

Research on Social Work Interventions in Adolescent Mental Health Education

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Abstract: Adolescent mental health problems have become a global public health concern, and about 75% of mental health disorders occur before the age of 25. These problems seriously affect the academic development, social adaptability, and quality of life of adolescents. As the main place for youth development, school is the key position for mental health education. However, the traditional education model is faced with practical difficulties such as lack of professional strength, fragmentation of services, and disconnection between home, school, and society. Social work provides a unique intervention path for adolescent mental health education with its systematic perspective of “people in the situation”, “professional method system”, and resource integration ability. This paper analyzes the causes and needs of adolescent mental health problems, explains the theoretical basis and professional advantages of social work intervention, constructs a systematic intervention strategy with three dimensions of prevention, intervention, and development, and explores innovative models such as resident social workers and the ‘home-school-society alliance’ through localization practice. According to the research, social work intervention in adolescent mental health education should shift from ‘problem correction’ to ‘positive development’, establish a trinity service system of ‘prevention-intervention-development’, and make mental health education shift from knowledge transfer to the construction of holistic care and social support network.

Keywords: social work; adolescents; mental health education

0. Introduction

Adolescence is a critical stage of rapid physical and mental development and social role transformation, and it is also a period of high incidence of mental health problems.^[1] International studies have shown that about 34.6% of people’s first mental disorders occur before the age of 14, 48.4% before the age of 18, and 62.5% before the age of 25. The mental health status of adolescents in China is also not optimistic. Depression, anxiety, self-injury behavior, and other problems are on the rise, which has become the main risk factors affecting their healthy growth.

As the first line of preventing and intervening in adolescents’ psychological problems, school mental health education has received continuous policy attention in recent years. However, the traditional model has significant limitations: insufficient professional psychological teachers, low utilization rate of psychological counseling rooms, disconnection between educational content and life experience, and difficulty in integrating family and community resources.

^[3] These challenges reflect a deeper structural dilemma—mental health education is narrowed into knowledge transfer and crisis response, rather than embedded in the daily life system of adolescents.

The intervention value of social work lies in this. Social work not only focuses on individual psychological adjustment, but also pays more attention to the interaction between individuals and the environment, and is committed to repairing and constructing a supportive social ecosystem. The purpose of this paper is to systematically explore the theoretical basis, practical path, and innovative model of social work intervention in adolescent mental health education, and to provide reference for building a more integrated and effective adolescent mental health service system.

1. Causes and Needs Analysis of Adolescent Mental Health Issues

1.1 Interwoven Causes Across Multiple Systems

Adolescent mental health problems are the result of the interaction of individual, family, school, society, and other systems. At the individual level, adolescent hormone levels fluctuate significantly, the prefrontal cortex is immature, and the ability to regulate emotions and assess risk is relatively weak.^[4] Cognitive development theory points out that although adolescents begin to develop abstract thinking ability, they are more likely to fall into self-centeredness and rumination.

The family system is the primary micro-environment that affects the mental health of adolescents. Poor family interaction patterns, including improper parenting styles, parent-child communication barriers, and lack of family structure, may be predisposing factors for psychological problems. Studies have shown that there is a significant correlation between parental absence, family conflict, and adolescent depression and anxiety.

In the school environment, academic stress, peer relationships, and teacher-student interaction constitute another important influencing dimension. Excessive anxiety caused by academic competition, psychological trauma caused by school bullying, and social withdrawal caused by lack of sense of belonging are all typical manifestations of mental health risks in the school environment.

At the social and cultural level, interpersonal alienation in the process of urbanization, body image anxiety caused by social media, and existential anxiety caused by future uncertainty together constitute the macro pressure background of adolescent psychological development. A study involving tens of thousands of adolescents found that high-frequency use of social media was significantly associated with decreased sleep quality, negative body image, low self-esteem, and increased depressive symptoms.^[5]

1.2 The Multifaceted Needs of Adolescent Mental Health

Based on the above analysis, adolescents' mental health presents a multi-level demand structure. The first is the need for a sense of security—the need for a physically and mentally safe environment, free from harm and discrimination, and the establishment of basic trust. The second is the need for relationships—the desire to be understood and accepted, to establish close peer relationships and intergenerational connections, and to gain a sense of belonging. The third is the need for autonomy—to gain respect and space in identity exploration and develop independent decision-making ability. The fourth is the ability to demand—to obtain a sense of achievement through academic, interest, or social participation, and to establish a positive self-cognition. Finally, it is the need for meaning—thinking about the value of life and the future direction, forming a healthy world outlook and values.

