shows how stigmatized these topics can be. In addition to this, I handed out a survey that the youth was asked to fill in. In total, I got 15 answers. What was interesting was that most people said they have been there for reasons regarding sexual and reproductive health and that they had talked to a friend or a parent beforehand.

**Main outcome:** This helped me get a better understanding of the general knowledge and perception of the youth health center. As I had found in many of the readings, also here most people knew about the youth health center and had a good experience from it. For the most part, the experiences talked about going there for sexual and reproductive health reasons, contraception, std checks, and abortion, and not many reported about going there for other types of health issues. Another big learning from this activity was that most people are talking with someone else before seeking help, it could be a friend or parents or the youth workers working at the youth center.



# Stakeholders

**Informal support system:**
There are also other social influences in the youth life, apart from friends and family, who are part of the informal support system such as youth workers, sports coaches, or teachers, they are called gatekeepers by (Rickwood, Deane, Wilson, & Ciarrochi, 2005). It can be that the youth are seeking their help after practice, or in youth centers or even messaging them asking. It can also be that they see that there is something wrong and ask the youth directly if they want to talk. Although this support is already happening the gatekeepers normally lack the education and knowledge of how to guide and help someone in need. They are relying on their own experience, asking around with their colleagues and by googling to get answers.

**Understanding the youth:**
It is important to understand that these youth are all different. Everything from cultural background, family, friends, the community we are living in, what school we are going to are shaping us to who we are and what we find as the norm. And what we find as the norm are shaping what is stigmatized to discuss. All youth have different ideas of what is difficult or easy for them to talk about, and what they are experiencing as a problem. The context is also shaping the topics of discussion and knowledge areas within each group. This is why it is important to be able to adapt the conversation and information to each individual. They need to be met at the right level to be able to absorb the information given and to feel included and that this is relevant for them.

**"There is a big difference between groups"..."I don't think you can mix people from Sorsele and Umeå and think that we can talk about the same thing, where youth from Umeå has read up on gender theory"** *- midwife at the youth health center*

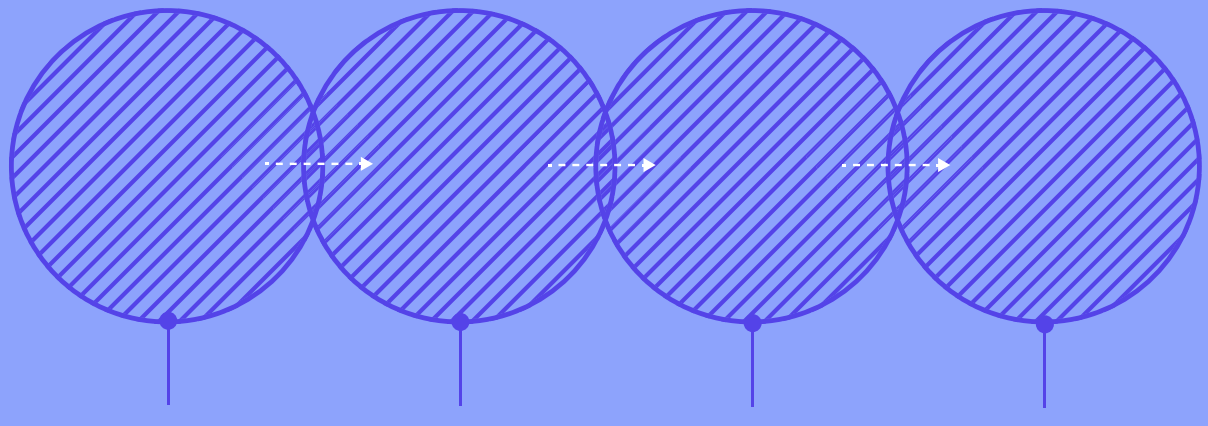
# 4.0 Research analysis - insights

# 4.0 Research analysis

All the material, interviews, workshops, and survey answers that I collected were transcribed and analyzed by mapping out the user journey and clustered into themes that made insights. This will be explained in this chapter. From these insights design principles and opportunity areas were developed. These then lay the ground for the upcoming ideation and design phase.
Disclaimer: All interviews have been conducted in Swedish and all following quotes have been translated by me into English.

## User journey

From all the information I collected throughout the research I created a journey map both to be able to talk about my findings with the users but also to get a better understanding of how the different stages looked like. (see user journey). It is important to know that this is just one way of how the journey might look like. It could have a timespan that spans over years or only over a few days. It all depends on the person and the problem they are experiencing. The exact order of events might also be shifted but the general three stages that I found of denial, help-seeking from social influences, and help-seeking from professionals are still the same (not always that order). A similar structure of stages has also been defined by (Rickwood, Deane, Wilson, & Ciarrochi, 2005). They write “Help-seeking was conceptualised as a process whereby the personal becomes increasingly interpersonal. The process begins with the awareness of symptoms and appraisal of having a problem that may require intervention. This awareness and problem-solving appraisal must then be able to be articulated or expressed in words that can be understood by others and which the potential help-seeker feels comfortable expressing. Sources of help must be available and accessible. Finally, the help-seeker must be willing and able to disclose their inner state to that source.” They focused on mental health help-seeking and defined four stages: awareness, expression, availability, and willingness.



**Awareness** *and appraisal of problems*

**Expression** *of symptoms and need for support*

**Availability** *of sources of help*

**Willingness** *to seek out and disclose to sources*

**Denial:** As a first step I found that it might be hard to admit that something is troubling you in the first place. The youth might feel embarrassed about what is bothering them or alone in the feeling, thinking that no one will understand. They might feel ashamed over the feeling itself or not even realising that they have a problem or that what they are feeling are symptoms of something bigger. In many of the interviews I got to hear stories about not wanting to admit it because:

**"you are supposed to be able to handle it"** *- young woman*

**"that talking about it also meant that you admit it to yourself"** *- young man.*

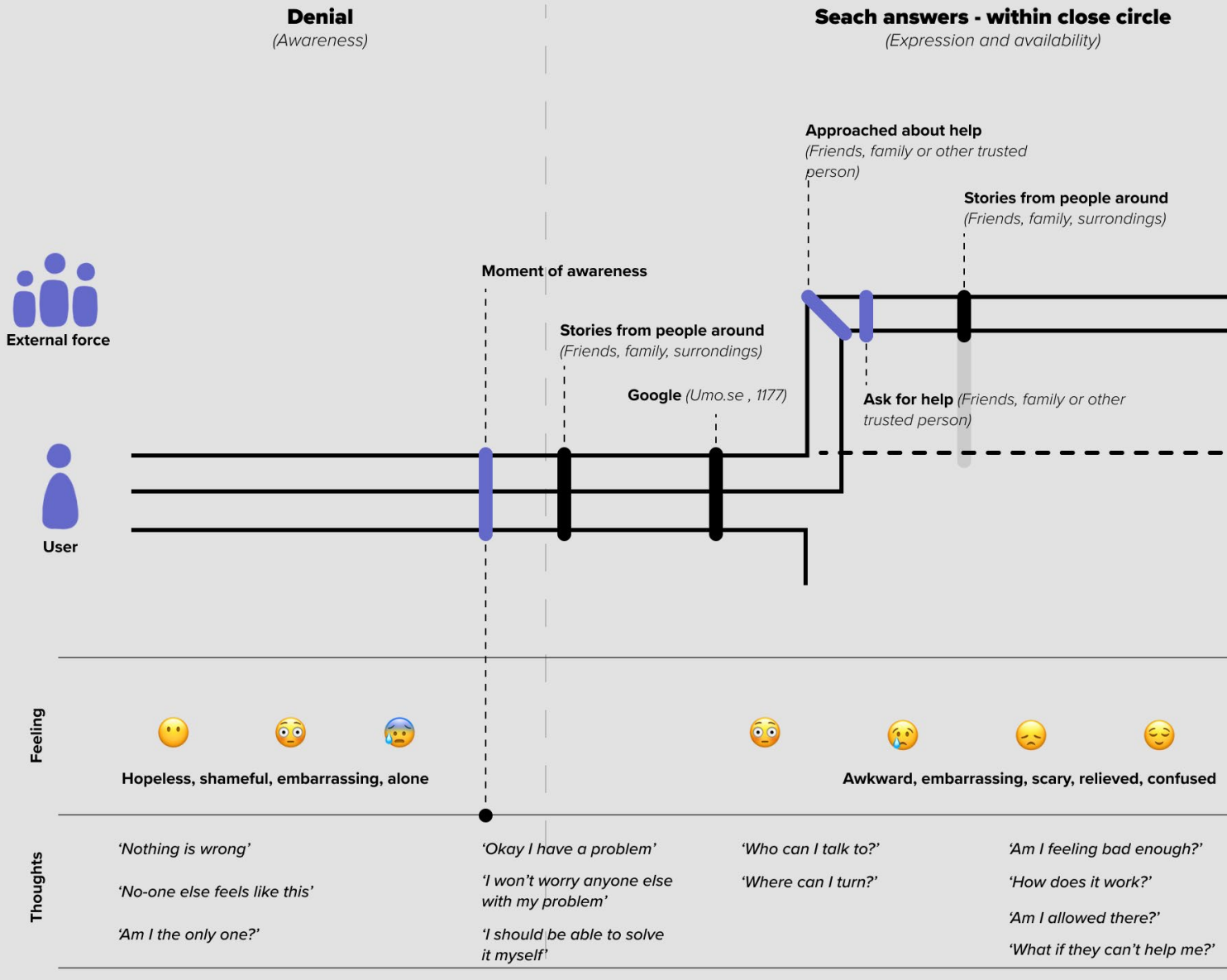
**Seek help from an informal support system:** After accepting that there is a problem to yourself you are often verbalizing it to others to get help. Expression as (Rickwood, Deane, Wilson, & Ciarrochi, 2005) phrased it. This means that either the youth are asking its informal support system about the problem or the informal support system is approaching the youth to give support. This might be awkward or embarrassing for the youth and it can take some time before they have gathered the courage to talk about it. After the topic has been opened up within the social influences they often nudge or push the youth to get professional help if they think that is needed.

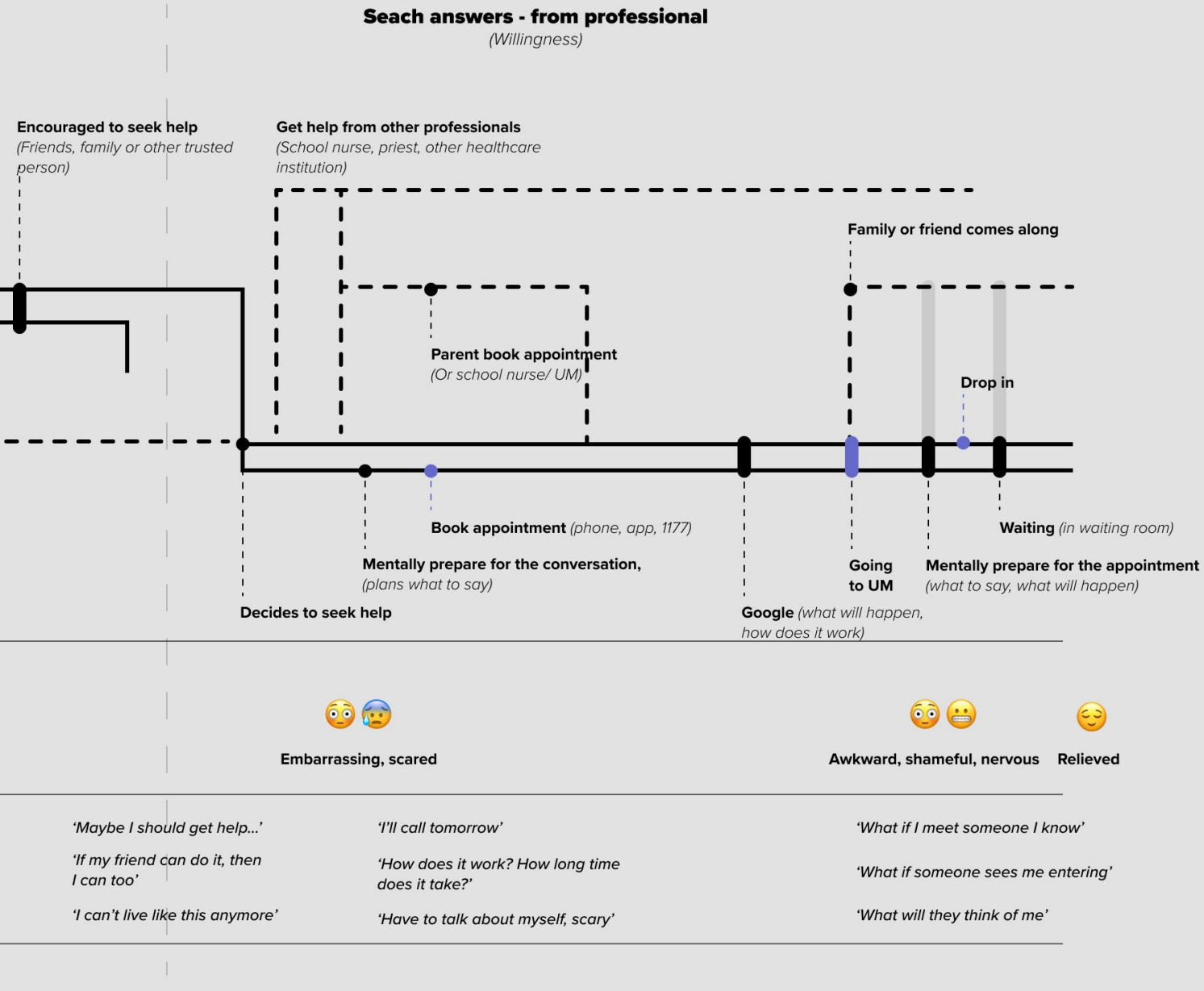
**Seek help from professionals:** But the road to get professional help can still be long, even though the youth have accepted it.

**"Its was embarrassing enough to talk with my mum about it. And then also having to explain my menstruation problems on the phone to an unknown person was really scary"**

Having to verbalize the problem that might be of an embarrassing or vulnerable nature over the phone has been shown that it is a barrier for many. But also the fear of being seen in close surroundings of the youth center and the thought of having to open up to someone and not knowing what to expect going there showed to be barriers that are hindering youth from help-seeking.

# User journey




Seach answers - from professional
(Willingness)
Encouraged to seek help
(Friends, family or other trusted person)
Get help from other professionals
(School nurse, priest, other healthcare institution)
Family or friend comes along
Parent book appointment
(Or school nurse/ UM)
Drop in
Book appointment (phone, app, 1177)
Waiting (in waiting room)
Mentally prepare for the conversation,
(plans what to say)
Going to UM
Mentally prepare for the appointment
(what to say, what will happen)
Decides to seek help
Google (what will happen, how does it work)
Embarrassing, scared
Awkward, shameful, nervous
Relieved
'Maybe I should get help...'
'If my friend can do it, then I can too'
'I can't live like this anymore'
'I'll call tomorrow'
'How does it work? How long time does it take?'
'Have to talk about myself, scary'
'What if I meet someone I know'
'What if someone sees me entering'
'What will they think of me'

# Insights

## Barriers and drivers

Within the insights, I identified both barriers and drivers for help-seeking. Which was worth keeping in mind later on in the project for the ideation phase. The barriers are things that are hindering the youth from seeking help, it can be things like fear of being judged or not being allowed to go there. The drivers for seeking help are things that are making it easier for the youth to seek help, such as getting asked instead of having to tell, social influences pushing, or having some sort of relationship to the person or health center. (see the full list in the appendix).

