Establishment of A Mental Health Service System for Adolescents: Necessity, Principles, and Approaches : Take China as an Example

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Abstract: Background: Adolescent mental health is a crucial aspect of building a healthy China and a significant indicator of societal progress. With rapid social development, adolescent psychological issues have become increasingly prominent, manifesting as diverse symptoms such as anxiety, depression, and strained interpersonal relationships. Additionally, influenced by the digital era, psychological risk factors have become more diversified and complex. Currently, the demand for adolescent mental health services has significantly increased, yet traditional service models struggle to meet practical needs in terms of content, format, and resource integration, necessitating the establishment of a scientific, systematic, and integrated mental health service system. **Current Situation Analysis:** The causes of adolescent psychological issues are complex, involving factors such as the asynchrony between physiological development and psychological maturity, family environment, educational methods, and social atmosphere. The development of digitalization has broadened the ways of learning and interpersonal communication for adolescents, while bringing new challenges such as internet dependency and social phobia. Domestic and international research indicates that the vulnerability of adolescent mental health is increasingly prominent, and the demand for mental health services is on the rise. However, the existing service system faces deficiencies in resource integration, professionalization, and service coverage. **Challenges and Issues:** Firstly, the types of mental health issues are diverse, and emotional problems often hide deep-seated psychological contradictions, necessitating avoidance of simplistic treatment. Secondly, risk factors are diversified, including genetic predisposition, personality traits, family functioning, and socio cultural factors, which are intertwined, creating a cumulative risk effect and increasing the probability of psychological problems. Thirdly, the service system is fragmented, with individuals, families, schools, and society operating independently, making it difficult to form a synergistic force and leading to low service efficiency. **Construction Path:** Firstly, adhere to the "five educations" approach to promote mental health, integrating moral education, intellectual education, physical education, aesthetic education, and labor education into mental health services to enhance the psychological quality of adolescents. Secondly, strengthen the construction of mental health education teams, improve teachers' psychological counseling abilities, and

perfect psychological consultation and counseling mechanisms. Thirdly, construct an integrated service system, integrating schools, families, communities, and social resources, forming a working mechanism led by the government, coordinated by the education department, and supported by multiple departments. Fourthly, improve psychological monitoring and early warning systems as well as multi-level intervention systems, promptly detecting psychological problems through mental health education courses, psychological assessments and screenings, and behavioral observations, and addressing various levels of severity through early intervention, routine intervention, and crisis intervention. Fifthly, strengthen family education guidance, enhance parental education literacy, create a relaxed and harmonious family atmosphere, and form a good situation of joint education between home and school. **Conclusion and Outlook:** Building an adolescent mental health service system is a systematic project requiring collaboration among the government, schools, families, and society. Through scientific planning, resource integration, and innovative service models, it is possible to effectively prevent and solve adolescent psychological problems and promote their physical and mental health development. In the future, it is necessary to further enhance policy support and increase resource allocation, driving the service system towards professionalization, standardization, and intelligence, thereby providing a solid foundation for the healthy growth of adolescents.

Keywords: Adolescents, Mental Health, service system

I. Introduction

In today's rapidly changing society, the issue of adolescent mental health has become a social topic that cannot be ignored. With intensified social competition, increased academic pressure, and a complex online environment, the adolescent population faces unprecedented psychological challenges. From academic anxiety to interpersonal relationship difficulties, from self-identity crisis to internet addiction, these issues not only affect the personal growth of adolescents but also relate to family happiness, social harmony, and the future of the country. Therefore, building a scientific, systematic, and comprehensive service system for adolescent mental health has become an important mission entrusted to us by the times.

II. The current status of adolescent mental health issues and the influencing factors

2.1 The detection rate of mental health issues has significantly increased

In recent years, the detection rate of mental health issues among adolescents has shown a significant upward trend. Survey data indicates that the prevalence of mental illnesses among adolescents fluctuates between 8% and 17%, with the incidence of depressive disorders among primary school students reaching as high as 17.2%, and the incidence of internet addiction among middle school students standing at approximately 13% [1]. If mental health issues are not intervened in a timely manner, they may lead to a series of serious consequences. At the very least, they can affect academic performance and interpersonal relationships, and at worst, they can result in extreme behaviors such as self-injury and suicide [1]. According to statistics, approximately 100,000 adolescents die by suicide in China each year, with an average of two adolescents committing suicide every minute, eight attempting suicide, and one in five middle school students having

considered suicide, accounting for 20.4% of the total sample. Over 16% of students have had thoughts of suicide, and 6.5% have made plans for suicide [2]. These statistics indicate that mental health issues are no longer a concern for a minority of adolescents, but have gradually become a widespread social phenomenon. Addressing the mental health issues of adolescents is urgent.

2.2 Intertwined multi-dimensional influencing factors

2.2.1 Social factors

The rapid development of the online world has brought unprecedented information overload to adolescents. At an age when their values have not yet been fully formed, adolescents are prone to becoming caught in the dilemma between virtuality and reality when faced with the overwhelming influx of information, leading to frequent issues such as internet addiction, indifference to interpersonal relationships, disinterest in learning, and depression [3-4]. Adverse content such as cyberbullying and false information further exacerbates the psychological burden on adolescents [5].

2.2.2 Family Factors

Today's Chinese adolescents, who have grown up under the one-child policy, generally face practical challenges such as self-centeredness, weak resilience, and a lack of respect for life [5]. Disharmonious family relationships and excessive or insufficient parental education can all be triggers of psychological issues among adolescents [5]. For instance, excessive doting may lead to a lack of ability to solve problems independently, while strict discipline may provoke rebellious behavior.

2.2.3 Academic factors

Examination pressure is increasingly shifting towards younger age groups, leading to fierce internal competition. From primary school to high school, adolescents face multiple layers of selection and assessment, with a heavy academic burden [5-6]. Academic pressure is the second largest source of stress for Chinese adolescents, with over 40% of them firmly believing that academic pressure is immense. The higher the grade, the greater the self-reported academic pressure, and this proportion is increasing year by year, significantly higher than that of developed countries such as Japan, South Korea, and the United States during the same period [1, 5, 6]. This persistent pressure often reinforces poor teacher-student relationships [7], which not only affects the emotional stability of adolescents but may also lead to emotional outbursts, academic burnout, aggressive behavior, and even extreme incidents [6].

III. The necessity of establishing a mental health service system for adolescents

3.1 Urgent need to address the challenges of mental health issues

With the development of society, adolescents are facing multiple pressures such as academic stress, interpersonal relationships, and internet addiction [2-6], leading to increasingly prominent psychological issues. The traditional mental health service model has become inadequate to meet current demands, making the establishment of a multi-level and multi-channel mental health service system an inevitable choice to address these challenges [5].

3.2 The inherent requirement of promoting the comprehensive development of adolescents

A healthy psychological state serves as the foundation for the comprehensive development of adolescents in cognition, emotion, morality, and social interaction. Only with sound mental health can adolescents better acquire knowledge, cultivate skills, and form a well-rounded personality [1, 5]. Therefore, establishing a mental health service system is conducive to providing adolescents with necessary psychological support and promoting their comprehensive development.

