Research on the Support Mechanism for Students' Mental Health Education from the Perspective of Family-School-Community Collaboration

Qianghua Sun

Changchun Guanghua University Marxist College, Changchun 130022, Jilin,China

Abstract: Students' mental health education runs through multiple fields such as family life, school education and social interaction. Family-school community collaboration can provide more continuous support for psychological needs identification, education guidance and risk intervention. Based on the perspective of family-school-community collaboration, this paper analyzes the practical basis of the construction of students 'mental health education support mechanism,and points out that there are current practical difficulties such as lagging mental health needs identification,scattered supply of collaborative education resources,incomplete psychological risk stratification intervention,and weak crisis referral follow-up chain. On this basis,it is proposed to establish the identification mechanism of students' mental health needs,integrate mental health education resources,improve the connection between family observation,school screening and community services,promote the linkage of curriculum counseling,parent-child support and social resources,design the process of psychological risk stratification support and collaborative intervention,and improve the mechanism of psychological crisis prevention,referral intervention and continuous follow-up. It was concluded that the collaborative support mechanism of family,school and community was helpful to improve the timeliness,systematicity and effectiveness of students 'mental health education,and provide stable support for the development of students 'physical and mental health.

Keywords: Family-school-community collaboration; Students' mental health education; Support mechanism; Psychological risk intervention

DOI:10.12417/3029-2328.26.06.011

1.Introduction

Students' mental health education usually relies on mental health courses,class activities,individual counseling and family-school communication organization. Emotional distress,parent-child conflict,peer pressure and learning adjustment barriers are difficult to form a continuous and accurate identification and support process in a single school field,resulting in students' psychological needs remaining at the level of post discovery and case handling. With the promotion of collaborative education concept in school mental health services,Garbacz et al. constructed a comprehensive framework integrating positive behavior support,school mental health and family-school cooperation,indicating that family participation and school support can jointly promote students 'psychological development[1]. Haight et al. studied the school-community wrapper support model and pointed out that partnership collaboration needs common goals,clear roles and continuous communication as the foundation[2]. Martinez-Yarza et al. verified the influence of family participation on students' social-emotional development,and revealed that school participation played a mediating role[3]. Gormley et al. emphasized the value of integrating counseling services with family,school and community collaboration from the perspective of school psychology[4]. Based on the analysis of mental health status in state-level schools,Orenstein et al. pointed out that the construction of school mental health service system needs institutionalized support and resource allocation[5]. Collins et al. pay attention to parents' expectations for the role of school psychological counseling,indicating that families have clear participation needs for students' mental health support[6]. Copeland et al. demonstrated the importance of the connection between school and community counseling services from the aspects of the effectiveness,implementation process and acceptance of counseling services inside and outside the school[7]. McPhail et al. conducted a systematic review on the

[Author Information] Sun Qianghua, male (August 1997 -), Han ethnicity, from Changchun, Jilin Province, holds a master's degree, and is an assistant professor at Changchun Guanghua University. His research direction is ideological and political education.

helm-seeking process in targeted school mental health services,indicating that students need clear identification,referral and service entry paths to obtain psychological support[8]. Based on this,from the perspective of family-school-community collaboration,this paper focuses on the identification of students 'mental health needs,the supply of collaborative education resources,psychological risk stratification intervention,crisis referral and continuous follow-up,and constructs a support mechanism for students 'mental health education,so as to improve the timeliness,continuity and synergy of mental health education.

2.The practical basis for the cooperation of family,school and community to promote students' mental health education

There is a clear practical support for the cooperation of family,school and community to promote students 'mental health education[9]. The emphasis on students' mental health at the national level provides an institutional basis for the joint participation of schools,families and social forces. Students' growth environment is composed of classroom learning,family life and social interaction,and their psychological states will continue to be presented in different fields[10].Families can understand students' daily emotions,parent-child interactions and living habits. Schools are equipped with conditions such as curriculum implementation,psychological assessment,class management and counseling. Communities can provide resources such as social work,medical consultation,volunteer services and protection of minors. The three parties were complementary in observation perspective,educational scene and service ability,which could form multi-level support for students 'mental health education.