## Information

As found in the secondary research the YHC is often viewed as a place where youth goes to get birth control and to check for sexually transmitted diseases. Within my user interviews, I found that this is also true for the youth I talked to. A few described that first, they thought the YHC was only for getting birth control but when they got older they learned that they can also help with mental health. Some of the interviewees were also unsure and insecure about what the YCH do and when they are allowed to go there.

**"Am I allowed there, why would I go there, when can I go there, am I feeling bad enough?"** *- young woman.*

Many described that the first time they decided to approach YHC they were scared because they didn't know what to expect. They didn't know how long it would take or what would be expected of them. This is something that was expressed by both personal and youth.

**"The health center told me that the first meeting is only an information meeting. It felt good to know what to expect and that I didn't have to decide anything."** *- young woman*

Many of them practiced what to say before making the call or got to the appointment. Some would also listen to the phone voice of the booking system multiple times before selecting the right choice, to prepare themselves.

## Stigma and culture

In addition to what's already mentioned about stigmas, it was also found that for the youth it might be hard to admit that something is troubling you in the first place. The youth might feel embarrassed about what is bothering them or alone in the feeling. They might feel ashamed over the feeling itself or not even realizing that they have a problem or that what they are feeling are symptoms of something bigger. In many of the interviews, I got to hear stories about not wanting to admit it because "you are supposed to be able to handle it" - young woman or

**"I used to look down on depression. So when I started to feel bad I denied it and wouldn't give in to it"…" that talking about it also meant that you admit it to yourself."** *- young man*

It is also important to acknowledge that there are many reasons why it can be stigmatized, it can come from society itself, but it can also depend on culture, religion or community or other social groups that comes with certain expectations, such as not to talking out loud about mental health issues or the expectations that sex belongs within the marriage.

**"It's also culture, you don't talk about this stuff with your parents, or why you don't want anyone to know that you were there….I always look around when I go in there to see if there's anyone I know"** *- young man.*

It seems that the context, apart from the youth personality, of which the youth are living within are to a large extent set the boundaries for what is okay to talk about and discuss and what is not.

## Expressing stigmatised topics

It can be hard to express concerns about a problem. The result from the workshops and surveys showed that it is more common that you maybe talk about these things in private and with close friends. Yet, what might be easy to talk about among friends is something that you still never would get support with because the norm says you should be able to handle it "I would never go to the youth health center to get help for stress. It's something you just don't do. You should be able to solve it yourself". There is a high fear of being judged by others by going outside the norm of how you should behave or what you should be able to handle. This can be manifested by the fear of being seen at the YHC so that rumors are spread or not wanting to get help because others might see you as weak.

**"Young girls might be called slut"** - *young man*

Because of the difficulty of expressing something that is perceived as difficult, the youth health center works with asking these questions in the personal meetings. This is asked through questionnaires or conversation and is helping to open up for the topic and "okay" it. Because of the topic is "okayed" and brought up by someone else it is easier to talk about it. It's easier to answer a question than it is to raise the topic themselves.

**"If I start to talk about it (genital mutilation), i will get that response from this person as well "..." "As soon as I have 'okayed' it has turned out good."** *- midwife*

## Relationship and trust

One of the biggest insights I got from the interviews both expert and user, was the importance of trust. If there already is a previous relationship established it is easier to reach out to that person or health center. According to a school nurse in Gothenburg, it's fairly easy for the youth in her school to come to her about problems.

**"... because they've seen me around. You turn to the one that knows your name."** *- school nurse*

This also goes for other adults in youths' lives, such as relatives, youth workers, or coaches, that the youth trust enough to turn to when in need.

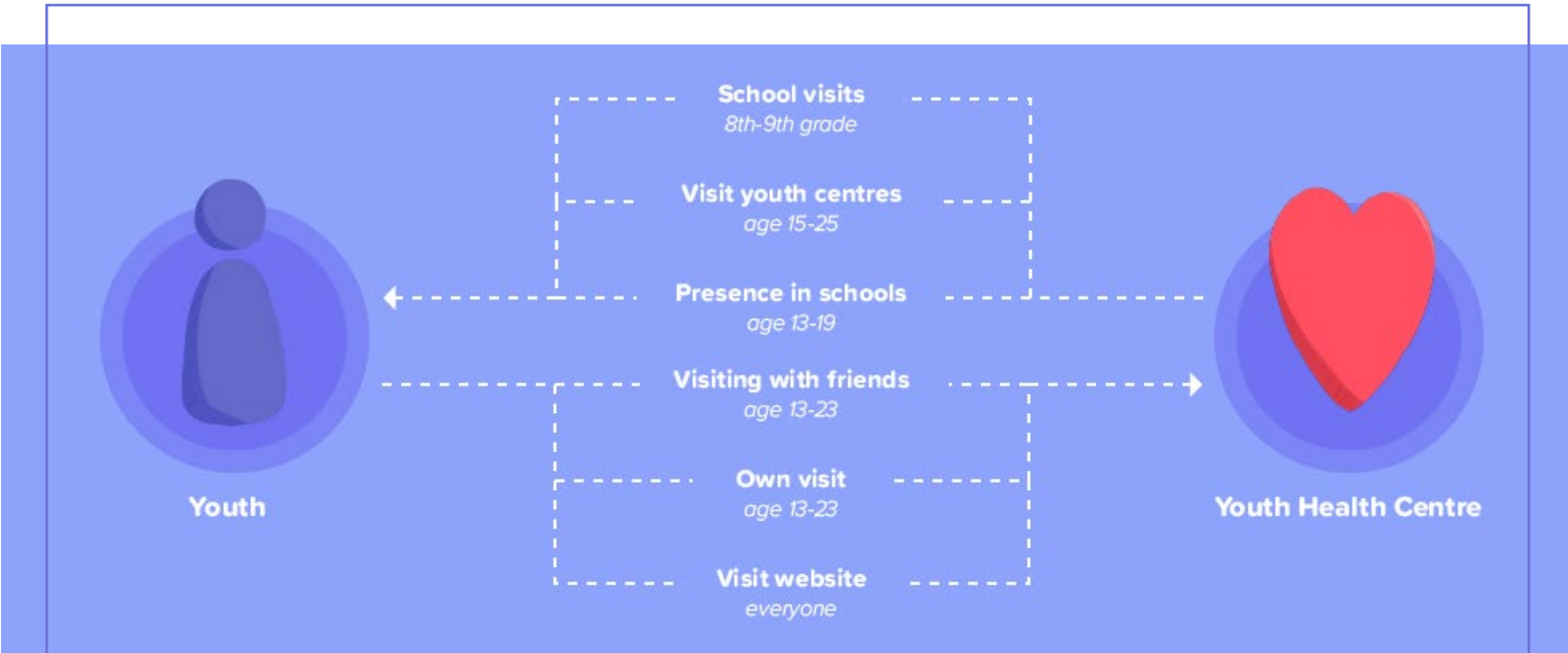
Today the YHC is building relationships with the youth in a few various ways, main activities are by inviting school classes to the YHC and to have lectures in youth centers as well as having some presence (lectures, theme weeks, hanging out) at schools depending on budget and costs. The activities and the extent of them differ depending on region and youth health center. Most of the activities are group-based and the personal relationship is starting first when the youths are making contact themselves.

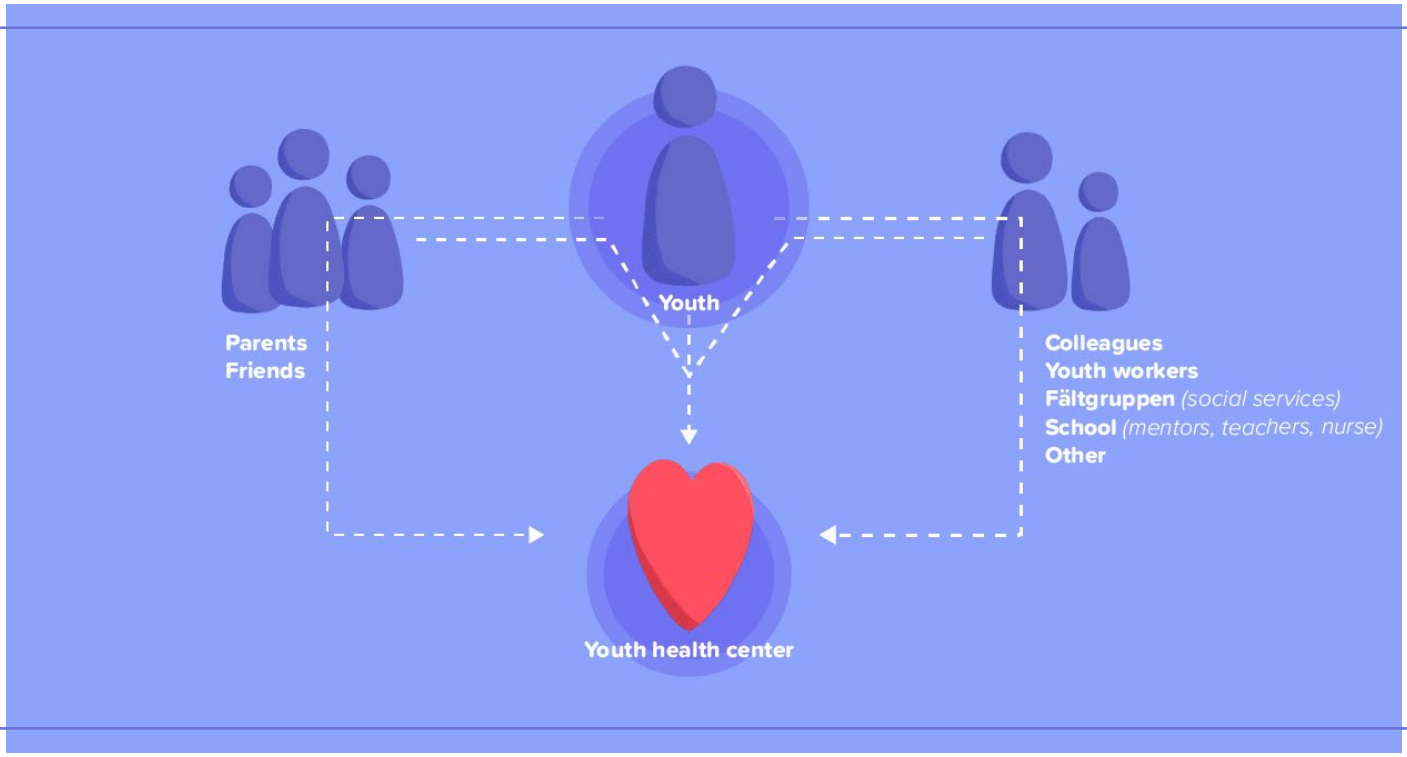
A midwife at the youth health center told me that

**"If one is to talk about something, perceived as intimate and integrity-intensive, then one must have some form of relationship that is believable.".**

*- midwife*

The youth need to be able to trust the YHC and the personnel working there. Trust becomes important when you have to talk about things with a sensitive nature. In the user interviews, the interviewees shared stories about not trusting the YHC because they wouldn't understand since they haven't been through the same thing. With the same reasoning, they would rather confide in a friend or relative that has been through the same thing. So trust becomes both a barrier and a driver when it comes to talking about sensitive things.






## Social Influences

The importance of guidance from social influences became clear throughout the research phase. This guidance can come from gatekeepers and the informal support system either by the youth expressing the need for advice or that the gatekeeper notices that they are troubled even though the youth are not ready to admit it. As already mentioned this help is often searched for within friends, family, and other grown-ups in the informal support system. One of the youth explained how he got help from a youth worker when he didn't know where to turn.

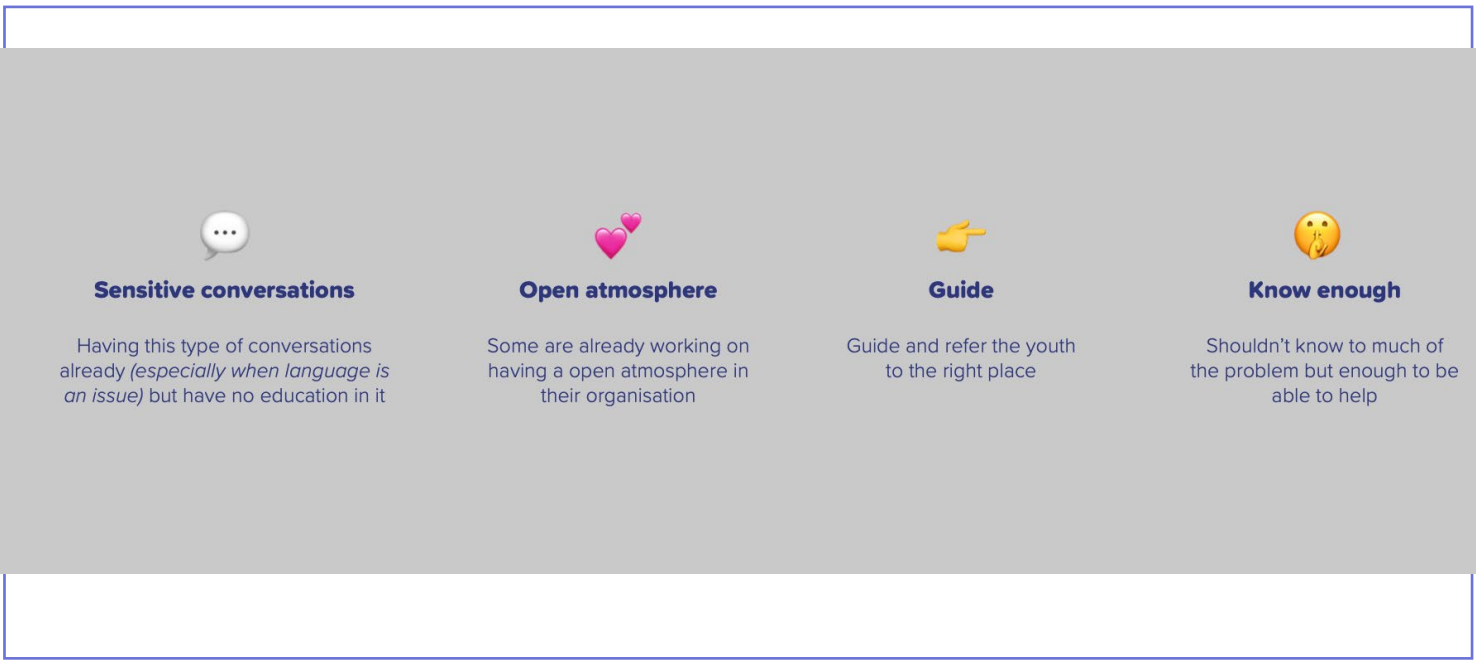
**"I had thoughts about drugs, and my friends couldn't help, so I talked to, persons name, at Fältarna (youth workers at the social services) and she told me to talk to, persons name, at the youth health center and helped me book a time with him."** *- young man*

This is also identified by (Björk, Rangmar, Fornazar, & Malmborg Heiling, 2019) and (Rickwood, Deane, Wilson, & Ciarrochi, 2005) both on similar notes saying that the youth health center could strengthen their relationship to the youth through actors that the youth already trust and that they could act as a bridge between the youth and the youth health center.

"The youth health center could work to strengthen their relationships with young people by actively collaborating with actors who previously know the youth and who have an established and trusting relationship. Examples that were provided were that, field secretaries, youth workers, or school staff could act as a bridge or link between youth centers and their target groups. " (Björk, Rangmar, Fornazar, & Malmborg Heiling, 2019)

Having these social influences in the youths' life helps them find the courage for help-seeking at the YHC and to get the feeling that it is okay to go there. I also found that talking to people in the same situation or that have been in a similar situation, also helps with easing the feeling of loneliness. To learn that it all went well for them and to have a role model to look up to. One that can help them feel as if it will be okay and that it's possible to get through whatever it is that is bothering them.