3.3 An Important Cornerstone for Building a Harmonious Society

The mental health status of adolescents is crucial to family and social harmony. Psychological issues can strain family relationships, exacerbate social conflicts, and even lead to extreme incidents. Strengthening the construction of the mental health service system for adolescents can help reduce social problems, maintain social stability, and lay a solid foundation for building a harmonious society [5].

3.4 Strategic considerations for the country's long-term development

Adolescents are the future and hope of a nation, and their mental health is directly tied to the country's long-term development and social harmony and stability. A group of mentally healthy and vibrant adolescents will inject continuous momentum into the prosperity and strength of the nation. Therefore, establishing a mental health service system is not only a necessity to address current issues but also a strategic consideration for the nation's long-term development [5].

IV. Basic principles for constructing a mental health service system for adolescents

4.1 People-oriented: Meeting the mental health needs of adolescents

Starting from the need to meet the mental health needs of adolescents, we should pay attention to individual differences and provide personalized mental health services. Each adolescent is a unique individual, and their psychological problems, backgrounds, and needs vary. Therefore, the mental health service system should focus on personalized services to ensure that every adolescent receives psychological support that suits them [5, 8].

4.2 Scientific principle: Adhering to the laws of psychological development

Utilizing theories and methods from multiple disciplines such as psychology and education, we scientifically assess, diagnose, treat, and prevent psychological issues among adolescents. Mental health services are not simply about preaching or comforting, but require professional services grounded in scientific theories and methods. Only by adhering to the laws of psychological development can we ensure the effectiveness and relevance of these services [5, 8].

4.3 Systematic principle: constructing a comprehensive service system

Establish a mental health service system encompassing prevention, intervention, treatment, and rehabilitation, to achieve comprehensive and holistic mental health services. Mental health issues often involve multiple aspects, necessitating a full-chain service from prevention and intervention to treatment and rehabilitation. Only by constructing a complete service system can we ensure comprehensive protection for the mental health of adolescents [5, 8].

4.4 Principle of Synergy: Integrating Resources from All Parties

Integrate resources from families, schools, communities, medical institutions, and other stakeholders to establish a collaborative working mechanism. Mental health issues are not solely attributed to a single factor, but rather involve multiple aspects such as family, school, and society. Therefore, it is necessary to integrate resources from all parties and form a synergistic force to jointly safeguard the mental health of adolescents [5, 8].

V. Challenges faced by the mental health service system for adolescents

5.1 Unbalanced resource allocation

5.1.1 Significant regional differences

The significant regional disparities in mental health service resources have become a key bottleneck restricting the improvement of adolescent mental health. According to the "Mental Health Map of Chinese Adolescents"[9], there is a notable gap in the mental health index of adolescents between the eastern and western regions, with the mental health level of adolescents in the eastern region generally superior to that in the western region. This disparity is not only reflected in geographical distribution but also between urban and rural areas, as well as among regions with different economic levels.

⑴ Significant disparities between the eastern and western regions

In economically developed eastern regions, such as Shanghai, Beijing, and Guangdong, the overall mental health level of adolescents is relatively high due to sufficient educational investment, abundant educational resources, and generally good family economic conditions. These regions possess a comprehensive mental health service system, including professional psychological counseling institutions, rich resources for mental health education, and convenient access to mental health services. Schools in the eastern region generally attach great importance to mental health education, equipped with professional teachers for mental health education and well-equipped psychological counseling facilities. Furthermore, there are numerous social mental health service institutions in the eastern region with a wide range of services, capable of providing adolescents with diversified mental health services. Meanwhile, in economically developed regions, the mode of adolescent mental health services continues to innovate, emerging new service methods such as online psychological counseling and mental health apps. These service methods utilize internet technology, breaking the constraints of time and space, and providing adolescents with more convenient mental health services [9,10].

However, due to the relatively underdeveloped economy, insufficient investment in education, weak family economic capacity, and inadequate social support systems in the western regions, mental health issues among adolescents are particularly prominent, and mental health service resources for adolescents are relatively scarce. School mental health education in the western regions started relatively late, with weak teacher resources and incomplete psychological counseling facilities. The number of social mental health service institutions is limited, and their service scope is restricted. The mental health service model still primarily relies on traditional face-to-face counseling, with a single service approach, making it difficult to meet the diverse mental health needs of adolescents [9,10].

⑵ Differences between urban and rural areas

Urban areas boast relatively abundant mental health service resources, including a plethora of professional psychological counseling institutions, school counseling rooms, and community mental health service centers. These institutions are staffed with professional psychologists and counselors, capable of providing comprehensive mental health services. Urban schools generally offer mental health education courses and counseling rooms, staffed with dedicated mental health teachers who can promptly identify and intervene in students' psychological issues, providing timely psychological counseling and guidance. However, mental health service resources in rural areas appear to be inadequate. Rural schools often lack dedicated mental health teachers, mental health education courses are insufficiently offered, and the construction of counseling rooms is relatively lagging behind, making it difficult for psychological counseling services to cover all students. Furthermore, rural families have insufficient understanding of mental health issues, and there are few mental health service institutions and a shortage of professional talents, leading to adolescents' psychological problems not receiving timely attention and intervention [9, 10].

⑶ Differences among regions with varying economic levels

In economically developed regions, there is sufficient investment in mental health service resources for adolescents, enabling the provision of diversified mental health services such as psychological counseling, psychotherapy, and mental health education. These regions also emphasize innovation in mental health services, utilizing internet technology to offer remote psychological counseling services. Conversely, in economically underdeveloped regions, investment in mental health service resources is relatively limited, with services being monotonous and unable to meet the diverse and personalized needs of adolescents. On the other hand,the social and cultural atmosphere influences service acceptance. In economically developed regions, society has a deeper understanding of mental health issues, leading to a higher acceptance of mental health services. In contrast, in economically underdeveloped regions, the emphasis on mental health services is insufficient, and policies are not implemented effectively, making it difficult to effectively utilize mental health service resources. Simultaneously, due to the relatively conservative social and cultural atmosphere and insufficient understanding of mental health issues, the acceptance of mental health services is low. This sociocultural difference further exacerbates the geographical imbalance in mental health service resources [9,10].

5.1.2 Shortage of professional talents

⑴ Configuration requirements

The "Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025)"[11], jointly issued by the Ministry of Education and 16 other departments, explicitly requires that each primary and secondary school should be equipped with at least one full-time (part-time) mental health education teacher, and encourages the appointment of full-time mental health education teachers with a professional background in psychology. This policy provides basic standards for the allocation of mental health teachers in primary and secondary schools, emphasizing the professionalism and importance of

full-time teachers. The "Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in Primary and Secondary Schools in the New Era (2023-2025)"[12], issued by Beijing, further refines the requirements, specifying that each primary and secondary school should be equipped with at least one full-time mental health education teacher. For schools with more than 500 students, schools operating as a group, and schools with multiple campuses, the allocation of full-time (part-time) psychological teachers should be appropriately increased to ensure that each campus has at least one psychological teacher. This policy reflects the focus on large schools and special school models, making it more targeted and operable. Additionally, some regions have proposed more specific requirements for the allocation ratio. For example, it is suggested that the Ministry of Education clearly stipulate that one full-time psychological education instructor should be allocated for every 1,000 students. This ratio requirement aims to establish a scientific and reasonable teacher allocation standard based on student numbers and mental health education needs, ensuring that mental health education covers all students [13].