Traditional mental health education often focuses on 'problems' rather than 'needs', tends to standardize knowledge transfer, and fails to effectively respond to the deep emotional needs and development aspirations of adolescents. This is the key breakthrough point of social work intervention.

2. Theoretical Foundations and Professional Advantages of Social Work Intervention

2.1 Ecological Systems Theory: Understanding "The Person in Context"

Ecosystem theory is the basic framework for social work to understand the psychological problems of adolescents. The theory emphasizes that individual development is deeply influenced by the multi-level environmental system in which it is located—micro-system (family, school, peer), meso-system (interaction between micro-systems) and macro-system (culture, system, values)—jointly shape the psychological state and behavior patterns of adolescents.^[6]

The psycho-social therapy model further takes ‘people in the situation’ as the core concept, and advocates understanding them in the specific development environment of visitors. Intervention should not only focus on individual changes, but also on the improvement of the surrounding environment. This means that social work interventions in mental health education do not treat adolescents as isolated ‘problem carriers’, but rather understand and support them in the overall picture of family relationships, school atmosphere, and community support networks.

2.2 Strengths Perspective and Resilience: From “Problem” to “Resource”

Different from the diagnostic orientation of traditional psychology, social work adheres to the advantage perspective and pays attention to the internal resources, abilities, and resilience of adolescents. The theory of resilience asks not ‘why some children encounter difficulties’, but ‘why most children can thrive in adversity’.

This perspective provides enlightenment for mental health education: the goal should not be limited to eliminating symptoms, but should explore and cultivate adolescents’ internal advantages—emotional regulation ability, problem-solving ability, social interaction ability, and meaning construction ability. The task of social work is not to ‘repair’ adolescents, but to work with them to discover and activate these potential resources.

2.3 Social Support Networks: Building Structural Support

Social support theory believes that the individual’s mental health is closely related to the strength of its social support network. The network includes both formal support (professional institutions, policy resources) and informal support (family, friends, community). When adolescents’ natural support networks are broken or dysfunctional, social work interventions are designed to help repair, strengthen, or replace these support functions.

In the practice of mental health education, this not only means paying attention to individual counseling, but also means working to build a three-in-one support network of teachers, parents, and social workers.^[7] This path breaks down barriers between schools, families, and communities, and transforms mental health education from isolated professional activities to systematic support embedded in daily life.

3. Practical Pathways for Social Work Intervention in Adolescent Mental Health Education

Based on the aforementioned theoretical perspective, social work intervention in adolescent mental health education can establish a tripartite practice framework of “prevention-intervention-development”.

3.1 Prevention Level: Fostering Supportive Environments

Prevention is better than treatment is the basic concept of social work. At the prevention level, the core task of social work is to cultivate environmental conditions conducive to the mental health of adolescents.

The school social work model is an important carrier of preventive intervention. Through the establishment of a “social work station” or a “social work corner” in the school, social workers become students’ close and reliable confidants and sources of support. This low-threshold approach breaks the sense of formality and distance of traditional counseling, so that psychological support can be seamlessly integrated into students’ daily life. Social workers can organize group activities with the theme of emotional management, interpersonal communication, life education, etc., which not only disseminate mental health knowledge, but also cultivate psychosocial ability.

Curriculum integration is another important path. Social workers can cooperate with teachers to integrate mental health elements into class meetings, moral education, and even subject teaching.

The design and promotion of standardized mental health class meeting courses can realize the ‘ unified teaching materials of the whole school and the synchronous teaching of the head teacher ‘ , and change mental health education from the ‘ single fight ‘ of social workers to the collaborative action of all teachers.

Environment construction also includes the construction of campus culture. Social workers can promote the establishment of supportive peer relationships and harmonious teacher–student relationships, reduce bullying and exclusion events, and create an acceptable, inclusive, and supportive school atmosphere.