3.The practical difficulties faced by the support mechanism of students' mental health education from the perspective of family-school-community collaboration

3.1 Lag in mental health needs identification

Students' mental health needs are often presented through subtle changes in emotions,behaviors and learning states[11]. Early signals such as low mood,interpersonal withdrawal,and learning burnout are easy to be classified as common behavior fluctuations. Family observation mostly stays at the level of life performance,while school identification mainly relies on the experience of head teachers,assessment results and individual conversations. The intervention time of community forces is relatively late,and the information of three parties is difficult to gather in time. Some students are reluctant to express their psychological distress due to self-protection,shame or concern for help,and early signals are easy to be dispersed in family,classroom and social interaction scenes. The identification lag weakens the front-end sensitivity of the support mechanism,and also affects the pertinence of subsequent education guidance,risk analysis and intervention arrangement.

3.2 Decentralized supply of collaborative education resources

Families,schools and communities all have mental health education related resources,but the integration of resources,service cohesion and collaborative use have not yet formed a stable operation relationship. Schools focus on curriculum implementation and daily management,families rely more on experiential companishment and emotional comfort,and community services are mostly in the form of activity projects,public welfare consultation or temporary support. The resources of the three parties lack stable connection. The lack of a common goal framework and service boundary among some school psychology teachers,class teachers,parents and community staff makes it difficult to form a synergy of educational content,support methods and service periods. The dispersed resource supply weakens the continuity of mental health education,and the support obtained by students in different fields is also fragmented.

3.3 Psychological risk stratification intervention is not detailed

Students' psychological risk has different degrees and development changes. Different students have different performances in emotional distress,behavior withdrawal,interpersonal conflict,learning pressure and crisis tendency. In real work,psychological risk stratification is often based on assessment results,teachers 'observation or students

'help-seeking records for preliminary judgment,and the stratification criteria lack comprehensive consideration of age,family environment,duration and the range of behavioral changes. Some support measures remained at the level of general talk,home-school reminder and routine attention,and the intervention intensity of mild distress,continuous stress,obvious risk and crisis signals was not sufficiently distinguished,resulting in a low match between the support content and the actual needs of students. The hierarchical intervention is not fine enough,which will affect the pertinence and continuous effect of the mental health education support mechanism.

3.4 Crisis referral and follow-up chain is weak

The weakness of the follow-up chain of crisis referral is mainly manifested by the lack of continuous records and responsibility acceptance between the on-campus disposal,professional referral and follow-up support. Some schools were able to complete the initial comfort and parental notification after the crisis,but there was a lack of continuous connection with professional agencies,community services and family care. In the referral process,students' risk changes,intervention records,return to school adaptation and family support are easy to be dispersed,and follow-up often relies on the active feedback of individual teachers or parents. The weak crisis referral chain will weaken the continuity of crisis disposal,and the observation,companishment and support in the recovery process of students 'psychological state are difficult to maintain stability.

4.Construction of student mental health education support mechanism from the perspective of family-school-community collaboration

4.1 Establish the identification mechanism of students' mental health needs from the perspective of family-school-community collaboration

The key to establishing the identification mechanism of students' mental health needs from the perspective of family-school-community collaboration is to form a unified observation dimension,recording method and judgment procedure[12].Schools can take the lead in formulating students' mental health needs identification table,and include emotional state,behavior change,interpersonal relationship,learning adaptation,parent-child interaction and help-seeking intention into the observation scope. The family mainly provides students with daily information such as life and rest,emotional expression,family communication and behavior habits. The school mainly collates classroom participation,academic status,peer interaction,class performance and psychological assessment results,and the community complements students 'adaptation to participate in social activities,public services and extracurricular interactions. In the process of identification,the head teacher undertook the daily task of clue collection,the psychological teacher carried out professional screening and preliminary assessment on this basis,the moral education personnel coordinated the communication between home and school and the coordination within the school,and the community workers provided supplementary records within the scope of authorization. In the process of information use,the scope of informed information should be limited,and the hierarchical management and confidential treatment should be implemented to ensure that the identification mechanism can not only find the needs in time,but also maintain the dignity of students.The main division of labor among families,schools and communities in the mechanism for identifying students' mental health needs is shown in Table1.