The Ministry of Education [11] requires that full-time mental health education teachers should possess relevant professional backgrounds in psychology, education, and other related fields, and hold a qualification certificate for mental health education teachers. Full-time mental health education teachers should be fully responsible for the planning, implementation, and evaluation of school mental health education work, including mental health screening, intervention, referral, and follow-up. At the same time, it is necessary to establish school counseling rooms, psychological counseling rooms, psychological venting rooms, psychological sand table rooms, etc., and use professional means to provide timely guidance to students with abnormal mental health conditions. For those who cannot be guided, timely referral work should be carried out.

⑵ Current status of mental health teacher allocation in primary and secondary schools

① The number of full-time teachers is insufficient

The Ministry of Education requires that each primary and secondary school should be equipped with at least one full-time teacher for mental health education. However, the progress in implementation varies across regions. Due to financial and staffing constraints, many areas have been slow to implement the policy, resulting in an insufficient number of teachers for mental health education. Furthermore, the effectiveness of mental health education courses is characterized by a lag, meaning that the psychological adjustment methods students learn in class may come into play at some point in the future, but the immediate educational impact is difficult to observe. This lag leads to a lack of attention from some schools and parents towards mental health education, further exacerbating the problem of insufficient mental health teacher staffing [13].

Currently, in China, the deployment of mental health teachers in primary and secondary schools primarily relies on part-time staff, with full-time staff serving as a supplement. According to a survey of over 6,000 primary and secondary school mental health teachers in Jieyang City, whose economic and cultural strength is at the national average level, there are 138 full-time mental health teachers, accounting for 2.2% of the total number of both full-time and part-time mental health teachers. The teacher-student ratio for full-time teachers stands at 1:6,378. This ratio meets the qualified standard set by the United Nations (requiring at least one full-

time psychological counseling teacher for every 6,000 to 7,500 primary and secondary school students), but it is significantly lower than that in Western developed countries (where the teacher-student ratio for full-time psychological teachers is 1:500). The insufficient number of full-time teachers makes it difficult to ensure the quality of mental health education, and students encountering psychological issues often struggle to obtain timely and professional guidance and assistance [8, 13].

② Part-time teachers lack professionalism, and the development orientation of full-time mental health teachers is unclear

In many schools, mental health teachers are concurrently assigned to the role by class advisors or other subject teachers, which lacks sufficient professionalism [8]. Part-time teachers, lacking a professional background in psychology and qualifications as mental health education teachers, are mostly unable to provide timely guidance and coping strategies when facing students' psychological issues. Mental health education courses are integrated into class group activities, making it difficult for students to experience professional psychological counseling classes, and the educational impact is very limited.

The professional development orientation of full-time mental health teachers is ambiguous, and their professional identity is relatively low. Full-time mental health teachers often undertake subject teaching tasks, which leaves them stretched thin and unable to fully dedicate themselves to mental health education work. This ambiguity in orientation limits the professional development space for mental health teachers, making it difficult to attract and retain outstanding talents [8].

③ Significant regional and urban-rural disparities exist

There are significant disparities in the allocation of mental health teachers between different regions and urban-rural areas. Urban schools, with their relatively abundant resources, have a better allocation of full-time mental health education teachers, while rural schools, due to a lack of resources, face a severe shortage of full-time teachers. This disparity leads to the timely needs of rural students for mental health education not being met, exacerbating educational inequality [13, 14].

5.2 Fragmentation of service models

5.2.1 The disconnection between prevention and intervention

In the mental health service system for adolescents, prevention and intervention should form a seamlessly connected closed loop. However, in reality, there is a significant disconnect between the two. The reason lies in the public's biased understanding of mental health services, which leads to a fragmented view of prevention and intervention [10, 14]. Many parents and teachers believe that mental health issues are problems of individual students rather than a widespread phenomenon, and even think that mental health issues will not occur to their own children. Therefore, they pay more attention to intervention than to prevention, and prevention efforts are difficult to receive sufficient attention and support. Coupled with the lack of effective communication and collaboration mechanisms among multiple relevant departments such as education, health, and civil affairs, poor information sharing has made it difficult for prevention and intervention measures to be connected; the lack of

professional talent has made it difficult for prevention work to be carried out in depth, and intervention measures to be effectively implemented; the backwardness of technological means has further restricted the connection between prevention and intervention.

This disconnection not only undermines the overall effectiveness of mental health services, but also may lead to delayed detection of psychological issues among adolescents, lagging intervention measures, and even trigger crisis events.

⑴ Preventing prevention from becoming a mere formality

Currently, although many schools and social institutions have launched mental health education courses and promotional activities, these efforts often remain superficial, lacking depth and relevance. For instance, some schools only organize lectures or themed activities during mental health education awareness week, failing to integrate mental health education into daily teaching and life. Such "formalized" preventive measures struggle to genuinely enhance the psychological resilience and coping abilities of adolescents, resulting in a significant reduction in prevention effectiveness [10,14].

⑵ The intervention measures are lagging and reactive

Due to the failure of prevention efforts to promptly detect and identify potential psychological crises, many issues are only recognized after they have escalated to a severe stage. At this point, intervention measures often have to address more complex and severe situations, significantly diminishing their effectiveness. For instance, some schools only initiate intervention procedures when students exhibit self-injury or suicidal tendencies, thereby missing the optimal window for early intervention. Over 70% of adolescent psychological issues are detected more than three months after they have arisen, and less than one-fifth of adolescents with mental illnesses seek medical attention [10].

⑶ Uneven resource allocation exacerbates disconnection

The uneven distribution of mental health service resources in prevention and intervention further exacerbates the disconnection phenomenon. Prevention efforts typically rely on the strength of educational institutions and communities, while intervention requires the participation of professional medical institutions and psychological counselors. Due to limited resources, many regions invest insufficiently in prevention efforts, while facing issues such as a shortage of professional talent and inadequate equipment in intervention efforts [10, 14]. This uneven distribution of resources makes it difficult for prevention and intervention to effectively connect. Currently, there are less than 500 full-time child psychiatrists nationwide, while the total prevalence of mental disorders among school students aged 6-16 in China reaches 17.5%, indicating that one in every six children is facing varying degrees of psychological distress [5, 9]. The coverage rate of psychological counseling rooms in primary and secondary schools is less than 65%, far below the 95% requirement set by the Ministry of Education. In economically developed regions, this coverage rate reaches over 95%, while in economically underdeveloped regions, it is far below 65% [14, 15].

5.2.2 **Inadequate cross-departmental collaboration**

In the realm of adolescent mental health services, the scarcity of cross-departmental collaboration is conspicuous and has emerged as a pivotal bottleneck impeding the enhancement of service efficacy. This deficiency not only leads to the squandering of resources and the prevalence of information silos, but also hinders timely and effective intervention in adolescent mental health issues [13, 14].