**"If my friend can do it then I can also dare to talk to the counsellor."** *- young woman*




## Social influences' perspective

With the realization of the importance of the social influences in the life of the youth, additional research was made to understand the situation from their perspective. I talked with sports coaches and youth workers and learned that having these types of conversations with their youths' is something they already do and that they see as part of their role. This can happen after practice or when just hanging out at a youth center. But this help should only be guiding the youth to the right place not treating the youth.

**"Our role is to guide and refer the youth to the place they can get help. Not to provide the treating."** *- youth worker*

Part of this also means that they shouldn't know too much of what they talk with the YHC about. They should only know enough so that they can help guide. But even though this is part of their everyday life they, for the most part, don't have any education in this and need more knowledge on how to handle situations that might come up.

Many are also already working with building a safe and open atmosphere in their organizations. This can happen by showing that they are open to this type of subject or conversation. If they are a leader team it often happens that different trainers or leaders take on different roles so that the youth can choose to whom they speak with about what.

**"...It's important that I can help even though I don't know everything. ... its a risk to open up to someone that you see everyday, same risk as open up to parents."** *- sports coach*

# Design principles

Five design principles were established  to use as a guiding base before going into the ideation phase. These were developed and evolved throughout the research phase based on insights and together with the users.

**Preparation is key:**
To lower the bar of contact it is important to be prepared on what might come and how a meeting works, in detail.

**Personified connection:**
The solution must allow personal connection between help-seeker and help-giver. Bring forward the people working at the YHC.

**Build relationship early:**
The relationship between the youth and the youth health centre needs to be established and built before the help-seeking process starts.

**In the youth arena:**
Help needs to be very easy to access. Put the help-seeking in the pathways of the youth. “Young people will not go out of their way to seek professional help themselves.” Helping possibilities needs to be given to them. By asking a question or inviting to a conversation.

**Meet at the right level:**
Everyone is different - this means that not everyone is comfortable with the same conversation or the same modality of contact. The youth must then be in charge of the conversation and at what level it should be held.

# Opportunity areas

**Natural way in:**

*How might we initiate a relationship and build trust between YHC and youth before there is a need?* People are going to the place they trust. To make people feel comfortable you need to build a trustworthy relationship where they believe that they will get help.

**Matchmaking for discussion:**

*How might we facilitate the discussion between youth, external forces, and community to build confidence?* To start and drive a discussion on your own is difficult but if the discussion of stigmatized topics would be raised in the community, to “okay” them, it’s easier to then talk about them by yourself.

**Invite to conversation:**

*How might we open up/invite for a conversation with the youth health center when the need occurs?* It is harder to ask for help than it is to get asked if you need help. If the YHC invites to a conversation on different topics then it is easier for the youth to open up.

**Hold hands all the way:**

*How might we communicate the role of the youth health center, their expertise and guide the youth to lower insecurity?* Not knowing what to expect and what is expected of you when asking for help is scary and creates insecurity in help-seeking. Knowing and being in control of each step of the process can make youth start the help-seeking process earlier.

# Target group

Since the social influences were such an important part of the help-seeking journey I looked into who I potentially could involve in the project. In this case, I decided to go for the group of the informal support system that included; youth workers, sports coaches, school mentors, and social activity leaders. This is because this is a group that has already chosen to work with youth, and it is possible to reach this group in a more professional setting compared to friends and parents.

Looking at the youth audience and to whom to target this project I decided to target it towards first-time visitors in the 'middle adolescence' stage (15-18 years old). The reason for this age group is that at age 13-15 is the age where the youth health centers are first initiating the conversation with youth. In the lower ages the youth often still have a closer relationship with their parents, which is there for them to guide. In the higher ages 'late adolescence' and up to 23 the youth are less likely to be a first time visitor, and have other means to contact health care. They have become physically mature and are usually comfortable with their own body image. And since they already have been building the relationship to the youth health centre, they already today have an easier way to seek help.

Within the age of 15-18, the adolescent starts to become more independent from their parents but still many physical, psychological, and social changes are happening that can lead to questions and insecurities. For this reason, I see this target group having a big need for a for a more comfortable way of visiting the youth health center.

# 5.0 Synthesis

# Ideation

## Co-creation and ideation workshops

Based on the insights and opportunity areas I developed a few “how might we” questions to use as a base for the beginning of the ideation. Initially, I created as many “how might we” questions as I could think of to then narrow them down and combine them to make them as clear and actionable as possible for further ideation.

**- How might we make the relationship with the youth health center a natural part of the youths’ life?**

**- How might we empower the youth to easier express their concerns and problems to the youth health center?**

**- How might we guide the youth through the help-seeking process?**

**- How might we initiate the relationship in the youths’ arena and in their pathway?**

**- How might we build confidence in youth by connecting them to others in similar situations?**

**- How might we empower social influences to support the youth?**

Two ideation sessions and two workshops were conducted, one with designers as a co-creation workshop and one with stakeholders with the aim of validation and co-creation. The ideation sessions used two methods, crazy 8 and brainstorming with the “how might we” questions as a base for both. This aimed to get a variety of ideas in different directions.

In the first workshop, the participants first had to pick two cards that they associated with their own health care experience, from a selection of images and words, to then share their stories. Then they were divided into groups and got presented with one “how might we” question per group to ideate on in a crazy 8 exercise, an ideation exercise where the participants need to come up with 8 ideas in 8 minutes, the purpose is to get many ideas even the crazy ones. For this exercise, they were also presented with a scenario and a persona to use as a starting point and inspiration. From all the ideas they then had to choose one to develop further to act out. All was then shared and documented with one-shot videos. A method to document and communicate what has been done.

The second workshop had a similar take and apart from a co-creation section, also included a section of validation and discussion around the research material presented to them. They had to dot-vote on what they thought were the 5 things that were most important and motivate why they thought like this.


## Clustering concept themes and directions

Through analysis and clustering of the ideas that came out from the co-creation and ideation, themes started to appear. There were three major themes of understanding, pushing, and bringing into action. Within these, there were multiple concept themes that emerged. (see appendix for the whole overview)

**Personified communication:** I realized that one of the concept themes “Personified communication” was so important that it needed to be part of the final design proposal but wasn’t fully a concept by itself. The theme was touching upon the importance of building a personal relationship with the youth and to do this in an early stage already in the communication of their services. It included ideas such as having video presentations of the personnel as an advertisement in schools and having the first contact as a person, not a place. In other words, show who the youth can expect to be in touch with as a way to build trust before the youth visit the YHC. This was added to the design principle presented above and lay the foundation of the concepts that were developed. It was also important that the concepts were aiming to reach out to the youth arena and lower the threshold of seeking help. This was kept and added as criteria when evaluating the concepts.


## Satellite YHC

The Satellite youth health center is aiming to bring the youth health center to the arena of the youth. To have a bigger presence and being able to help in the schools and perhaps other areas too, to be able to lower the bar of contact.


## Educational kit

The educational kit is meant to inform and prepare the youth for what the youth health center is and what they can help with other means than what they are currently doing, bringing in other youth's voices as well.


## Ambassadorship

This concept builds upon bringing in the social influences that already have an established relationship with the youth and to create an ambassadorship for them to help guide the youth and act as a bridge between the youth health center and the youth.


## Transition into action

This direction is going into the digital arena of the lives of the youths, by using social media and platforms that the youth are using to guide them to a digital form of help-seeking.

# Evaluation and feedback

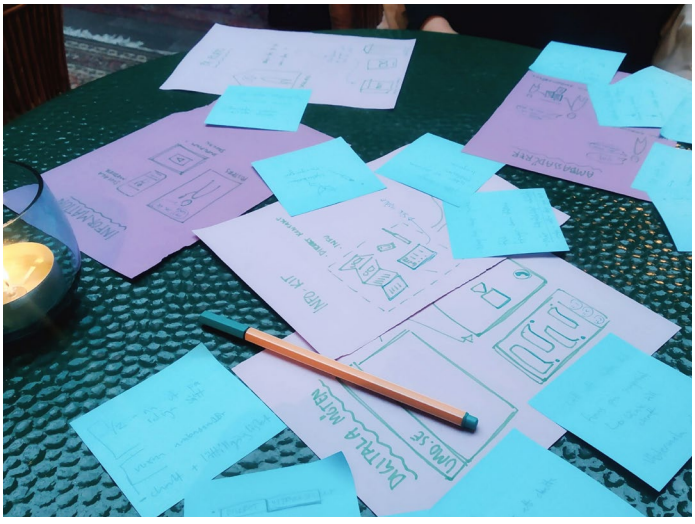
The concepts were shown to users and evaluated based on design principles and criteria and connected back to insights found in the research.

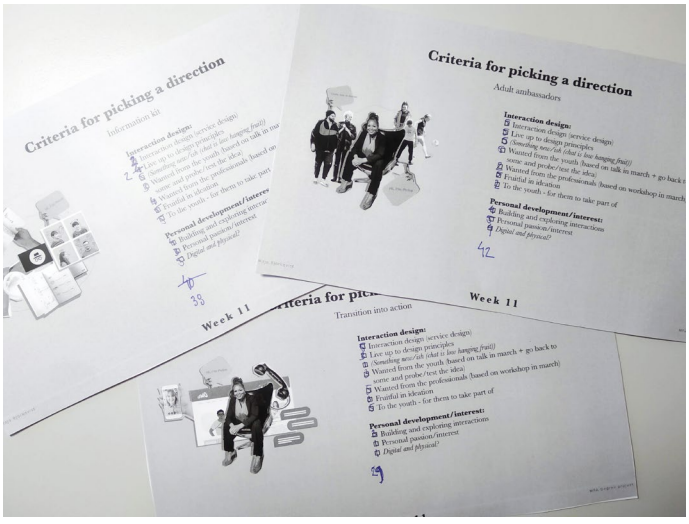
**Users' feedback:** When presenting the different concepts to the users, the concept of ambassadorship seemed to be the one that they were most excited about overall. But also the transition to action included parts that were requested from both users and the personnel at the youth health centre. The ability to communicate through chat and using social media, ex Snapchat, as an entry point were wished for. Although it was also expressed that having meetings with the youth health centre within social media platforms could be a privacy risk and not something to strive for, it should be used as an easy way to find the information instead.

What was expressed about the satellite youth health centre was concerns about what happens when the youth health centre is not there, and what's the difference to a school nurse that also can help with these issues? Also here there was a concern about the safety of the system in the case that it would be a digital solution located in e.g schools.

**Reflection on concept direction:**
After the user feedback, I decided to combine some of them to create a holistic solution. The ambassadorship and the transition to action. Looking at the reach of the youth health center today, they are already working with having a lot of presence in schools, giving lectures, being part of theme-days, and "hanging out" in the corridors. With this in consideration, that too spoke towards the concept of ambassadorship. To try and reach youth differently compared to what they are doing today. Considering the insights of relationship and trust, and social influences as well as previous work from (Björk, Rangmar, Fornazar, & Malmborg Heiling, 2019) and (Rickwood, Deane, Wilson, & Ciarrochi, 2005) this seemed like a good way to go.

Since my main user and for whom I'm doing this project is the youth, I see this ambassadorship as a beginning to something that can grow and become a collaboration with not only the youth health centers but other youth-oriented actors as well such as NGO:s, social services, BUP (children and adolescent psychiatry). The idea was that with an ambassadorship the YHC can reach youth that they might have reached before or that weren't ready to absorb the information at that time. It isn't restricted by resources (apart from the development of the program) or the physical location of the youth health center that otherwise potentially could be an issue.





# Concept development

## Concept building through probing

**Shaping the service system:** HCD processes are built upon involving people in the design process. In this project, this was made through a series of probes to build and refine the concept together with the users. This phase was almost exclusively executed through probing online so the challenge lay in how to make these probes accessible. I worked with graphics, diagrams and simple story-boards to communicate and build the structure and body of the concept. Having a common material "on the table" helped to have something to talk about and discuss around and to find a solution that would fit into the lives of the users. For example, I learned where and how this platform should live and who of the stakeholders should be part of it.

**"If too many stakeholders are part of the same platform it can be a bit intimidating to get on there. It should be a separate platform for the ambassador and YHC and the youth and the youth health center"** *- sports coach*

**"It shouldn't mess to much with the relationship we have today.... It's important that I can help even though I don't know everything."** *- sports coach*

By presenting the stakeholders with storyboards of potential scenarios I found that training should be a joint experience and not through a platform because the discussion is an important part of learning, but there is a need to be able to revisit the learning material when needed.

**Personified contact:** As I had found that "personified communication" was an important aspect I explored what this means by small experiments. I created probes that aimed to understand what a personified contact is and how it needs to happen to feel trustworthy. This was made by presentations of people in different executions, testing tone of voice, modality, and first impressions. I also created probes that aimed to try out how it feels to share personal information with robots vs humans and how much the concept of "give and take" matters for sharing sensitive information with healthcare and ambassadors.

# Validation and feedback

Multiple testing sessions of the concepts were conducted, in different stages of the concept development and together with youth, ambassadors, and personnel at the youth health centers. Each session started with describing the concept overall and the different parts. Then each part was described in more detail and showed through online tools (since all testing was conducted online). Elements such as ambassador certification and material for the ambassador to guide the youth was shared as well as early mock-ups of the application and different entry points that could be taken.

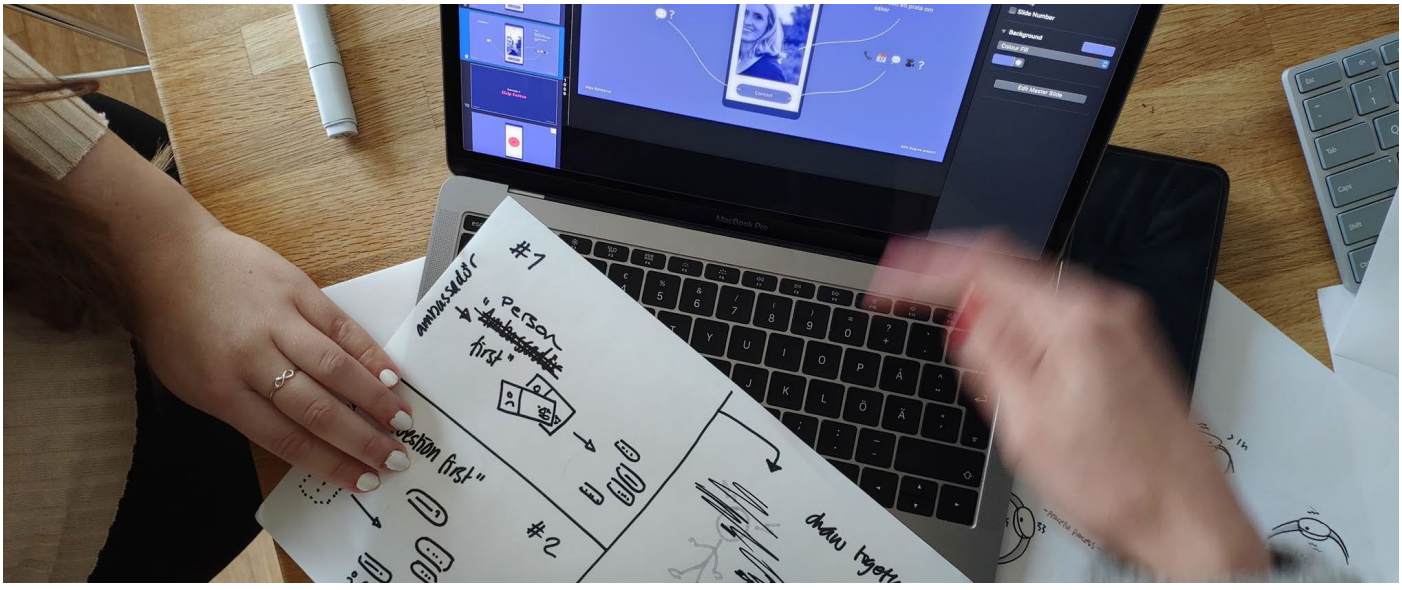
**Account multiple youth personalities:** Not everyone is comfortable talking to their coach or youth worker and the solution needs to account for that but still make the information available for the youth that are not comfortable with this. Therefore it needs to be two parts of the ambassadorship, one knowledge spreading (passive) and one that is having a personal conversation with the youth (active).