3.2 Intervention Level: Precision–Targeted Individual Services

When adolescents have psychological distress or behavioral problems, social work must provide timely and effective intervention services. Different from clinical psychotherapy, social work intervention emphasizes ‘ situational intervention ‘ – not only pays attention to the psychological adjustment within the individual, but also pays attention to the change of the external environment.

The psychosocial treatment model provides a mature operational framework for case intervention. This model distinguishes between direct treatment and indirect treatment : direct treatment uses reflective and non–reflective techniques to help visitors understand and adjust their emotions and cognition ; indirect therapy extends the focus of intervention to the visitor ‘ s environmental system, seeking and constructing support networks.

Taking adolescents with suicidal tendencies as an example, the intervention of social workers needs to be multi–pronged : urgently coordinating relevant departments to establish safety mechanisms ; docking with the family to ensure 24–hour monitoring and medication management ; establish professional trust through sincere companionship ; assist in repairing family communication mode ; explore the interests and advantages of the case owner and cultivate life motivation. This process fully reflects the systematic perspective of social work—the formation of problems is the result of multi–factor interweaving, and the solution must be promoted through multi–level coordination.

For vulnerable groups such as children in distress, it is particularly important to carry out dynamic case management through personalized archives and establish an integrated service model of evaluation, intervention, and tracking. Hierarchical classification of needs assessment can develop differentiated intervention strategies for adolescents with different risk levels to ensure the accurate allocation of professional resources.

3.3 Developmental Level: Activating Growth Potential

The development perspective is a special contribution of social work beyond problem solving. The goal of intervention at this level is not to ‘ solve problems ‘ , but to ‘ promote growth ‘—to help adolescents discover their own potential, build self–confidence, and find meaning, so as to realize the transformation from ‘ passively receiving help ‘ to ‘ actively constructing life ‘ .

Cultivating interest and developing advantages are important entry points. For adolescents who resist communication, social workers can use common interests (such as small animals, painting, dance) to build connections, open their hearts in a common language, and rebuild their self–worth through advantages. Diverse activities – including animal–assisted therapy, artistic expression, sports, etc. – can serve as vehicles for activating adolescents ‘ internal resources. ^[7]

Social participation is a higher level of development path. Citizen participation can enhance the sense of belonging, efficacy, and meaning of young people, and actively promote mental health. Studies have shown that participating in civic participation activities such as community service and volunteer service can cultivate leadership, communication, and problem–solving ability,

reduce anxiety and sadness, and enhance psychological resilience. Social workers can establish a platform for young people to participate in community affairs, so that they can experience their own value in contributing to society.

4. Local Practice Exploration and Model Innovation

In recent years, various regions across China have undertaken fruitful explorations in applying social work interventions to adolescent mental health, yielding several innovative models worthy of reference.

4.1 The “Dual-Track” Model of School-Based Social Workers

Dadukou District of Chongqing took the lead in implementing the “ Childhood Guardian “ project, adopting the “ school + tour “ dual-track social work model, and introducing professional services into primary and secondary schools. The secondary school set up an entity, the ‘ social work station ‘, and carried out weekly case counseling, theme class meetings, crisis intervention, and other services.^[8] Primary schools implement the brand action of “ five educations and moistening the heart, “ and achieve extensive coverage of mental health education through “ sending services to school. The ‘ 123N ‘ action strategy of the project – one site, two levels, three services, and N resource links – has established a complete school social work support system.

The core experience of this model is to ensure that professional services are not separated from the school system, but are ‘ embedded ‘ in it – organically integrated with the school ‘ s educational objectives, daily management, and teaching staff. Through the mental health education skills of the training course director, the upgrade from ‘ social worker speaking ‘ to ‘ class teacher speaking ‘ is realized to ensure the sustainability of the service.^[8]

4.2 Collaborative Education through the “Home-School-Community Partnership”

Huangpu District of Guangzhou City promotes the “ Home-School-Society Alliance “ escort youth growth project, focusing on building a trinity service network of teachers, parents, and social workers. Through systematic training, the project has trained a core team of mental health education that ‘ understands psychology, can intervene, and collaborate ‘, and extended services to multiple scenarios such as science and technology parks and commercial buildings. The course content focuses on practical themes such as emotional adjustment, stress management, art therapy analysis, and high-quality parenting, and directly addresses the actual needs of adolescent growth and family parenting.