⑴**Manifestations of insufficient cross-departmental collaboration**

① Resource dispersion and waste

Currently, resources for adolescent mental health services are dispersed across multiple departments, including education, health, and civil affairs, lacking a unified integration and sharing mechanism. For instance, the education department is responsible for mental health education within schools, while the health department focuses on psychological treatment services in medical institutions, and the civil affairs department concentrates on community-level psychological support. This fragmented resource allocation leads to duplication of efforts and waste, and also poses difficulties for adolescents in obtaining referrals when cross-departmental services are needed [14].

② The phenomenon of information silos is widespread

The absence of an effective information-sharing platform among various departments has led to a severe phenomenon of information isolation. The psychological assessment data of students held by the education department, medical records from the health department, and community service information from the civil affairs department cannot be shared in real-time, resulting in delays in the detection and intervention of mental health issues among adolescents. For instance, if a student exhibits anxiety symptoms at school, this information is not promptly communicated to the health department, preventing timely medical intervention [13].

③ Ineffective service integration

Inadequate cross-departmental collaboration is also manifested in poor service integration. When students with mental health issues identified by the education department are referred to the health department or civil affairs department, they often encounter cumbersome procedures and low efficiency. This poor integration not only delays the opportunity for intervention but also increases the psychological burden on adolescents [13,14].

⑵ **Causes of insufficient cross-departmental collaboration**

① The boundaries of responsibilities among departments are blurred

The boundaries of responsibilities among various departments in adolescent mental health services are not sufficiently clear, leading to prevarication and disputes during collaboration. For instance, the education department believes that the intervention of mental health issues should be led by the health department, while the health department emphasizes the importance of the education department in prevention and early detection. This ambiguity in responsibility boundaries makes it difficult for cross-departmental collaboration to form synergy [13, 14].

② Lack of unified standards and norms

Currently, there is a lack of unified standards and norms for mental health services for adolescents, leading to disparities in service content, processes, and assessments among various departments. These differences

hinder the formation of consistent action plans during cross-departmental collaboration, thereby affecting the effectiveness of services. For instance, the psychological assessment tools employed by the education department do not align with the diagnostic criteria used by the health department, making data sharing and collaborative intervention challenging [13, 14].

③ The communication mechanism is imperfect

Interdepartmental collaboration relies on effective communication mechanisms, yet the current communication channels between departments are not sufficiently smooth, with insufficient frequency and depth of communication. For instance, regular joint meetings or information sharing platforms have not yet been established, leading to delayed and inaccurate information transmission between departments. Such communication barriers hinder the formation of a long-term effective mechanism for interdepartmental collaboration [13, 14].

④ Inadequate policy support

At the policy level, there is insufficient support for cross-departmental collaboration, lacking clear policy guidance and financial guarantees. For instance, cross-departmental collaboration projects often encounter issues such as funding shortages and ineffective policy implementation, making it difficult for collaboration to continue. Furthermore, the policy's incentive mechanism for cross-departmental collaboration is also imperfect, making it challenging to mobilize the enthusiasm of various departments [13].

5.2.3 Social Cognitive Bias

⑴ **Stigmatization of mental health**

Stigmatization of mental health refers to the negative attitudes, stereotypes, and discriminatory behaviors held by society towards individuals with mental illnesses. It labels patients as "abnormal" and "different," leading to their social exclusion and loss of status. This phenomenon stems from social prejudice, family misunderstandings, and patients' own cognitive misconceptions, such as mistakenly viewing mental illness as a sign of weak character or moral deficiency, and the exaggerated portrayals in the media that exacerbate fear. Stigmatization of mental health mainly falls into two categories: public stigma (prejudice and discrimination at the societal level) and self-stigma (internalized shame and self-depreciation by patients). Public stigma manifests as negative emotions and exclusionary behaviors towards patients due to misconceptions, such as considering patients unfit for work. Self-stigma, on the other hand, makes patients feel ashamed of their illness, leading to self-denial and social avoidance. Stigmatizationnot only distorts society's perception of mental health issues but also directly hinders adolescents' help-seeking behaviors, reduces service accessibility, and overall mental health status [9].

① The negative impact of stigmatization on adolescents' help-seeking behavior

On one hand, stigmatization reduces the willingness to seek help. Stigmatization leads adolescents to view psychological issues as manifestations of "weakness" or "shame," thereby inhibiting their willingness to seek professional assistance [9, 14]. For instance, many adolescents, fearing being labeled as "abnormal," conceal their psychological problems, bear psychological distress alone, and avoid being discovered by others, rather than seeking help from a counselor or doctor, thus missing the golden opportunity for early intervention. Self-

stigmatization is particularly severe, where adolescents not only endure external prejudice but also internalize these negative evaluations, leading to impaired self-esteem and reduced self-efficacy.

On the other hand, stigma influences the choice of help-seeking pathways. It also limits the diversity of options available to adolescents. Due to prejudices against traditional psychological counseling services, many adolescents turn to informal channels, such as anonymous online forums or confiding in friends, which often lack professionalism and systematicness. For instance, adolescents may choose to express their emotions anonymously on social media rather than visiting school counseling rooms or hospital psychiatry departments. This tendency not only diminishes the effectiveness of help-seeking but also increases the risk of information leakage and misinterpretation, further exacerbating the severity of psychological issues.

② The hindrance of stigma to the accessibility and effectiveness of mental health services

On one hand, stigma reduces the investment of service resources. Stigma leads to insufficient social attention to mental health services, thereby reducing resource investment. For example, schools may reduce the construction of mental health education courses or counseling rooms due to concerns about negative reactions from parents and students. This lack of resource investment directly affects the accessibility of services, preventing many adolescents from receiving timely and professional help. Data show that in areas with severe stigma, the coverage of adolescent mental health services is significantly lower than in other areas, leading to delays in the detection and intervention of psychological problems [9, 14].

On the other hand, stigma undermines the quality and effectiveness of services. Due to prejudices against mental health issues, service providers may lack sufficient professional training or resource support, resulting in services being reduced to mere formality. For instance, school counselors may be unable to provide in-depth psychological assessments and interventions due to high work pressure or limited resources, significantly compromising the effectiveness of services. Furthermore, stigma makes it difficult for service providers to establish trust relationships with adolescents, further affecting the effectiveness of services [9, 14].

③ The direct harm of stigmatization to the mental health of adolescents

On one hand, stigmatization directly exacerbates the psychological issues of adolescents. When adolescents are labeled negatively due to their psychological problems, they may feel lonely, helpless, and inferior, thereby exacerbating symptoms such as depression and anxiety. For instance, adolescents who experience stigmatization may exhibit higher levels of suicidal ideation and self-injurious behaviors. Stigmatization may also lead adolescents to adopt incorrect coping mechanisms, such as concealing their problems or relying excessively on the internet, which not only fail to aid in problem resolution but may also trigger more severe psychological crises [14].