**Make visible:** "Teenagers are lazy and expect to get everything served for them" - young woman. To create something that is present and visible for the remembrance of the service proved to be important. Therefore, the contact cards were much appreciated by the users.

**"If I can see it laying on the desk at home, then the chances are bigger that I try it."** *- young woman*

**Match or explore personnel:** What is less intimidating, being matched with personnel based on a few questions being answered, or exploring all personnel without inputting personal information at first? "Question first" or "Person first"? I tested this and found that it depends on how you enter the platform. If the youth has been recommended to a person they don't need to go through questions to know that they have the right person but if they haven't been recommended to anyone they want to be sure that they are talking to the right person.

**"I want to know this is the right person for me and the issues I want help with"-** *young woman*



# Additional design principles

When developing the concept and finding out more of what is important for this specific design concept I developed a few extra design principles regarding the ambassadorship to guide the concept development even further.

**Guide not help:**
The ambassadors should guide the youth to the help, not having the helping conversations themselves.

**Keep the relationship natural:**
The relationship between the ambassador and the youth should not be messed too much with and should be kept the natural informal way it is today. The solution should therefore not force the conversation.

**Know just enough:**
The ambassadors should just know as much as they need to be able to guide the youth. Not more. The solution should therefore not decide how the conversation should be.

# Refinement

## Branding

Within this project, I found that visual language played an important part. During the development of the project the sentence “It needs to look good/appealing or cool” had come up multiple times. I created moodboards and visual styles that would communicate this project based on different themes, medical, minimal, and bold. I tested this by sending it out to the users for feedback.

Since this platform will have an ultimate aim to talk to the youth audience the graphical style should be more aimed towards their taste and specifications than the ambassadors but still have to give a trustworthy impression. I learned that it should feel inviting, accessible. But also that the language used should be more conversational and easy going.

Looking at the already existing brand philosophy that Umo has today, shows that it should be inclusive, trustworthy, and enjoyable (UMO.se, n.d.) (Nordh Rubulis & Ulaj, 2015). This is what the brand UMO.se is working towards in their communication.

The final solution aimed to be a combination of the bold and the medical styles. The graphics and design also needed to bring forward the people and personnel and to push this as a major part of the design.

Including the name of the youth health centre, Ungdomsmottagningen, in the service seemed important since this is the strongest and most known attribute of their brand.

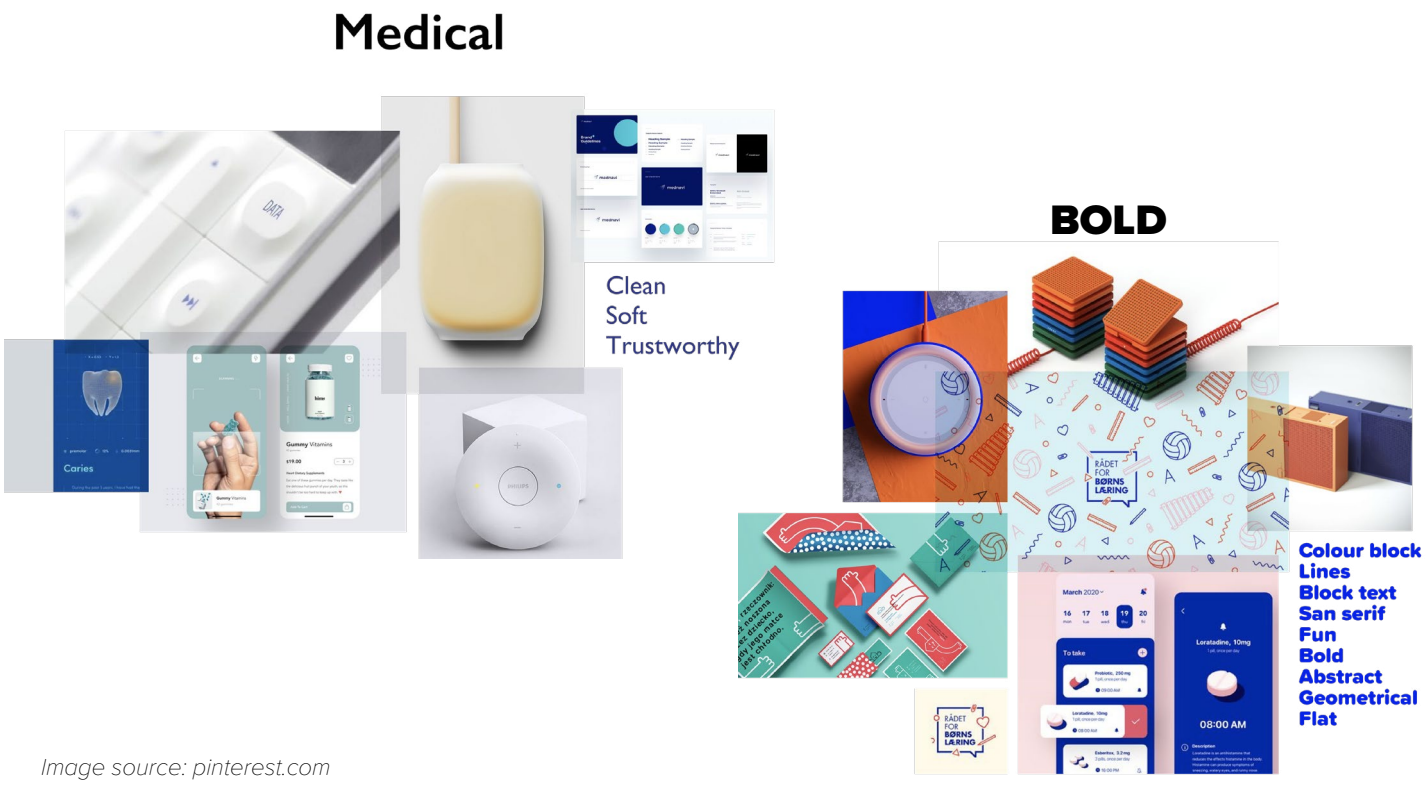
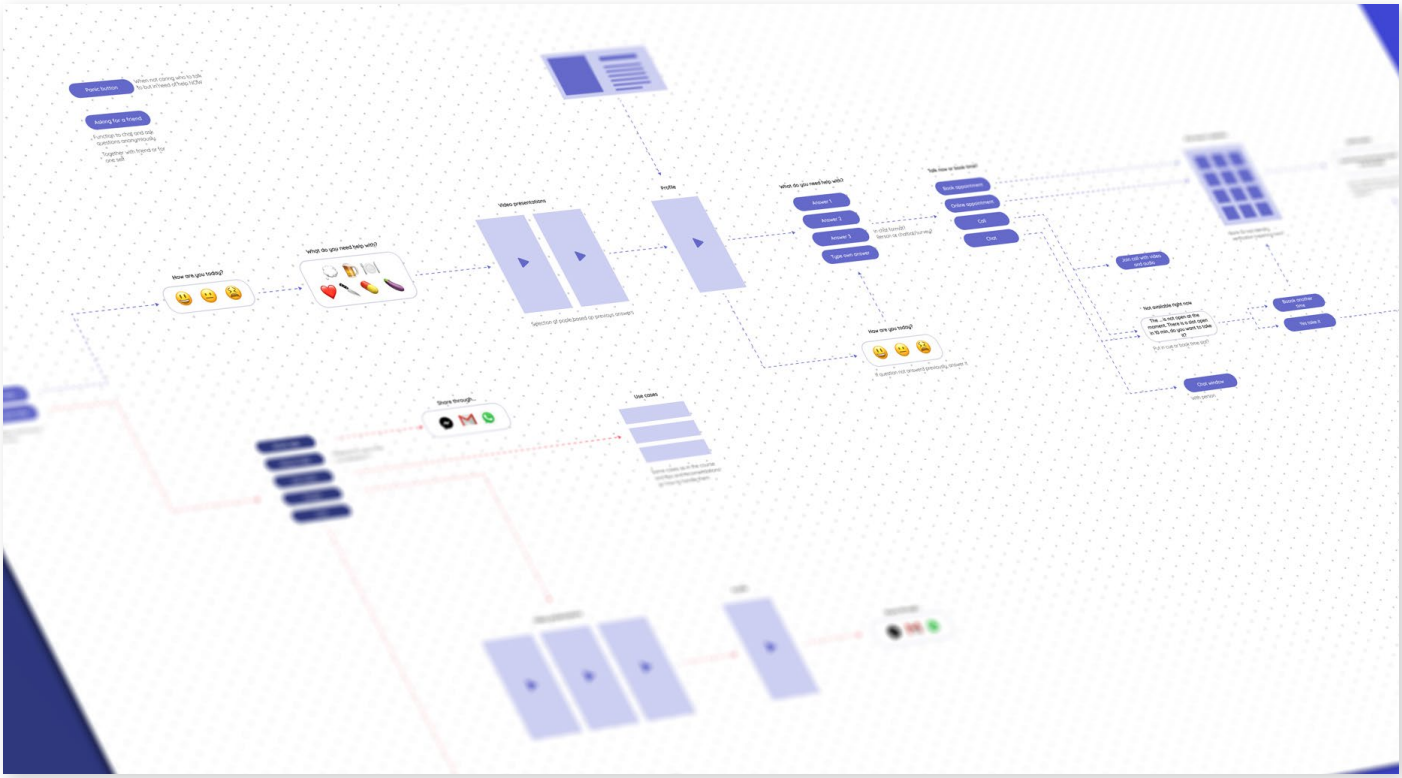



*Image source: pinterest.com*

# Lo-fi testing

I created a low fidelity prototype of the platform that was tested with the different stakeholders. The aim was to see if the flow and interactions made sense and were logical. I tested both the part of the platform that was meant for the ambassadors and the part meant for the youth. The youth part was a bit more complex as it included more steps, personified connections match to the user, booking of appointments, and identification. Based on the feedback I got I adjusted the tone of voice “it should be more personal and conversational” as well as some parts of the flow that were too complex with unnecessary extra steps, “I don’t understand why I have to choose in what way I want to talk to her again, I already did that”
Also, the story was tested and adjusted to make sure that it was correct and in line with reality. “The strength of this concept is that it works on multiple levels to reach different teenagers (passive and active ambassadorship), you should show that in the story.” - sports coach



# 6.0 Final design proposal

# Concept

## Concept overview

The final design solution “UM-Snacka” is an ambassadorship program for youth leaders to guide and support help-seeking youths and empower them to visit a youth health center. It’s a concept that suggests a way of bringing the youth health center closer to the youth arena that is informal and convenient for the youth. There are three parts to the concept, the training, the ambassadorship, and the youth platform. All described in this chapter.

## How it works - three parts

### 1.

The potential ambassador gets an inquiry from her organization about taking part in an ambassadorship program run by the youth health center. Accepting the question she takes part in two training workshops and home assignments, organized by her organization with training material from the youth health center. In these workshops, she also gets familiar with the personnel working at the local youth health center, what they can help with, and their expertise

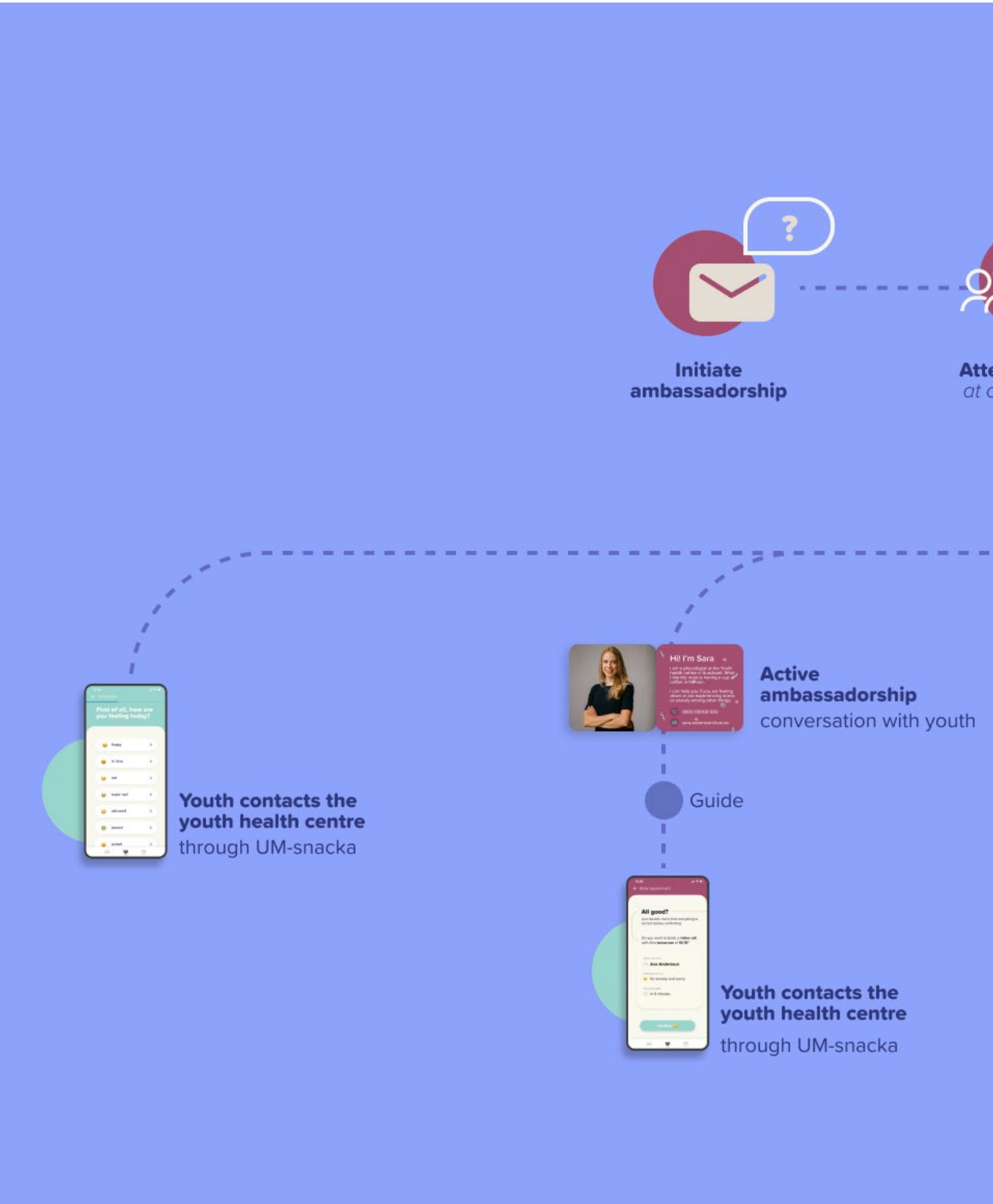
### 2.