The core value of the “ Home-School-Society Alliance “ is to break down the barriers between schools, families, and communities, and to transform mental health education from the “ single fight “ of schools to the joint action of the whole society. Through the establishment of the empowerment mechanism of ‘ famous teacher studio + expert supervision + practical training ‘, the professional ability of the service team is continuously improved.

4.3 Multi-tiered Coordination of Professional Teams

The psychological counseling service project in Hohhot, Inner Mongolia, has established a three-tier service team of ‘ expert supervision-counselor guidance-professional social work service ‘, forming a complete ‘ evaluation-intervention-tracking ‘ service model. Through the “ 1 + 1 “ case model (a consultant + a social worker), deepen the precision service, and mobilize social resources to carry out practical activities, so that children in distress can grow up in a broader environment.

Nanjing Tiexinqiao Street Minors Protection Station integrates multiple resources such as college volunteers, social work institutions, and community networks. With ‘ psychological empowerment and ‘ comprehensive literacy ‘ as the core, it provides basic cognitive development, emotional

stress management, social communication ability, and other systematic services.^[9] The integration of multiple activities such as scientific and technological cognition, self-care training, and non-genetic inheritance has promoted the mutual empowerment of mental health education and whole-person training.

5. Reflection and Outlook

5.1 Practical Challenges

Although some achievements have been made, social work intervention in adolescent mental health education still faces multiple challenges. The shortage of professional talents is a common bottleneck, and the number of social workers with mental health professional ability is difficult to meet the growing demand for services. The cross-departmental collaboration mechanism is not perfect, and the policy coordination and service linkage between education, civil affairs, health care, social work, and other departments need to be strengthened. The service evaluation system is relatively weak, and many projects lack scientific effect evaluation, which makes it difficult to verify the effectiveness of intervention and accumulate evidence-based practice.

The issue of cultural adaptability is also worthy of attention. Whether the psychotherapy technology originated from the West conforms to the cultural and psychological characteristics of Chinese adolescents needs further localization exploration. Studies have shown that intervention programs that incorporate traditional cultural elements (such as five-element music and Baduanjin) may achieve better results, suggesting that we should pay attention to and transform local cultural resources.

5.2 Future Directions

Looking forward to the future, social work intervention in adolescent mental health education should be deepened in the following aspects:

First, from ‘problem intervention’ to ‘positive development’. The goal of mental health education should go beyond the prevention and reduction of psychological barriers, and actively promote the positive development, potential realization, and happiness of adolescents. The ‘5C’ model—ability, self-confidence, connection, character, and care—emphasized by the positive youth development concept provides a more constructive framework for mental health education.

Second, establish an evidence-based service system. Social work must strengthen the scientific evaluation of the intervention effect, accumulate local practice evidence, and clarify which intervention methods are most effective for which adolescent groups under what conditions. Evidence-based practice is not to deny professional judgment, but to seek a better combination of scientific evidence and practical experience.

Third, promote collaborative innovation of policies and systems. The response to adolescent mental health problems can not only rely on the ‘repair’ of professional services, but also need structural support at the policy level. Integrating school social work into the education system, establishing a cross-sectoral information sharing and service linkage mechanism, and improving the funding and payment system for mental health services are key pillars to ensure sustainability.

6. Conclusion

Adolescent mental health education is a systematic project, which needs to go beyond the narrow understanding of “education” and return to the overall vision of “educating people.” Social work provides unique value for adolescent mental health education with its systematic theoretical perspective, multiple methods and techniques, and professional resource integration capabilities. By understanding problems through “people in situations,” “discovering resources from an advantageous perspective, and constructing the environment through social support networks,

social work shifts our attention from “problematic adolescents” to “systems that need support,” from “how to eliminate symptoms” to “how to promote growth.”

Domestic practice shows that innovative models such as school-based social workers and ‘home-school-society alliance’ are opening up a path suitable for China’s national conditions. The core of this path is not to replace the natural growth of young people with professional services, but to enable every young person to grow up healthily in an environment that is understood, accepted, and supported by repairing and constructing a supportive social ecosystem. This is not only the mission of social work intervention in adolescent mental health education, but also the common responsibility of the whole society.

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