On the other hand, stigmatization undermines the social support network of adolescents. When adolescents are discriminated against or excluded due to psychological issues, they may lose close relationships with family, friends, and teachers, leading to the collapse of their social support system. This lack of social support leaves adolescents without an effective buffer mechanism when facing psychological challenges, making them more vulnerable to psychological distress. For instance, adolescents who face severe stigmatization may avoid social

activities for fear of being ridiculed, exacerbating loneliness and psychological stress [14].

⑵ Misleading information on the internet

The complexity and diversity of online information have also led to the proliferation of misleading content, which has had a profound negative impact on the accessibility and effectiveness of mental health services for adolescents, as well as their mental health status [13].

① The impact of online information misguidance on the accessibility of mental health services

On one hand, misleading information hinders the willingness to seek help [16]. Misleading information on the internet, such as stigmatizing psychological issues as "weak" or "abnormal," severely inhibits adolescents' willingness to seek help. Many adolescents choose to bear their psychological distress alone rather than seeking professional assistance, fearing negative labeling. This phenomenon of self-stigmatization causes adolescents to miss the golden opportunity for early intervention, leading to the exacerbation of psychological problems. For example, some adolescents may develop the misconception that "my problems are not worth mentioning" after seeing incorrect interpretations of psychological issues on social media, thereby avoiding psychological counseling services.

On the other hand, misleading information disrupts service selection, leading adolescents to opt for informal help-seeking avenues such as relying on anonymous online forums or confiding in friends, rather than seeking professional psychological counseling. These informal channels lack systematicness and professionalism, making it difficult to provide effective psychological support. For instance, adolescents may attempt inappropriate self-help methods due to incorrect advice on the internet, such as relying excessively on online games or virtual socializing to relieve stress. Such behaviors not only fail to aid in problem resolution but may also trigger more severe psychological crises [14].

② The impact of online information misguidance on the effectiveness of mental health services

On one hand, misleading information undermines trust in services. Misleading information on the internet can diminish the trust of adolescents in mental health services. When adolescents encounter incorrect descriptions of psychological treatment, such as "psychological counseling is useless" or "drug dependency is harmful," they may become skeptical of professional services and refuse to undergo treatment. This lack of trust significantly reduces the effectiveness of mental health services and may even lead to service disruptions. For instance, some adolescents may cancel their appointments or refuse to continue treatment after reading negative reviews of psychologists online [10].

On the other hand, misleading information affects service providers. Misinformation on the internet not only affects adolescents but also indirectly impacts mental health service providers. When service providers (such as psychological counselors) encounter incorrect psychological knowledge or methods, it may lead to a decline in service quality and effectiveness. For instance, some non-professionals disseminate unproven psychological intervention techniques online, which may mislead service providers to adopt inappropriate treatment methods, thereby affecting the recovery process of adolescents [10].

③ The direct harm of online information misguidance to the mental health of adolescents

On one hand, misleading information exacerbates psychological issues. Misleading information on the internet directly exacerbates psychological problems among adolescents. When adolescents encounter incorrect descriptions or beautified content about suicide and self-harm, they may imitate such behaviors, leading to psychological crises. For instance, incorrect interpretations of suicide on some online forums or social media platforms may trigger despair among adolescents, even prompting them to attempt extreme behaviors. Furthermore, misleading information can also exacerbate symptoms of anxiety and depression. For example, the excessive promotion of a "perfect life" on the internet may induce feelings of inferiority and stress in adolescents [17].

On the other hand, misleading information undermines social support networks. Misinformation on the internet disrupts the social support networks of adolescents. When adolescents develop incorrect cognitions and behaviors due to misleading information, they may lose close relationships with family, friends, and teachers, leading to the collapse of their social support system. For instance, adolescents may clash with their families due to incorrect advice on the internet, or neglect real-life interpersonal relationships due to excessive reliance on virtual socializing, thereby exacerbating loneliness and psychological stress [17].

VI. The construction path of the mental health service system for adolescents

6.1 Establishing a multi-tiered collaborative service system

We should embark on building a multi-tiered service system encompassing the entire chain of prevention, intervention, and rehabilitation from four dimensions: policy formulation, resource integration, technology empowerment, and family participation. The core characteristics of this system are the standardized construction of professional talent teams and the systematic integration of diversified service models. Through legislative guarantees and policy support, we aim to establish a service system that includes interdisciplinary professional teams such as psychiatrists, clinical psychotherapists, and registered social workers [8, 13].

6.1.1 Policy system: constructing an institutional guarantee framework

⑴ Strengthen top-level design.

Firstly, promote the legislation of mental health services to clarify the rights and responsibilities of all parties involved. At the national level, special policies need to be introduced to incorporate mental health services into the budget of the basic public service system, ensuring stable funding sources for schools, communities, and medical institutions. Promote the legislation of the "Law on the Promotion of Minors' Mental Health" to clarify the responsibilities of the government, schools, and families. The "Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era" jointly issued by the Ministry of Education and other 16 departments in 2023 [11] has taken a crucial step, but further refinement of implementation standards, establishment of service standards, supervision mechanisms, and accountability systems are needed. The Ministry of Education can take the lead in formulating the "School Mental Health Service Standards", clarifying the proportion of full-time psychological teachers in schools, the construction standards for psychological counseling rooms (such as at least two full-time teachers per school), the

requirements for mental health course hours (one hour per week for primary schools and two hours per week for middle schools), and the standards for managing student psychological archives. At the same time, establish a cross-departmental coordination mechanism, implement a joint system involving education, health, civil affairs, and other departments, coordinate resource allocation, and break information silos. For example, Shanghai has achieved education and medical data sharing through the "Psychological Cloud Platform", allowing schools to view students' psychological assessment data in real time and medical institutions to access students' medical records, forming a closed loop of "detection-assessment-intervention" [11].

Secondly, establish a regulatory mechanism. Implement funding guarantees: set up a provincial special fund for mental health services, allocated according to the per-student standard (it is recommended to be 50 yuan/student/year for primary schools and 80 yuan/student/year for middle schools), with a focus on supporting the construction of psychological counseling rooms in rural schools. Incorporate mental health services into local government assessments, establish a "red, yellow, and blue" three-color early warning mechanism, and conduct special supervision for areas that fail to meet standards. Develop admission standards for personnel engaged in adolescent mental health work, set up special funds, strengthen supervision and evaluation, etc. [8]. According to the goals and requirements of adolescent mental health services, set specific evaluation indicators such as service coverage, satisfaction, and improvement effects. Regularly evaluate and assess adolescent mental health services through questionnaire surveys, interviews, data analysis, etc., promptly identify problems and make improvements [8]. Establish a sound evaluation mechanism for mental health service personnel to ensure fairness, objectivity, and comprehensiveness. In addition to professional competence and service quality as core evaluation indicators, the improvement of visitors' mental health status and the penetration rate of mental health education can also be considered for inclusion in the evaluation scope, in order to more comprehensively assess the performance of mental health service personnel. Link the evaluation results with financial investment, personnel rewards and punishments, etc., to form an effective incentive and restraint mechanism, ensuring the effective utilization of psychological resources. At the same time, establish an information disclosure system to promptly announce evaluation results to the public and accept social supervision.