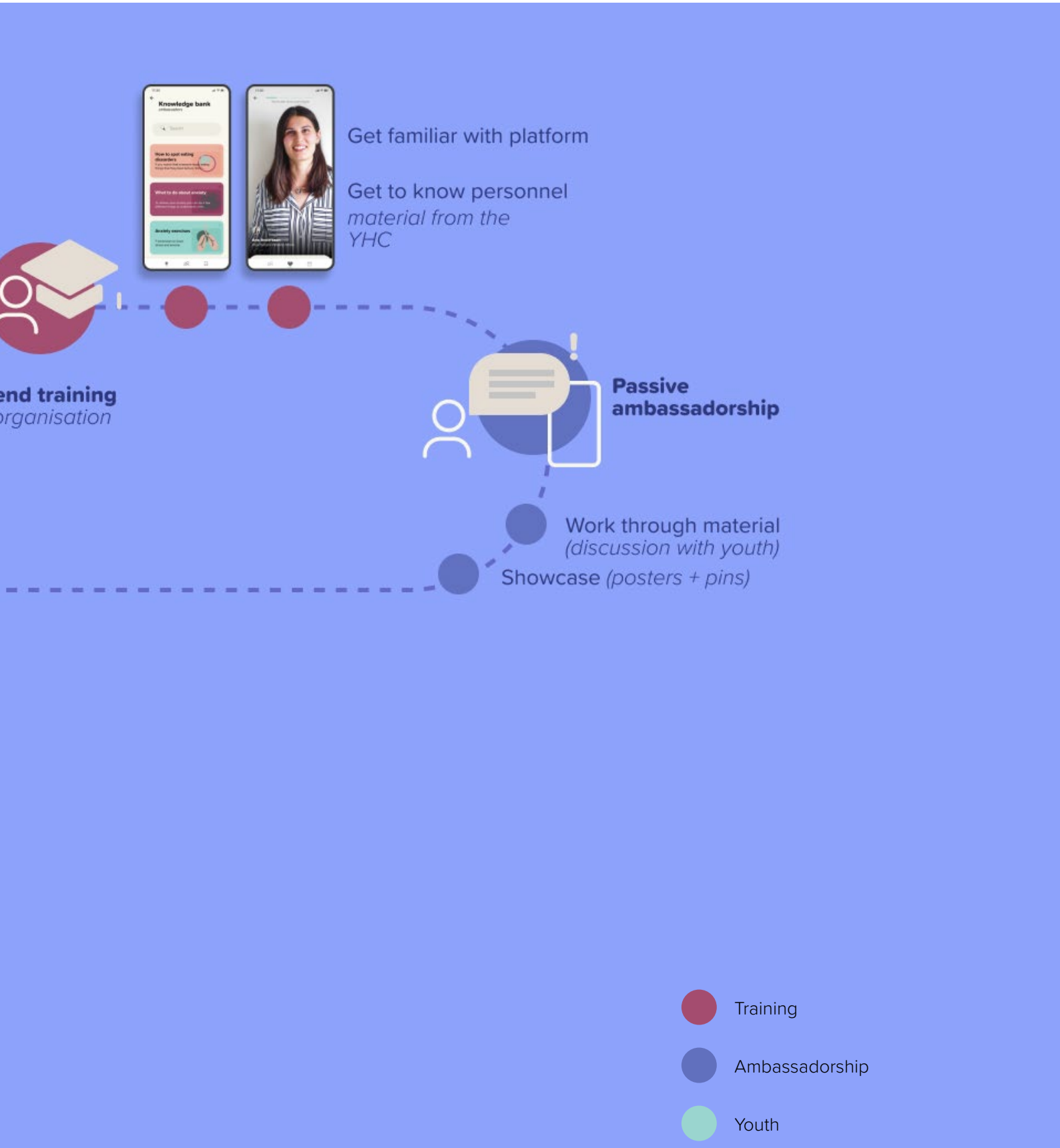
She is now an ambassador. This means she now knows more about what services the youth health center provides and how she can help her youths. As an ambassador, she also has access to a platform that helps her in situations when she might be unsure about how to act by providing actionable information and use cases. The ambassadorship can mean two things to account for different types of youth that need different guidance. One is to spread the knowledge and awareness of the youth health center and provide the ability for convenient contact by bringing up the topics, working through it and recommend the platform. The other is to have one on one conversations with youth when in need and to guide and suggest to whom they could talk to with the help of the link cards.

### 3.

With the cards the can then either together with the ambassador or in private scan the card and directly get referred to a video presentation of that person. Here the youth can also instantly book an appointment with that person or explore other personnel as well. The youth can also “match” with personnel to find out who can help him or her with this specific issue.

# Service overview




Knowledge bank
Get familiar with platform
Get to know personnel
material from the
YHC
end training
organisation
Passive
ambassadorship
Work through material
(discussion with youth)
Showcase (posters + pins)
Training
Ambassadorship
Youth

# User journey

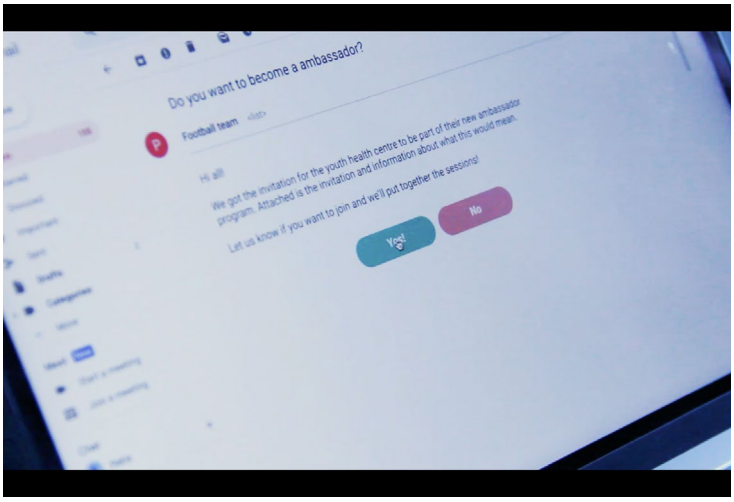
## in video format

This is Alex...

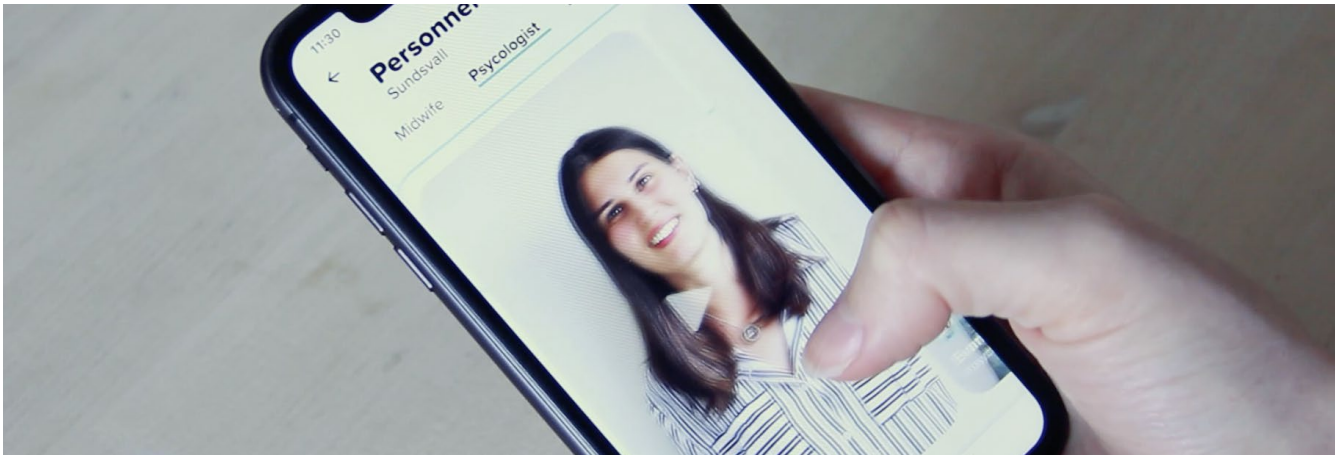
... and this is Petra, Petra is Alex´ football coach, and she meets him several times a week at practices and games.

Lately, Alex has been dealing with anxiety attacks and has trouble sleeping. But he hasn't felt like bothering anyone with his issues, he figures that everyone feels like this, and he should be able to handle it. He's tired and doesn't feel like he can concentrate in school, some days it's so bad he can't even manage to go to the practise. He wouldn't even know where to turn if he would decide to ask for help.

Petra has noticed that something's wrong, she wants to help but doesn't know how to, or even if she should. Sometimes Oscar just doesn't show up, without explanation. It breaks her heart to seeing him this troubled.




Then one day she gets the question from the sports club if she wants to take part in the youth health center's new ambassador program. Excited, she says yes!



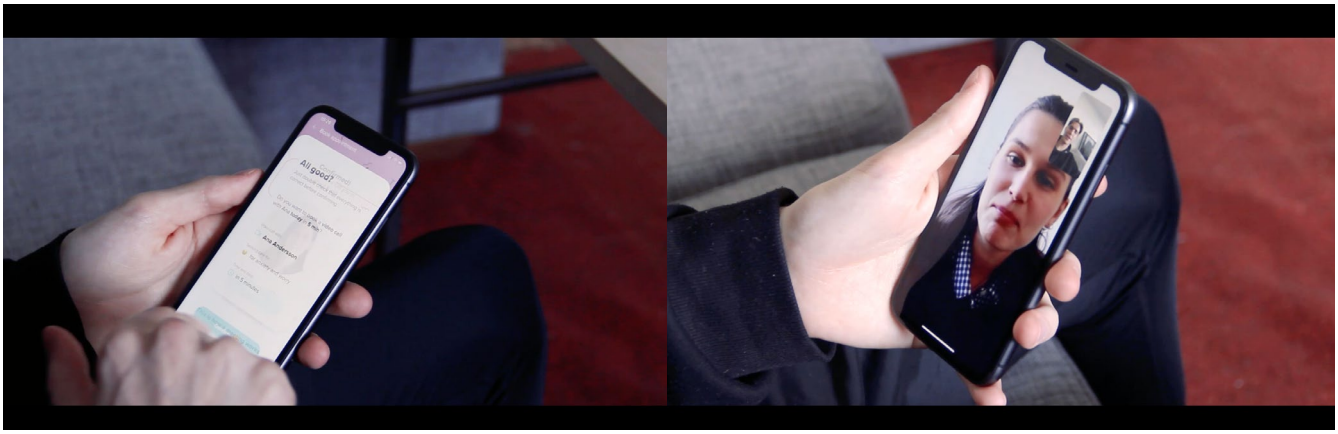

She joins two training sessions where she also gets introduced to the new platform. There she can find information about how to help her team and also get to know the personnel at the local youth health center.


Coming back Petra and her trainer colleagues spreads the word about this new platform and that they can help get in touch with the youth health centre.


Remembering what she learned about anxiety symptoms, she asks Alex again if he would like to talk about his issues. He's a bit hesitant at first, but then she explains that she learned about the youth health centers and knows of the people working there and how they can help him.

They talk for a bit and then Petra advice him to contact Ana that works at the Youth health centre. She's is very good at these types of issues. Petra shows him how he can scan the card to get more information about Ana.


When coming home that evening he finds the card in his pocket and decides to check it out again. Looking at the video, he thinks that she doesn't seem that scary or judgmental so he decides to contact her.

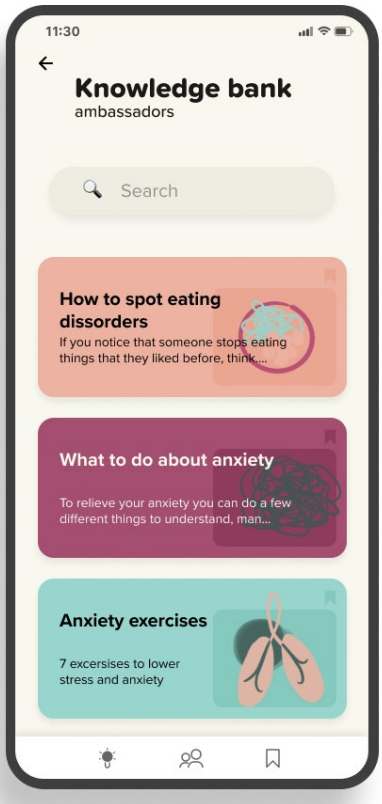



She has time to talk in 5 minutes, while waiting he checks out how a meeting works. After 5 min Anna calls him up and it's actually not that scary that he would have thought. They decide that he will have another talk with her already next week but this time in person. Which he think feels great.

# Details

## Ambassador platform

The platform for the ambassador consists of three parts, a knowledge base with information and use cases, a link base with the contacts information and video presentations of the local YHC personnel, and bookmarks section.



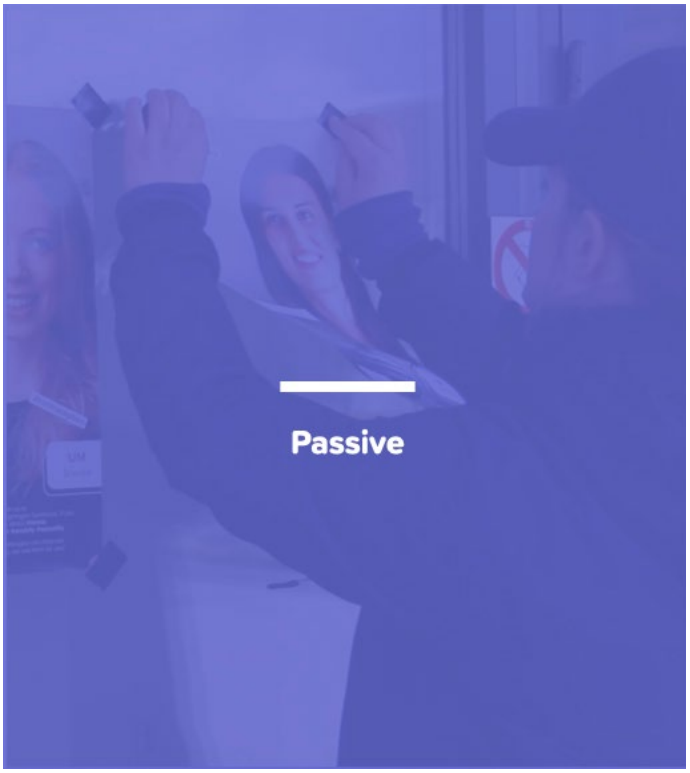

***Knowledge bank***
With information and use cases.


***Link base - personnel***
Presentations and contact information of the personnel at the local youth health centre

# Ambassadorship

There are two ways this ambassadorship can work, an active and one passive. The passive is about spreading the knowledge and awareness of the youth health center. Recommend the platform and work through materials provided by the youth health center that could be discussion exercises they can go through together in the group and simple things like hanging posters and showing that they are there for the youth.

In the active part, the ambassador has one on one conversations with the youth that wants too, and are comfortable with this, and can help them by guiding and referring them directly to a person at the youth health center, through the link cards.