6.1.2 Resource integration: optimizing the service supply network

⑴ Professional team building

In response to the current situation where there are less than 500 full-time child psychiatrists nationwide, the following measures can be taken: medical colleges and universities can establish clinical psychology majors and expand enrollment; hospitals can establish child psychiatry departments and increase the staffing of physicians, establishing a strict supervision mechanism, where child psychiatrists need to undergo regular and standardized psychological treatment supervision; a "school-hospital" joint training mechanism can be established, such as the cooperation project between Beijing Normal University and Anding Hospital; a "psychological teacher rotation training program" can be implemented, training 1,000 primary and secondary school psychological teachers each year; and teachers' psychological counseling abilities can be enhanced through channels such as the "National Training Program". After 5 to 10 years of effort, the proportion of full-time psychological teachers among mental health teachers should reach over 80%, with bachelor's degrees or

higher in psychology, medicine, or related fields, and they must pass the national "Level 1 Psychological Counselor" qualification certification and regular continuing education assessments to ensure that their professional abilities meet the requirements of normative documents such as mental health service personnel qualification standards. At the same time, mental health service workers are required to continuously strengthen their own capacity building. Through regular training, academic exchanges, case discussions, and other methods, their professional skills and service levels can be improved; a strict service quality monitoring mechanism should be established to ensure that every service meets professional standards.

⑵ Service network layout: Establishing a "three-in-one" service network

①Setting requirements

At the school level: Establish student counseling rooms, and allocate full-time mental health service teachers at a ratio of 1:500, with at least 2 teachers in each school; equip with scientific mental health assessment software and professional instruments, as well as auxiliary facilities, to effectively monitor the mental health of adolescent students; incorporate mental health education into compulsory courses, design tiered course content, focusing on emotion management in primary school and strengthening stress coping and social skills in middle school; at the community level: set up psychological service stations on the streets, equipped with social workers and volunteers; at the hospital level: open adolescent psychological clinics in top-tier hospitals, and establish a green referral channel.

② Service supply level

Optimize the layout of offline service outlets to ensure balanced coverage of service resources across various regions; explore cooperation models with medical institutions, community service centers, and other entities to broaden access to services. Adopt a hybrid model combining "offline diagnosis and treatment with digital empowerment": physical institutions provide in-depth intervention services including cognitive behavioral therapy, family therapy, group counseling, etc., while intelligent platforms utilize technological means such as artificial intelligence-assisted diagnostic systems and virtual reality exposure therapy to establish a round-the-clock mental health support network.

⑶ Encourage social forces to participate

Cultivate professional social organizations, encourage social entities such as enterprises and foundations to donate funds or equipment, and support mental health service projects. For example, the "Psychological Services into the Community" project carried out by the China Philanthropy Research Institute of Beijing Normal University has trained more than 3,000 community workers. At the same time, establish a government procurement service mechanism, and in 2023, the central government invested 300 million yuan to support social organizations providing mental health services.

6.1.3 Technology Empowerment: Innovating Service Supply Models

Firstly, develop AI-based psychological assessment tools and intelligent evaluation systems to enhance the timeliness, effectiveness, and accessibility of assessing and screening mental health issues among adolescents. Leverage artificial intelligence and big data analysis techniques to explore the commonalities and differences in the demand for adolescent mental health services, providing scientific evidence for mental health service

providers to carry out their work. Collect rich multimodal data from adolescents (such as voice data, text data, physiological data, etc.), and attempt to use machine learning, deep learning, and other methods from the field of artificial intelligence to characterize and model the relationship between these high-dimensional, unstructured, naturally occurring data and their psychological states, thereby achieving intelligent assessment of adolescent mental health. For instance, digital phenotyping technology and instant assessment methods can be employed to analyze real-time data generated by adolescents during online interactions with others, forming a unique mental health assessment for each individual. Take the "Smart Psychology" campus project in Guangzhou as an example, which utilizes big data analysis to provide early warnings of student psychological crises. In 2023, the pilot schools achieved an accuracy rate of 85% in identifying psychological issues and a 60% improvement in the timeliness of intervention [18].

Secondly, the application of digital therapeutics. By integrating digital mental health intervention technology, we can promote the transformation of mental health intervention models for adolescents. Currently, the integration of digital technology and psychological intervention mainly takes the following forms: First, applications, which can cover all stages of psychological intervention and have excellent intervention effects on common mental health issues. Second, video games are widely used in psychological intervention, such as for depression, anxiety, and other emotion-related psychological problems. Third, virtual reality technology. Currently, virtual reality technology has evolved from simulating the world to simulating the self, creating new experiences and connections between people, providing more possibilities for psychological intervention. Researchers have already applied VR-based psychotherapy systems to the treatment of anxiety disorders. Clinical trials have shown that students who use VR exposure therapy experience a 70% improvement rate in social anxiety symptoms. Fourth, AI technology. For example, chatbots, which are computer programs that simulate human conversations for chat purposes, have been integrated into computerized psychotherapy [18].

Thirdly, remote counseling services. A nationwide psychological assistance hotline network has been established, with the number of calls exceeding 1 million in 2023. The "Internet plus psychological services" model has been promoted, with the establishment of an online platform for mental health services and the development of mental health apps.These provide a one-stop service covering the entire process, including counseling appointments, online assessments, online counseling, result feedback, and resource downloads, reducing unnecessary waiting times and repetitive operations. While simplifying processes and expanding service coverage, it is ensured that adolescents and their parents can clearly understand the significance of each step, avoiding misunderstandings and anxiety caused by information asymmetry. The layout of offline service outlets is optimized to ensure balanced coverage of service resources in various regions; cooperation models with medical institutions, community service centers, and others are explored to broaden service access channels and provide adolescents with better service experiences. According to statistics, the coverage rate of online psychological counseling services reached 32.7% in 2025. A national psychological services database has been established to enable cross-regional data sharing. Humanistic care is integrated into both online and offline services, allowing adolescents and their parents to feel understood and respected, thereby more actively participating in the construction of the adolescent mental health service system [13, 14, 18].

6.1.4 Fully enhance family participation: build a solid first line of defense.

Firstly, we aim to establish a parent education project, deepen the research and development of specialized parent education courses, improve the interactive platform for parent education, and construct a guidance system for parent education. We will carry out regular educational training, aiming to cultivate good parents who are willing to learn, aware of their responsibilities, skilled in listening, and always present. We will implement the "Parent Psychological Literacy Improvement Plan" and develop the following series of courses: courses for parents of infants and young children, which cover the psychological development characteristics of children aged 0-3; courses for parents of school-age children, which cover coping strategies for academic pressure; and courses for parents of adolescents, which cover parent-child communication skills. At the same time, through corresponding incentive policies and scientific supervision, we will encourage parents to actively participate in training, ensuring that family education is truly effective and scientific [8, 13].

Secondly, it is essential to build a family support network and establish a collaborative mechanism among "family-school-community". Schools should regularly organize parent schools and workshops, report on the mental health status of adolescents, assist parents in recognizing early signs of psychological issues, and strengthen the linkage between home and school. Communities (streets or townships) should set up psychological service stations staffed by professional social workers and volunteers, providing free consultation and crisis intervention services. Parent-child activity centers should be established, disseminating mental health knowledge through community lectures, online courses, and other means to enhance parents' scientific understanding of psychological issues. Regular parent-child interactive activities should be organized to improve parent-child interaction skills and strengthen emotional bonds between parents and children. Youth mutual-aid groups should be formed to enhance a sense of belonging through sharing sessions, outdoor activities, and other forms. Medical institutions should provide family therapy services, guiding families to optimize parenting methods and living environments to promote the mental health of adolescents. A psychological crisis referral mechanism should be established, allowing schools to quickly refer students with serious psychological issues to professional institutions. For example, a pilot "green channel" project in a certain city has shortened the referral time to within 48 hours [13].

Lastly, special attention is given to vulnerable groups. For groups such as left-behind children and migrant children, the "Protecting the Seedlings Program" has been implemented. Through the establishment of "Caring Mothers" teams and the implementation of activities such as "family video calls", the proportion of left-behind children at risk of depression decreased by 15% in 2023[14].

6.2 Implementing a three-tier intervention strategy

In public health, the comprehensive process encompassing early preventive care through to therapeutic intervention for diseases is termed tertiary prevention. Within this framework, both primary and secondary care for mental health constitute preventive social healthcare efforts, whereas only tertiary care can be described as "professional treatment". Based on this distinction, we can amalgamate primary and secondary care for mental health into "preventive intervention", while categorizing tertiary care for mental health into "therapeutic intervention" and "crisis intervention" according to the severity and urgency of the condition [10, 13, 14].

6.2.1 Preventive intervention

Preventive intervention refers to a series of preventive measures taken before the occurrence of psychological disorders to reduce their incidence. Specifically, it includes the following projects: ⑴ enhancing health awareness through education and public opinion propaganda; ⑵helping adolescents resist the pressure of life events and improve social adaptability through training; ⑶ reducing harmful external influences by transforming the environment; ⑷ and developing a more comprehensive social support system [10, 13, 14].

Preventive intervention in mental health poses the greatest challenge within the three-tier intervention system. This is because it is grounded in the social context of the entire human society and targets the entire adolescent population for health care, rather than just individual individuals or certain adolescents. This group is vast in number, widely dispersed, and exhibits significantly greater mutual influence than other age groups, necessitating the participation and support of the entire society. Schools and communities, as the primary venues for adolescents' activities, become the main implementers of preventive intervention. This work is primarily carried out through student counseling rooms and community psychological service stations, requiring attention to the following two aspects. ⑴Early screening mechanism: Conduct a mental health survey every semester, utilizing standardized scales (such as PHQ-9) to identify high-risk students.⑵ Application of positive psychology: Assist students in discovering their own potential and enhancing their self-efficacy through "strength identification" activities.

6.2.2 Therapeutic intervention

Therapeutic intervention refers to professional intervention for existing psychological issues or disorders, which can be divided into early intervention and routine intervention [10, 13, 14].

⑴ Early intervention:

Equivalent to secondary healthcare in public health, it refers to the early identification, diagnosis, prevention, and treatment of issues that have not yet evolved into severe psychological disorders. Through early intervention, some disorders can be effectively intervened and treated at their initial stages, reducing some issues that might otherwise develop into major illnesses to minor ones. Simultaneously, it shortens the duration of some issues that might have a longer course of disease. Children and adolescents are the primary targets of early intervention, as their psychology is in a developmental, changeable, and unstable stage. Early intervention can prevent some unstable psychological issues from deteriorating into severe psychological disorders.

There are primarily three approaches to early intervention. ①Daily observation involves close monitoring of emotional changes in adolescents by close contacts such as other family members, community members, teachers, and peers, with the aim of early identification, diagnosis, and prevention of potential psychological disorders. ②Cognitive-behavioral therapy (CBT) provides structured psychological treatment for students with anxiety and depression, assisting them in reconstructing negative thinking patterns. ③Family therapy involves inviting parents to participate in the treatment process, aiming to improve family interaction patterns. For instance, in a specific case, family therapy led to a 60% reduction in parent-child conflicts [13, 14].

⑵ Routine intervention

Conventional intervention refers to structured psychological interventions implemented by hospital adolescent psychological clinics, child psychiatry departments, or telemedicine platforms for adolescents who have been diagnosed with common psychological disorders or behavioral issues. Based on strengthening communication and exchange with adolescents, targeted psychological treatment interventions are adopted after understanding their psychological state and the progression of their mental illnesses. The goal of the intervention is to alleviate psychological problems or recover from diseases. For patients with severe disorders, multidisciplinary teams provide combined pharmacological and psychological treatment in specialized medical institutions. Multidisciplinary integration is an inevitable development trend in adolescent psychological treatment, mainly involving the following three practical models [10, 13, 14]. The first is the theoretical integration model, which attempts to extract common theoretical frameworks from different treatment systems to construct a more comprehensive treatment model. For example, combining cognitive behavioral therapy from psychology with behavior modification theory from education to form an integrated treatment plan for adolescent learning disorders. This model requires therapists to possess interdisciplinary theoretical knowledge and be able to flexibly apply different theories to explain and intervene in psychological problems. The second is the common factors model, which focuses on common elements in different treatment methods, such as therapeutic alliance and visitor expectations. In adolescent psychological treatment, establishing a positive therapeutic relationship is key. Through multidisciplinary collaboration, these common factors can be identified and strengthened to improve the effectiveness of treatment. For example, psychologists collaborate with educators to ensure that treatment goals are aligned with the academic needs of adolescents and enhance the therapeutic alliance. The third is the eclectic model. The eclectic model does not focus on theoretical integration but directly selects effective techniques from different schools for combination. In the treatment of adolescent depression, pharmacological treatment, cognitive behavioral therapy, and family therapy can be combined, with the technique combination flexibly adjusted according to the specific symptoms and family environment of adolescents. This model emphasizes practicality and flexibility, suitable for handling complex adolescent psychological issues.

6.2.3 Psychological Crisis Intervention

A psychological crisis refers to a state in which an individual experiences setbacks in important life goals, or a complete breakdown in daily life, where various methods for coping with stressors fail completely, leading to a disintegration of life. The individual becomes trapped in an overwhelming state of fear, shock, and sadness, which cannot be overcome, resulting in abnormal behavior or cognitive confusion, and even self-harm or harm to others [19].

⑴ Characteristics of psychological crises among adolescents

Adolescent psychological crises exhibit several notable characteristics:① they are both sudden and covert. Crisis events may occur abruptly, yet the preceding psychological changes are often subtle and difficult to detect. ②Emotional volatility is pronounced: adolescents may exhibit extreme emotional reactions during crises, such as anger, depression, or anxiety. ③Impulsive behavior: due to the immature development of the prefrontal lobe,

adolescents may make impulsive decisions during crises, such as self-harm or aggressive behavior. ④High demand for social support: adolescents often require more emotional support and practical assistance during crises to restore psychological balance [19].