# Link cards

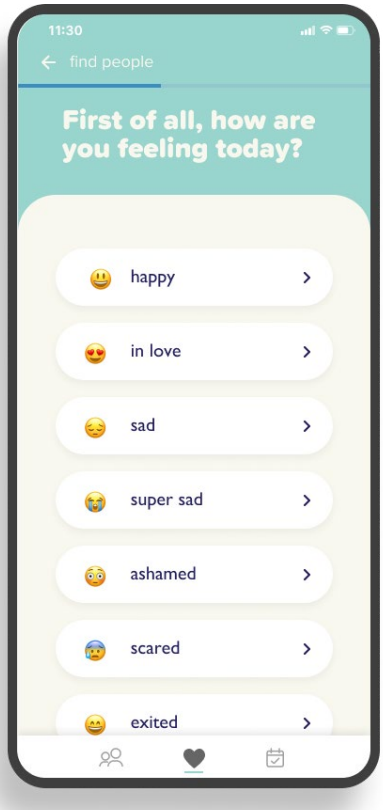
The ambassadors are provided with these link cards, they present the personnel at the YHC and can be used to refer to a specific person at the YHC that would be good for the youth to talk to. It includes information about the person, a link (QR-code) to the video profile, and contact information in case of immediate contact.

***Link cards - personified connections***

Short summary of the perons and direct link to the full video presentation and way of contact.

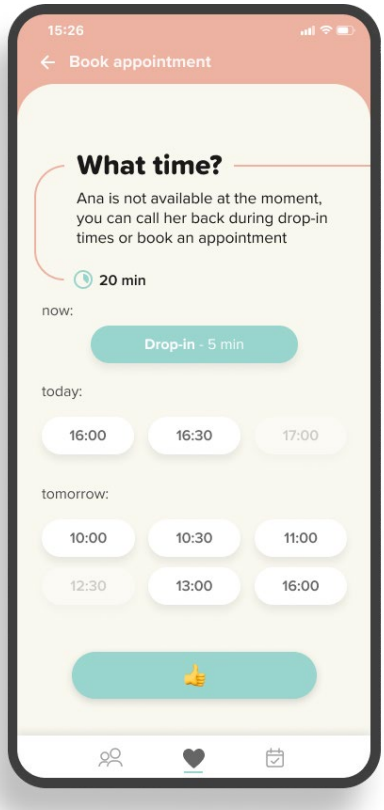

# Youth platform

The youth part of the platform offers two entry points. One is to enter through the link-cards and directly get referred to that person. The second way is to get “matched” with personnel by answering a few questions about their wellbeing, the issue at hand, and specifics about that issue.



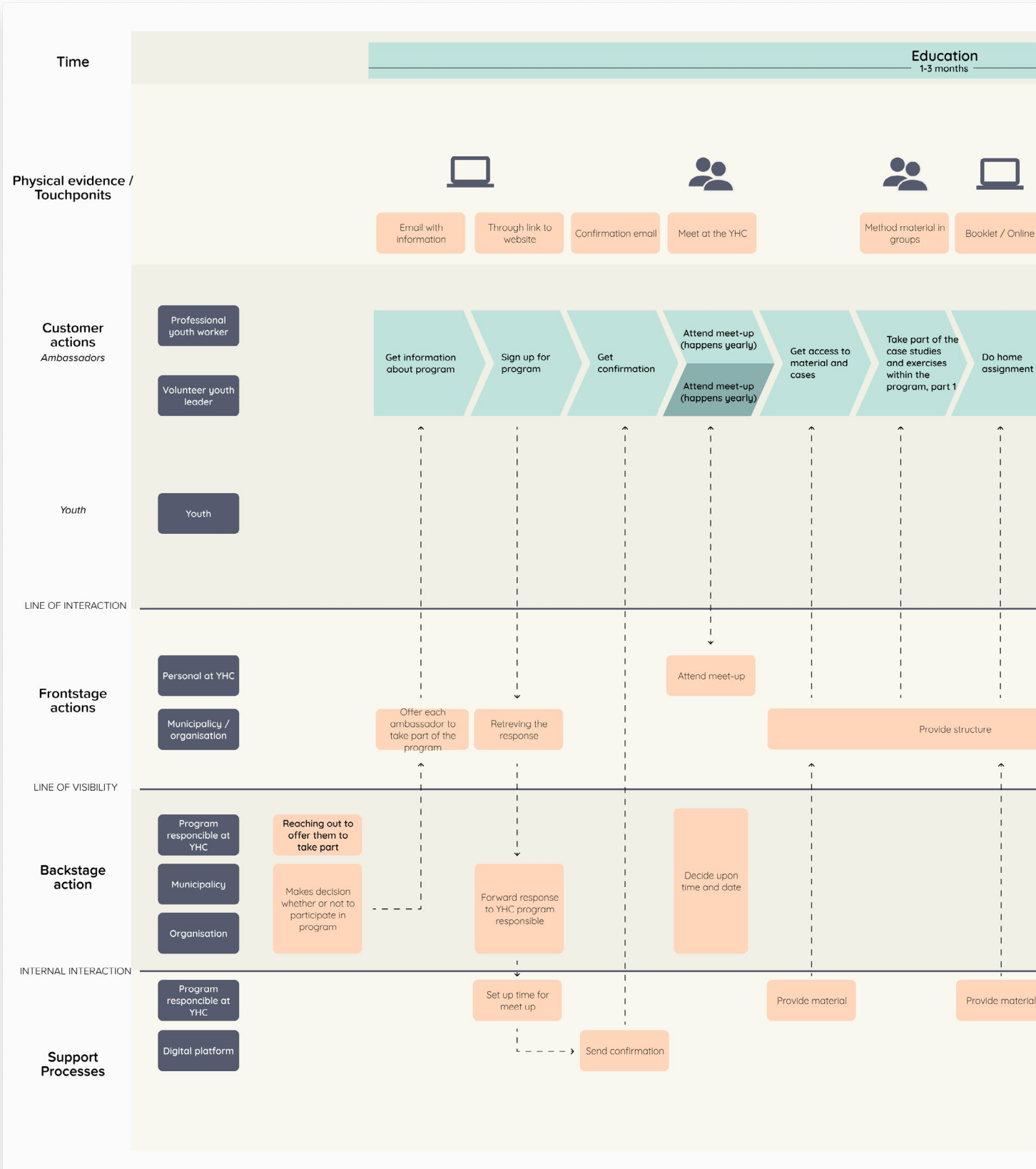

***Find people***
Youth can fill in a questionnaire to find the right people to talk to.

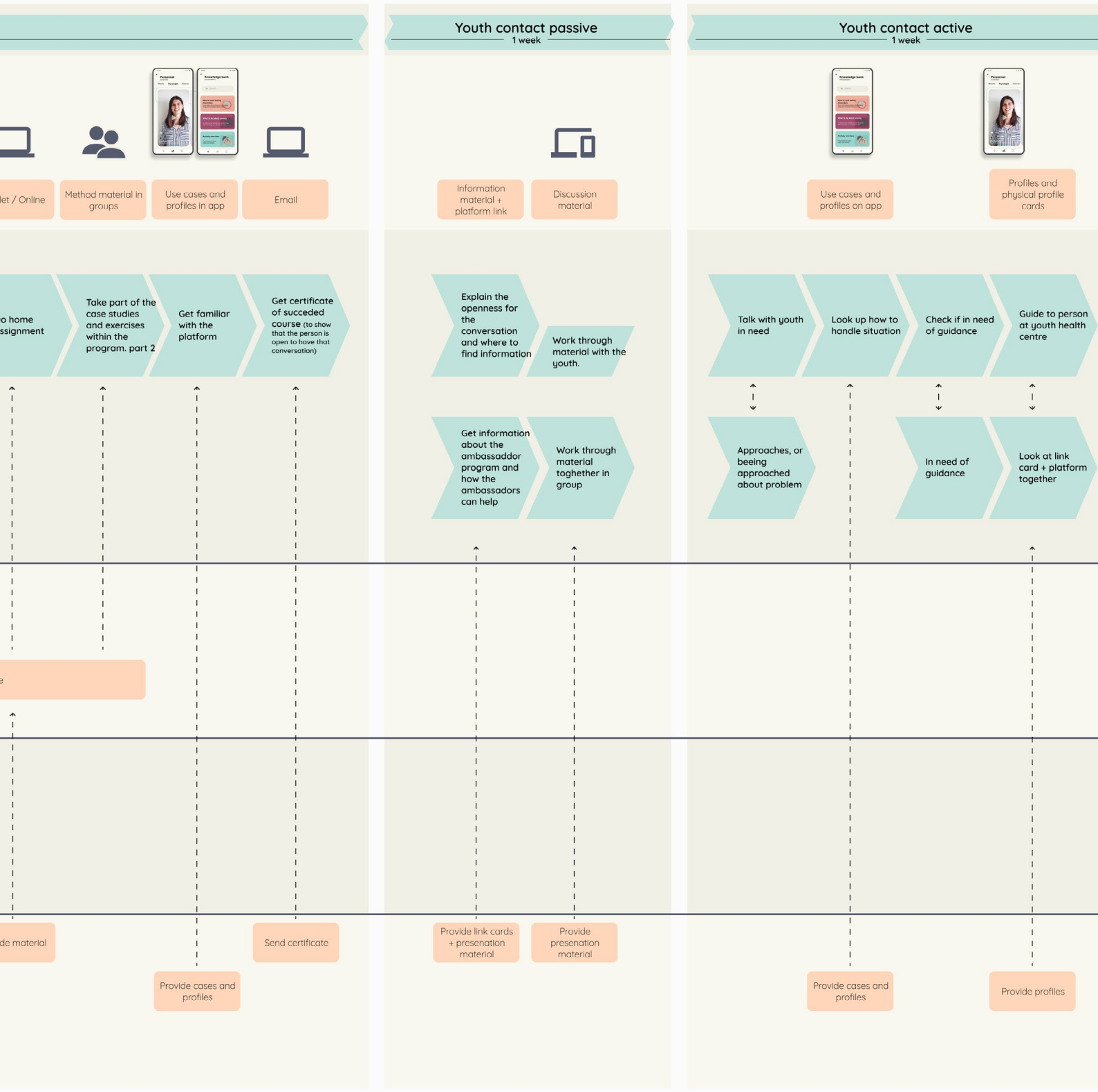

***Video presentation***
Watch a video presentation of the personnel to build connection and trust.

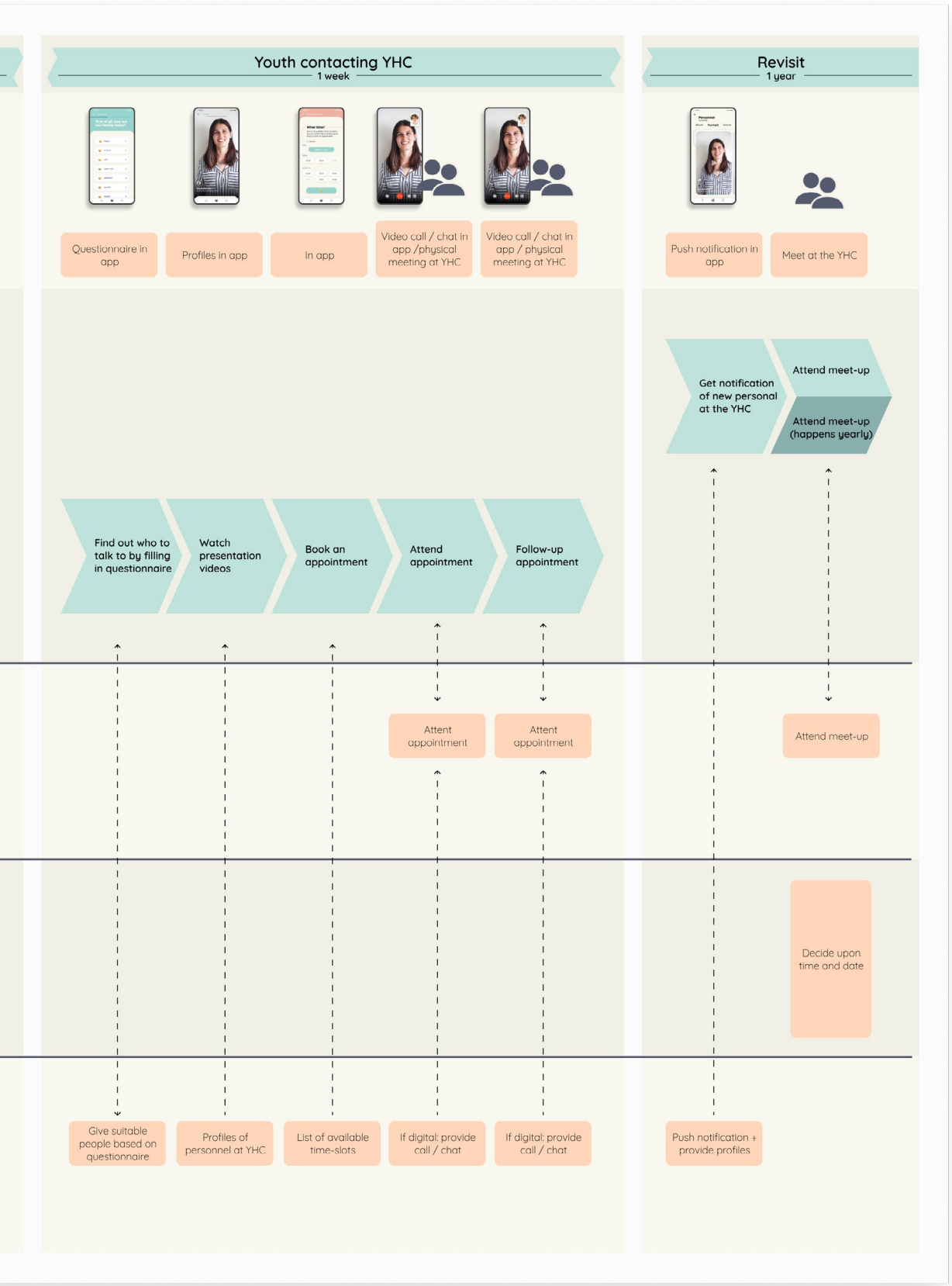



***Book appointment***
Book an appointment instantly with the peron you want to talk to.

# Blueprint


Time
Education
1-3 months
Physical evidence / Touchponits
Email with information
Through link to website
Confirmation email
Meet at the YHC
Method material in groups
Booklet / Online
Customer actions
Ambassadors
Professional youth worker
Volunteer youth leader
Get information about program
Sign up for program
Get confirmation
Attend meet-up (happens yearly)
Attend meet-up (happens yearly)
Get access to material and cases
Take part of the case studies and exercises within the program, part 1
Do home assignment
Youth
Youth
LINE OF INTERACTION
Frontstage actions
Personal at YHC
Municipalicy / organisation
Attend meet-up
Offer each ambassador to take part of the program
Retreving the response
Provide structure
LINE OF VISIBILITY
Backstage action
Program responcible at YHC
Municipalicy
Organisation
Reaching out to offer them to take part
Makes decision whether or not to participate in program
Forward response to YHC program responsible
Decide upon time and date
INTERNAL INTERACTION
Support Processes
Program responcible at YHC
Digital platform
Set up time for meet up
Send confirmation
Provide material
Provide material


Youth contact passive
1 week
Youth contact active
1 week
Method material in groups
Use cases and profiles in app
Email
Information material + platform link
Discussion material
Use cases and profiles on app
Profiles and physical profile cards
Take part of the case studies and exercises within the program. part 2
Get familiar with the platform
Get certificate of succeded course (to show that the person is open to have that conversation)
Explain the openness for the conversation and where to find information
Work through material with the youth.
Get information about the ambassaddor program and how the ambassadors can help
Work through material toghether in group
Talk with youth in need
Look up how to handle situation
Check if in need of guidance
Guide to person at youth health centre
Approaches, or beeing approached about problem
In need of guidance
Look at link card + platform together
Send certificate
Provide link cards + presenation material
Provide presenation material
Provide cases and profiles
Provide cases and profiles
Provide profiles


Youth contacting YHC
1 week
Revisit
1 year
Questionnaire in app
Profiles in app
In app
Video call / chat in app /physical meeting at YHC
Video call / chat in app / physical meeting at YHC
Push notification in app
Meet at the YHC
Get notification of new personal at the YHC
Attend meet-up
Attend meet-up (happens yearly)
Find out who to talk to by filling in questionnaire
Watch presentation videos
Book an appointment
Attend appointment
Follow-up appointment
Attent appointment
Attent appointment
Attend meet-up
Decide upon time and date
Give suitable people based on questionnaire
Profiles of personnel at YHC
List of available time-slots
If digital: provide call / chat
If digital: provide call / chat
Push notification + provide profiles

# 7.0 Reflection

With this project, I hope to be able to inspire the youth health center but also other organizations and "ambassadors" that are working with youth and young adults. I see this project, not as a solution that is ready to be implemented, but as a starting point for further exploration. I don't think that this is "the best" way to go because I don't believe there is such a thing. One of the biggest learnings I gained in this project is that everyone is different and that everyone is comfortable with different things. Therefore I think it is important that the youth health center and other organizations offer a wide range of entry points to the great service that they provide. And what this project highlights are an entry point that is not yet that explored or tested but that already exists in-officially, and that I believe if developed could be helpful for many.

This is just one possible solution among many and writing this I realize that there are many more ways to go that might be as or even more relevant for the youth than this that I have taken. Since this project was only conducted by one person, me, it will only have one perspective, and even though many people with different experiences and ideas have been involved in the process by validating, ideating, and testing, it is most likely still biased from my side which is inevitable. I don't think a designer can take, themself, their values or beliefs out of the project, and maybe they shouldn't completely, but I think they should be open and humble to the people they meet and bring them into the process to create something that resonates with the user better. Even so, design is often a team effort and I think it is important to include more people in the analysis and synthesis phases to lower biases towards one person and bring in more perspectives.

## Process:

This project has been aiming to improve and lower the bar of contact for young adults that are not yet comfortable going to the YHC. Although that brings a bit of a paradox when it comes to research and the use of a user-centered design approach, since the people that are not yet comfortable to talk about their problems with health care, why would they then be ready to open up with me? One point that I think is important to mention and that is a result of the chosen approach and set up of the project, is that based on the people I met and the places I chose as a starting point for my research, youth centers and schools in the city, I got a certain set of insights. This is not the full picture and there are other sets of insights that probably would have been visible if I had chosen to focus or widen my research in, for example, rural areas or contacted other types of organizations, and getting in touch with different people, the outcome and the insights found might have been different. I think that this shows a few of the restrictions with the use of user-centered design, especially within such a small and short project like this is, with limited time and resources. The result then depends on what the users participating feel and think and the solution will then be catered towards them and, depending on the user group, not to a broader audience. Therefore it is important to plan for and get in touch with users from a wide range of contexts as possible.

Prototyping for social interactions and designing for social situations when developing a project remotely. How do you do this? Prototyping remote was a challenge when wanting to set up a social situation, prototype physical material that was supposed to facilitate a social situation. I wanted to let the participants experience this instead of telling them about it. I solved it by asking them to imagine a situation from their own life; who would be their ambassador, who would they

turn to, how would they want to be approached by them, combined with “putting” prototypes in front of them digitally. For this context this worked well and I think that I with this project have shown that it is possible to have people to some degree, experiencing and prototyping a social situation by letting the users imagine and explain to me how they would feel and use this prototype in front of them.

One interesting learning that this project highlights is how to design for a conversation to happen without interfering with the relationship of the conversation itself, how to design for a social situation to happen.. It is a fine balance between “forcing” a situation to happen and to nudge it. But then how can we as designers make sure that this is happening? This is a question that is relevant for all service design that is trying to change the social constructs and roles of people. Is it about making the tools available for having the conversation as I have explored within this project or is it something else? I want to see the good in people and believe that they, in this case, people that work with youth, will realize the need and importance of being there for youth and by that taking this role as an ambassador. Making tools available to take this role is important to even open up for the possibility of people to help each other. I believe that this is a good solution to design for social situations to happen.

## Target group:

This project is aimed towards an age group of 15-18, and while this is not the only youths that could benefit from a solution similar to this, I believe that this concept is most suited for this age group. Other groups such as late adolescence, have normally other types of support systems surrounding them and might not be receptive to this type of ambassadorship. But then again there are also a group of people within this group that might need exactly this solution, looking at youth centres for youth from 16-25, and therefore this concept are also aiming to the youth workers, and it is up to them, with the help of my concept, to understand who would need, and be receptive for this guidance and who would not. And perhaps this concept can be adopted and developed further in the future to include also the early- and late- adolescence by creating material that is more targeted towards them. What those needs and material as well as who the ambassadors could be would then need to be investigated further.

## Personal learnings

By doing this project I, personally have learned a lot. Looking back at the process and the project I can see millions of things I would have wanted to do differently knowing what I know today and how the project panned out. All from not facilitating 5 groups in a workshop all by myself to not being afraid to bother people or bringing up about sensitive topics or how important it is to frame and ask the right questions.

One big learning that is easy to forget when you are deep in a design process is to take a step back and zoom out. I think this should be done with every phase and is something that I wished I did more within this project. It’s important to trust the process and not to rush it and to take that time of zooming out, knowing it’s okay that it’s a bit fluffy or abstract because at the end by following the process it will become clear.

What has been the most inspiring in this project is the people I met and to be able to hear their stories. I am very grateful that so many chose to be open with me about their struggles and how they in different ways got help and support. These stories are what have shaped this project the most.

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Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005b). Young people's help-seeking for mental health problems. Australian e-Journal for the Advancement of Mental Health, 4(3), 218–251. Retrieved February 28, 2020, from 10.5172/jamh.4.3.218

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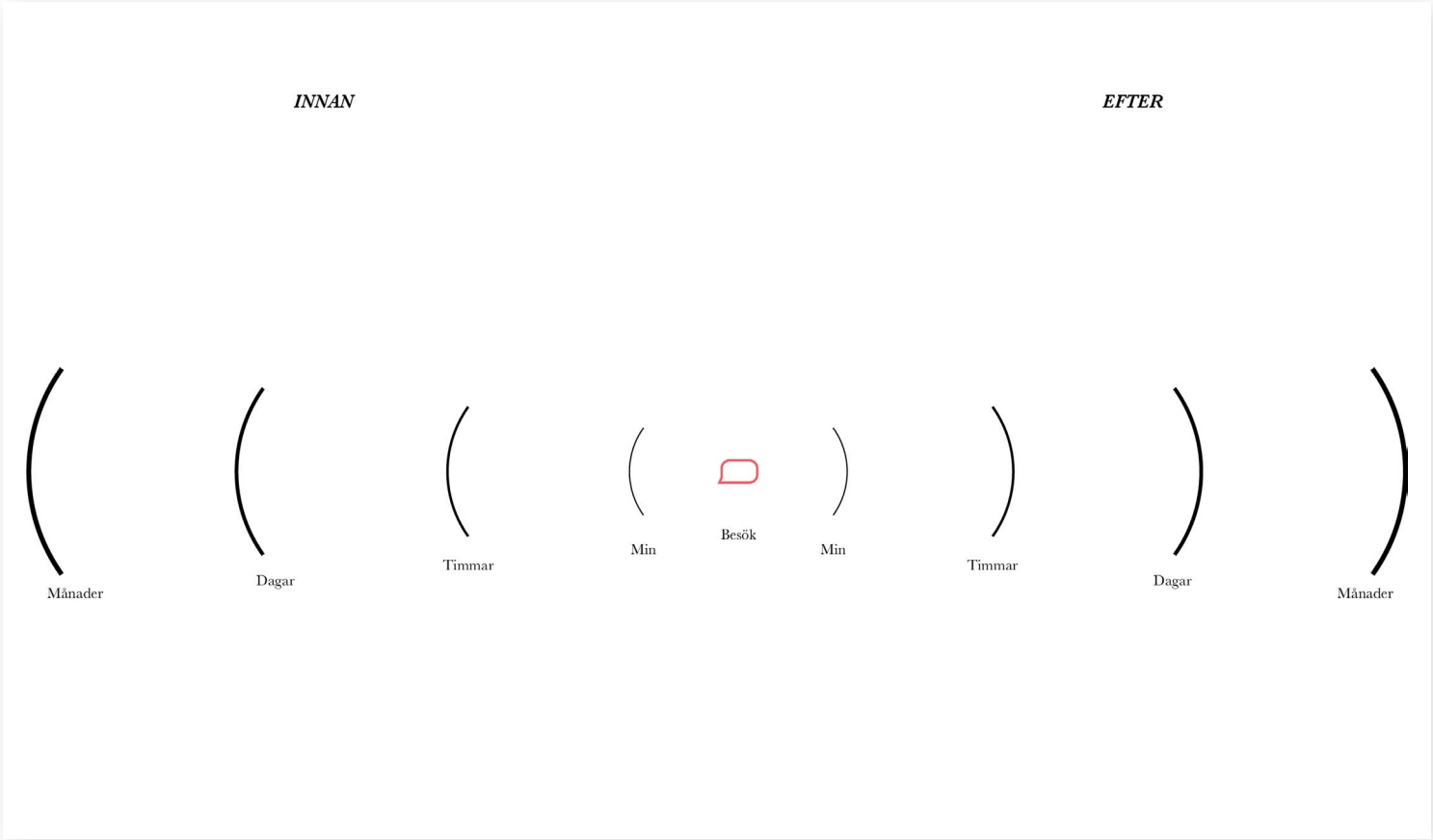
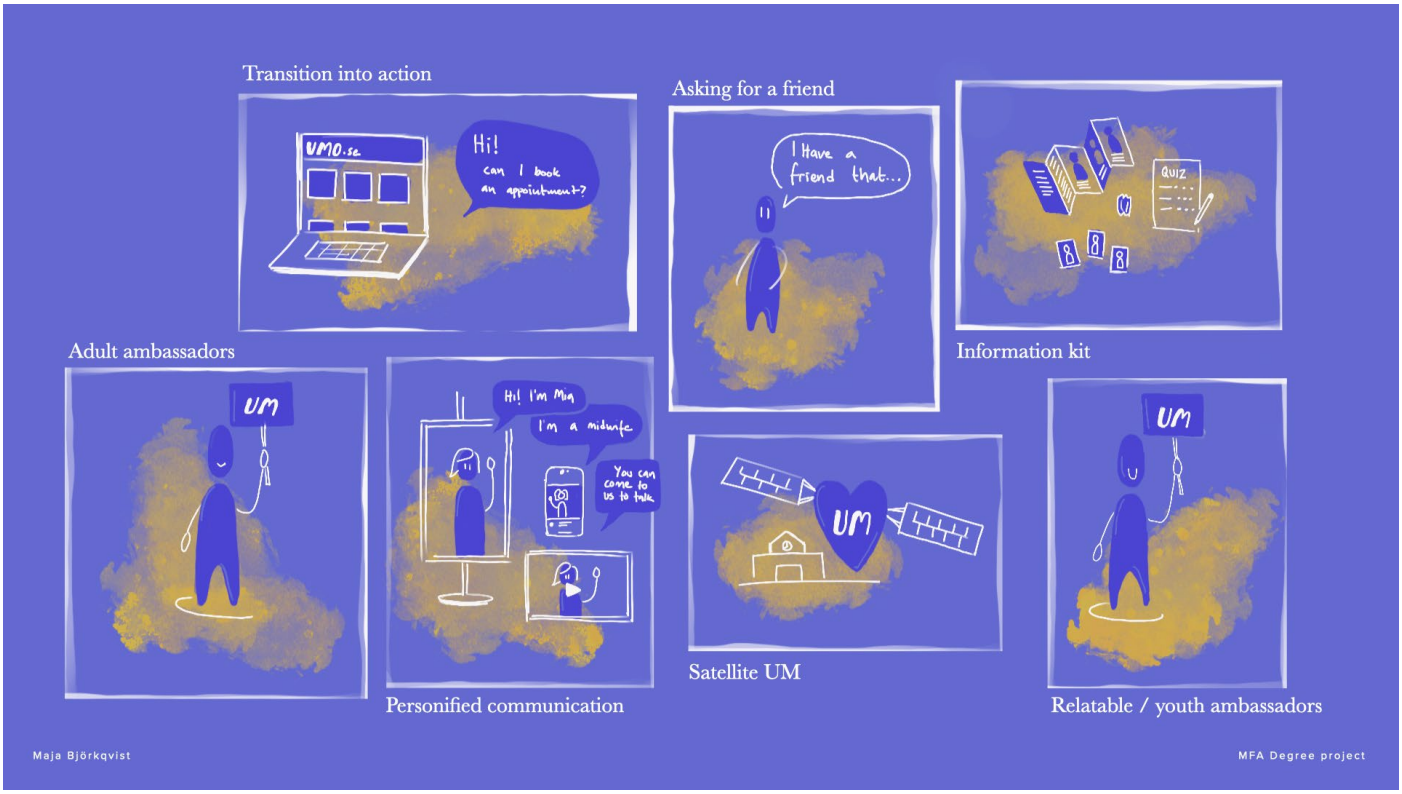
# 9.0Appendix