⑵ Psychological crisis intervention system

Psychological crisis intervention is required for adolescents exhibiting the aforementioned four characteristics. An effective psychological crisis intervention system for adolescents should encompass the following core modules: ① Individual level: Adolescents should pay attention to their own psychological state and cope with stress through psychological counseling and guidance. ②School level: Schools should establish mental health education courses and crisis intervention mechanisms to provide timely psychological support. Develop emergency response plans for psychological crises, clarifying the handling procedures for extreme situations such as suicide and self-harm. Set up a 24-hour psychological assistance hotline to ensure that those experiencing a crisis can receive support in a timely manner. ③Family level: The family is the foundation of adolescents' psychological development, and parents should participate in the intervention process and provide sufficient emotional support. ④Social level: Society should provide more mental health resources, such as community psychological services and public education programs [10, 13, 14].

⑶ Implementation steps of psychological crisis intervention

① Crisis Assessment:

Identify adolescents in crisis through psychological assessments and daily observations. The main assessment modules include physiological indicators (such as diet, sleep, and physiological symptoms), psychological indicators (such as emotional state, cognitive function, and behavioral patterns), and social indicators (such as family environment, peer relationships, and school performance).

② Immediate Intervention:

After a crisis occurs, quickly initiate an intervention mechanism to provide psychological support and practical assistance. This mainly includes psychological support (i.e., providing emotional support and listening, helping adolescents express their inner feelings and needs), practical assistance (i.e., solving practical problems such as academic pressure or family conflicts, reducing the burden on adolescents), and professional intervention: when necessary, introduce a psychologist or psychiatrist to provide professional psychological treatment.

③Post-Intervention:

After the crisis has eased, conduct long-term follow-up and counseling to help adolescents restore psychological balance. This mainly includes long-term follow-up (i.e., regularly communicating with adolescents and their families to understand their psychological state and needs), psychological counseling (providing continuous psychological counseling to help adolescents deal with unresolved psychological issues), and social support (encouraging adolescents to participate in social activities to enhance their social adaptability and self-confidence).

④ Preventive Mechanism:

Through education and publicity, improve adolescents' psychological resilience and coping abilities [13, 14, 16].

VI. Conclusion

Establishing a mental health service system for Chinese adolescents is not only about "treating and saving lives", but also about helping adolescents cultivate and strengthen their psychological resilience, developing their strengths, enabling them to adapt to the constantly changing times, learn to cope with the challenges and setbacks of daily study and life, and thereby improving their mental health level. On this basis, from the perspective of promoting positive development among students, we design adolescent mental health intervention projects that are tailored to China's national conditions and educational realities. Ultimately, we aim to establish a comprehensive mental health service system for adolescents, encompassing a cultivation and education system, a detection system, an early warning system, a work system, a management system, and a supervision system. In the process of practice, we continuously summarize the experience of mental health work among Chinese adolescents. For example, how to combine mental health education with ideological and political education in primary and secondary schools; how to integrate mental health education with career planning in secondary vocational education; how to integrate Chinese excellent traditional culture with mental health education, etc., in order to enhance the effectiveness of mental health services and build an independent knowledge system in China.

References

[1] WHO. Adolescent Mental Health [R]. Who.int /news-room/fact-sheets/detail/ adolescentmental-health.[2020-09-28].

[2] Peking University Health Science Center Child Development Center. Report on Child Suicidein China [EB/OL]. [2024-10-24] Baidu Education. http://mbd.baidu.com/newspage/data/dtlandingsuper?nid=dt_4913983014793918380&sourceFrom=searcn_a

[3] Vannucci A, Flannery KM, Ohannessian CM. Social media use and anxiety in emerging adults

[J]. J Affect Disord,2017, 207: 163-166.

[4] Hou J, Ndasauka Y, Pan X, et al. Weibo or WeChat? Assessing Preference for Social Networking Sites and Role of Personality Traits and Psychological Factors [J]. Frontiers in Psychology, 2018,9:545.

[5] China Childrens Center Childrens Blue Book: China Childrens Development Report (2019) [M]. Beijing: Social Science Literature Publishing House, 2019.

[6] Hou YM, Dan, W. The influence of academic stresson academic burnout among middle school students in Guangdong [J]. Advances in Social Sciences Research Journal, 2022, 9(9). 404-411.

[7] Hou YM, Dan Wen. Student-Teacher Relationship and Its Influencing Factors among Middle School Students in Guangdong [J]. European Journal ofEducation and Pedagogy, 2022, 3(5): 153-158.

[8] Wang YX. Analysis of the Importance of Mental Health in Children and Adolescents and Intervention Strategies [J]. Modern Medicine and Health Research Electronic Journal, 2020, 4(09): 113-115

[9] Chinese Center for Disease Control and Prevention. Mental Health Map of Chinese Adolescents [N]. Life Times - Baijiahao [2025-07-29]12:00.

[10] Sohu.com. In-depth Evaluation Report on the Service Capabilities of Professional Institutions in the Field of Youth Psychological Support in 2025 [EB/OL]. [2025-12-28]. https://www.souhu.com/a/970186335_122592098

[11] Central People's Government of the People's Republic of China. Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025) [EB/OL]. https://www.gov.cn/zhengce/zhengceku/202305/content_6857361.htm

[12] Education Work Committee of the CPC Beijing Municipal Committee. Notice on the Issuance of the Action Plan for Comprehensively Strengthening and Improving Mental Health Work for Primary and Secondary School Students in the New Era (2023-2025) by the Beijing Municipal Education Commission [EB/OL]. https://jw.beijing.gov.cn/xxgk/2024zcwj/2024qtwj/202404/t20240409_3614280.html

[13] Jia Y. Scientifically Building a Mental Health Service System for Adolescents in the New Era [EB/OL]. https://www.rmlt.com.cn/2024/0428/701348.shtml

[14] Douin.com. Report on the Construction of China's Child Mental Health Service System and Market Demand Analysis in 2025 [EB/OL]. https://www.douin.com/p-4925572898.html

[15] China Research Network. National Health Commission: Nearly 95% of primary and secondary schools in pilot areas have established psychological counseling rooms [EB/OL]. https://www.chinairn.com/news/20231011/154020581.shtml

[16] Wu Z, Xu L. Construction of Mental Health Education Model for College Students in the Network Information Age [J]. Heilongjiang Historical Records 2014, (4): 74-76

[17] Hou YM. Mental health among adolescents during the outbreak of COVID-19: Status and influencing factors [J]. International Journal of Arts and Social Science. 2024, 7(3): 1-14.

[18] Guangdong Provincial Health Commission.Letter of Reply to Proposal No. 20240417 from the Second Session of the 13th Guangdong Provincial Political Consultative Conference [EB/OL]. https://wsjkw.gd.gov.cn/zwgk_jytabl/content/post_4458012.html

[19] Zeng H, Zeng ZL, Wang PF,et al. Characteristics of psychological Crisis and its risk factors among adolescents in China [J]. Journal of Child and family studies, 2020, 29(9): 2443-2452.