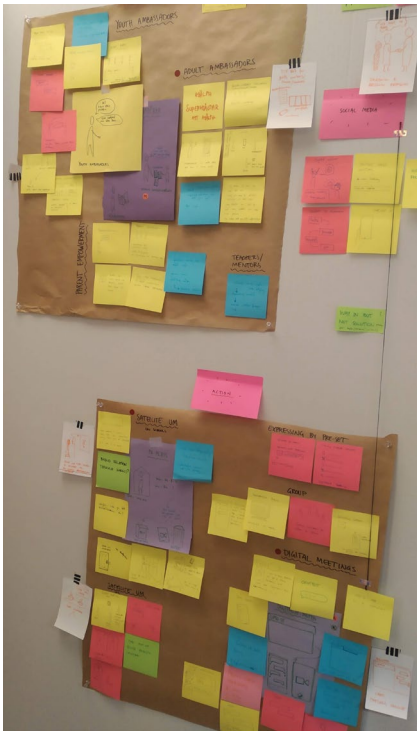
## Interview probe



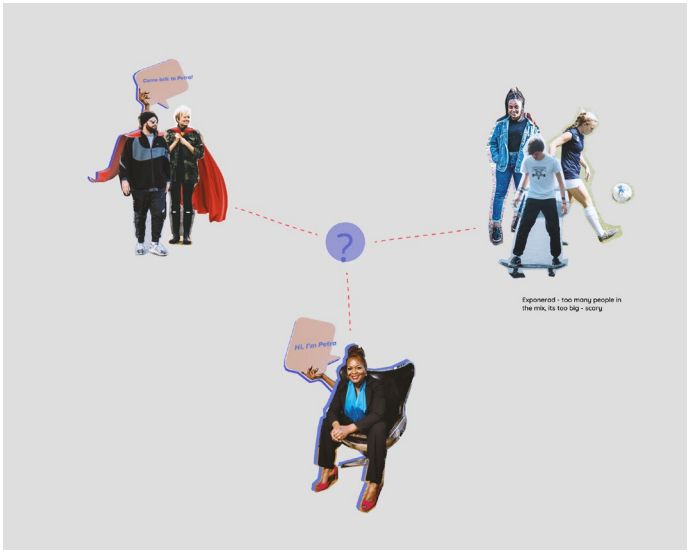
# Ideation themes mapping

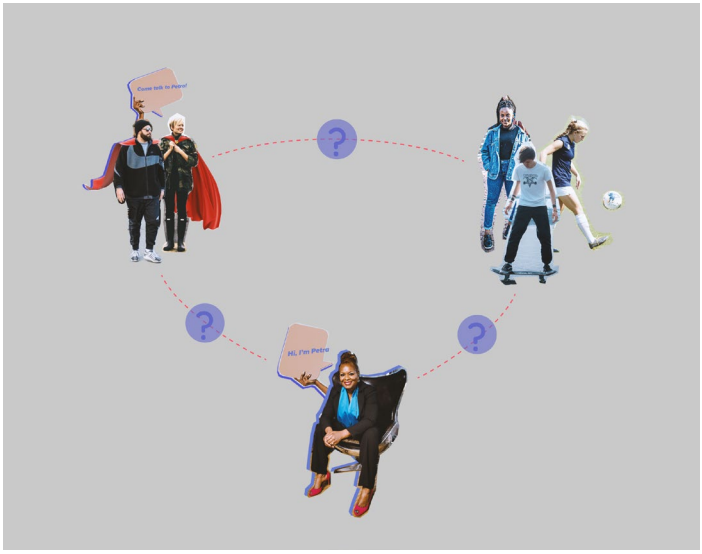


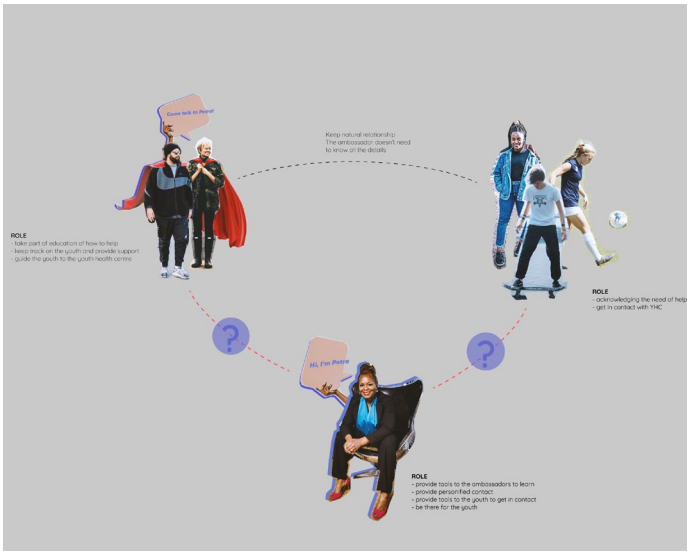


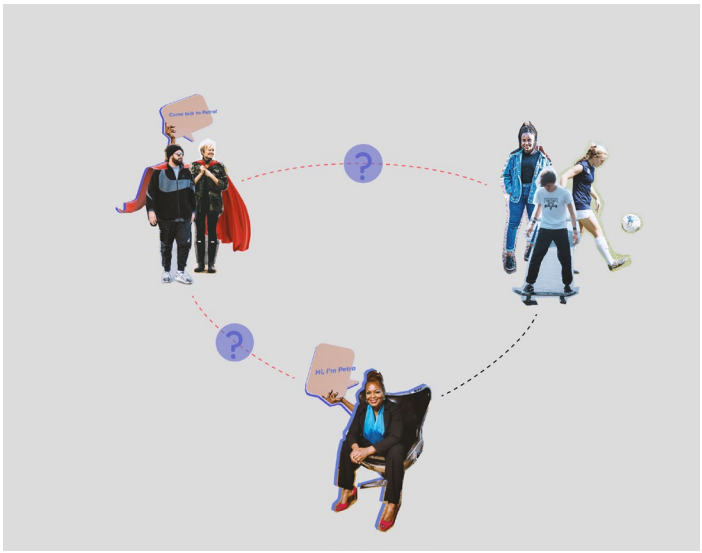


# System mapping model

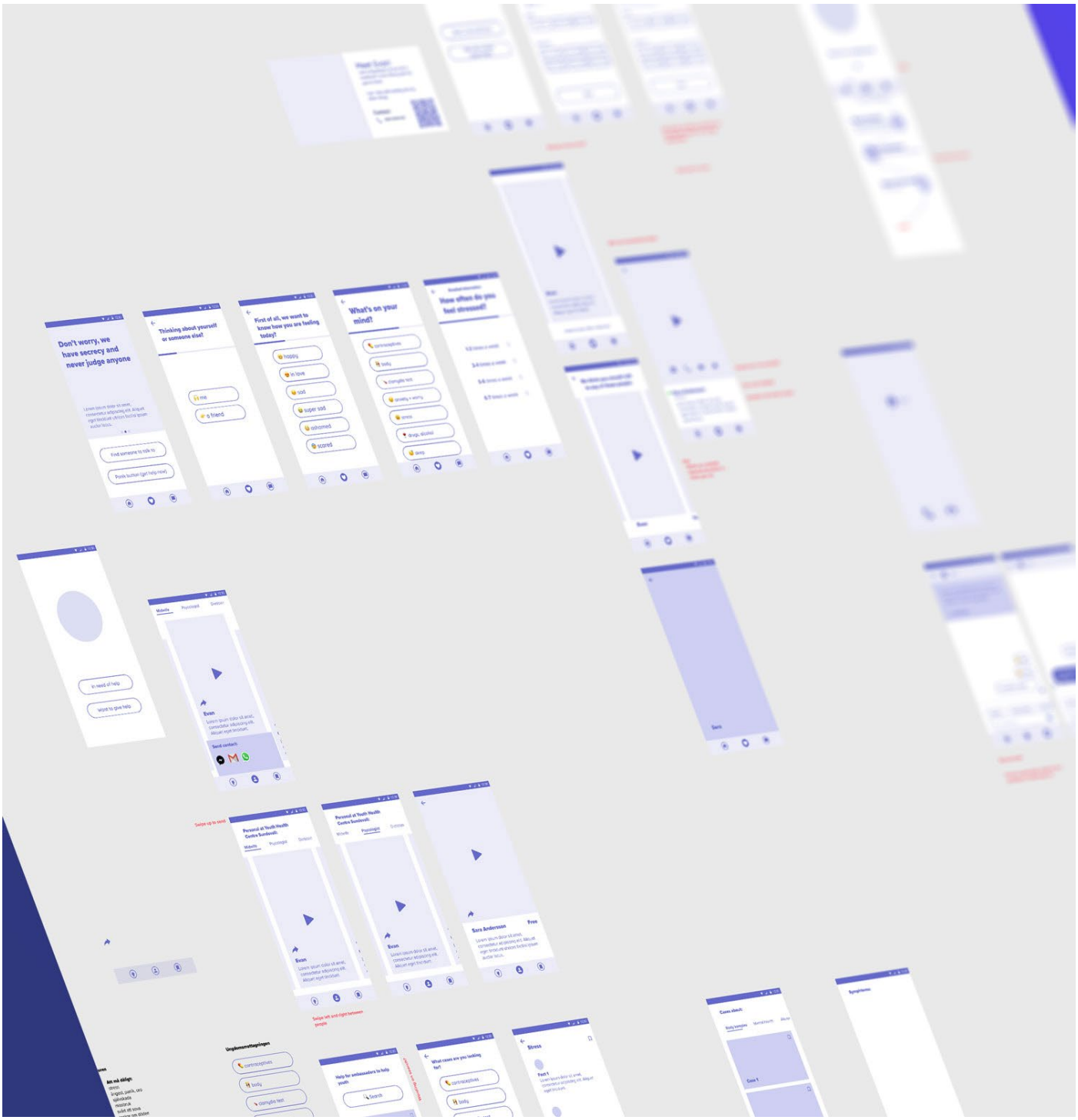


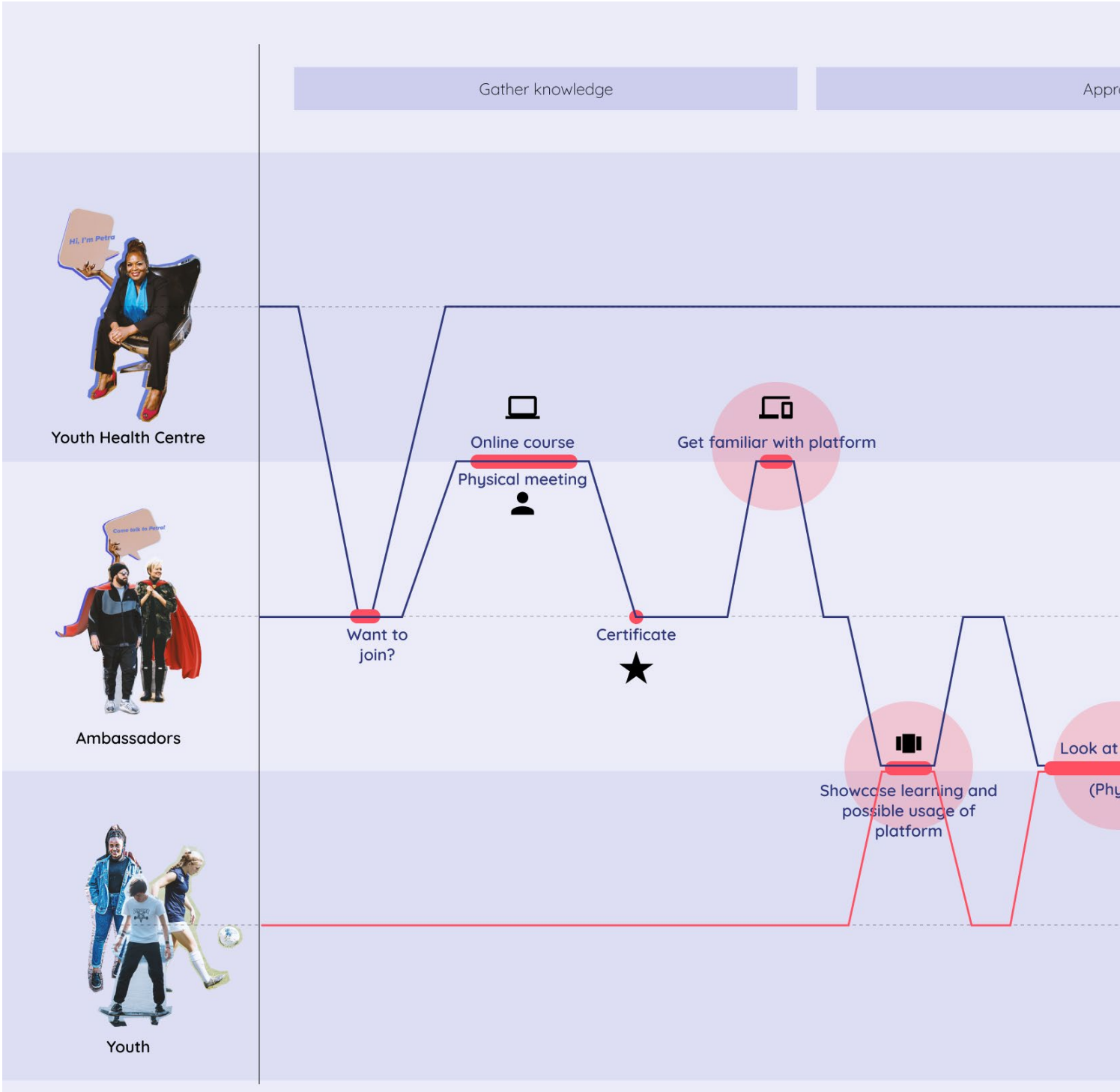



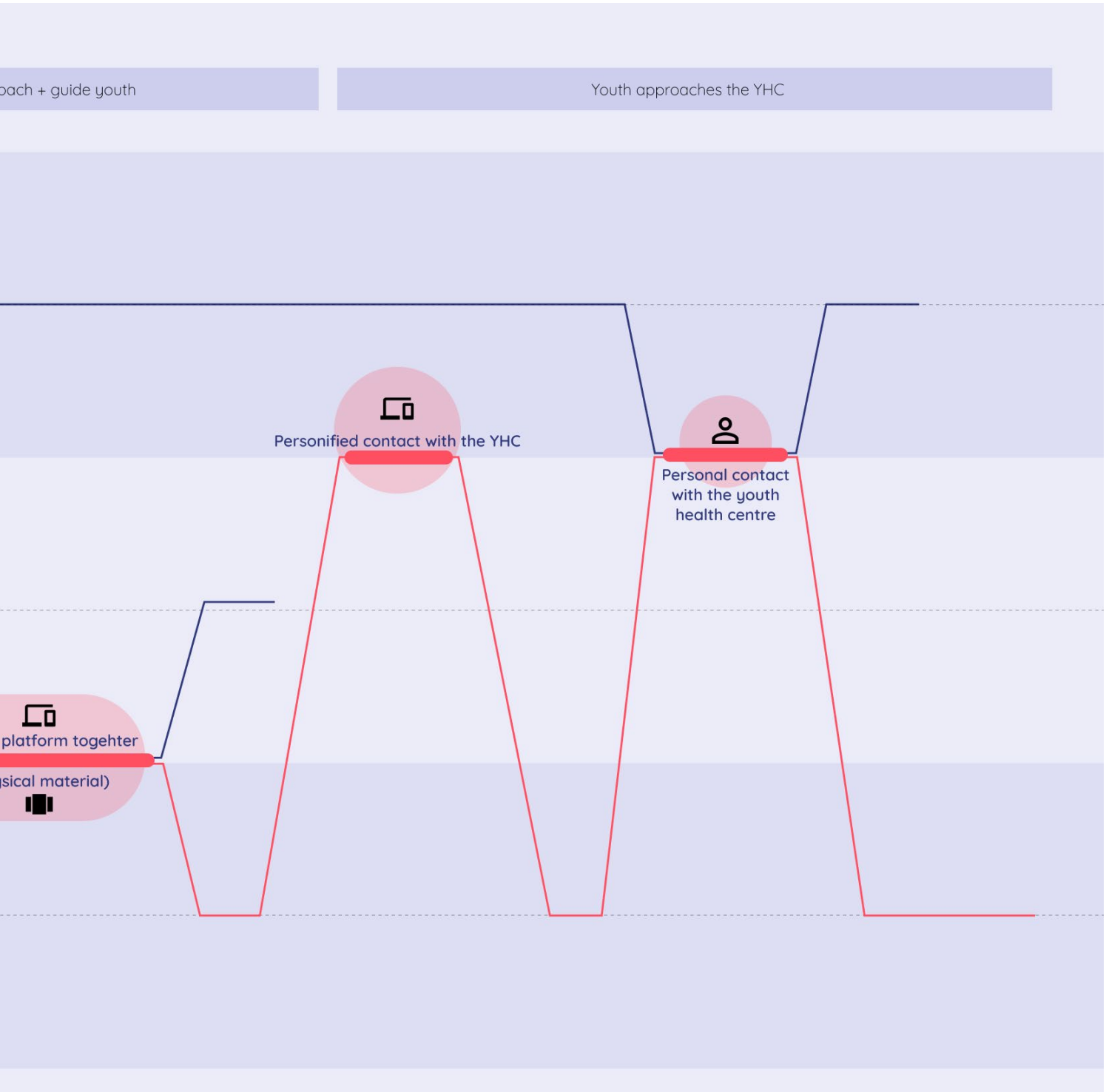



# Wireframes


Don't worry, we have secrecy and never judge anyone
Thinking about yourself or someone else?
First of all, we want to know how you are feeling today!
What's on your mind?
How often do you feel stressed?
In need of help
Want to give help
Evan
Sara Andersson
Personal at Youth Health Centre Sundsvall
Swipe up to send
Swipe left and right between people
Symptoms
Stress

# Relation map




oach + guide youth
Youth approaches the YHC
Personified contact with the YHC
Personal contact with the youth health centre
platform togehter
sical material)