Table 1 Division of labor for identifying students' mental health needs from the perspective of school-community collaboration

Subject	Main Identification Content	Role Positioning
Family	Students’ daily routines,emotional expression,parent-child communication,and changes in behavioral habits	Provides early observation clues from daily life contexts
School	Classroom participation,academic status,peer interaction,class performance,and psychological	Organizes psychological screening,comprehensive judgment,and

	assessment results	identification of support needs
Community	Students' participation in social activities,performance in public services,and adaptation to extracurricular interactions	Supplements information from off-campus contexts and helps improve needs identification

(Note: Continued Table 1)

4.2 Mental health education resources integration and multi-agent collaborative supply mode

(1) Connection between family observation,school screening and community services

Early changes in the psychological state of students often appear first in family life. When parents observe the children's continuous silence,emotional fluctuations,intensified parent-child conflict,avoidance of school or reduced peer interaction in family life,they can submit observation information through the home-school communication platform,the interview with the head teacher and the periodic feedback form. After receiving the feedback from the family,the class teacher checked the students' recent classroom performance,learning status and peer relationship,and then the psychological teacher judged the nature and support level of the students' psychological needs by combining the assessment results,individual talks and growth files. For students who are suitable for in-school support,psychological counseling,class care and learning adaptation guidance can be arranged; For students who need life scenes,parents can be provided with parent-child communication and emotional companionship advice; For students who need additional resources outside the school,community youth services,social workstations,public welfare consultation and social adaptation activities can be connected on the basis of parents' knowledge and students' rights protection. In the connection process,it is necessary to clarify the responsible subjects of observation information submission,school screening and judgment,community service docking and follow-up feedback,so as to form a continuous and stable mental health education resource supply relationship. The linkage between family observation,school screening and community services is shown in Figure1.

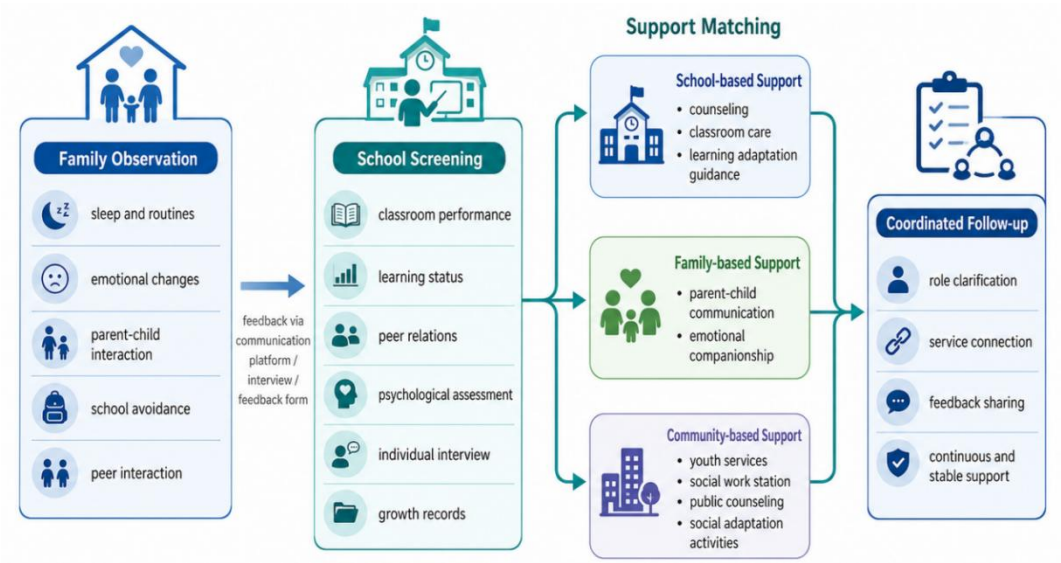

Figure1 Linkage diagram of family observation,school screening and community services

(2) Linkage of curriculum counseling,parent-child support and social resources

The value of mental health courses should not stay in classroom teaching,but extend to students' real life scenarios through family tasks and social activities[13]. Schools can set up mental health courses around emotion management,interpersonal communication,life education,stress adjustment and awareness of help,and combine theme class meetings,group counseling and case discussion to guide students to form basic self-awareness and emotional expression ability. After the course,psychological teachers and class teachers can transform the course objectives into extended family tasks to guide parents to understand students 'psychological changes in daily

companiency. Community youth activity centers,social workstations and voluntary service organizations can carry out experiential activities around life education,emotional expression,interpersonal communication and social adaptation. In the process of linkage,the school was responsible for the curriculum organization and content transformation,the family was responsible for the companionship practice in the life scene,and the community was responsible for expanding the activity space and social experience resources,so as to promote the extension of mental health education from classroom learning to joint support in multiple fields.The interactive relationship among course tutoring,parent-child support and social resources is shown in Figure2.

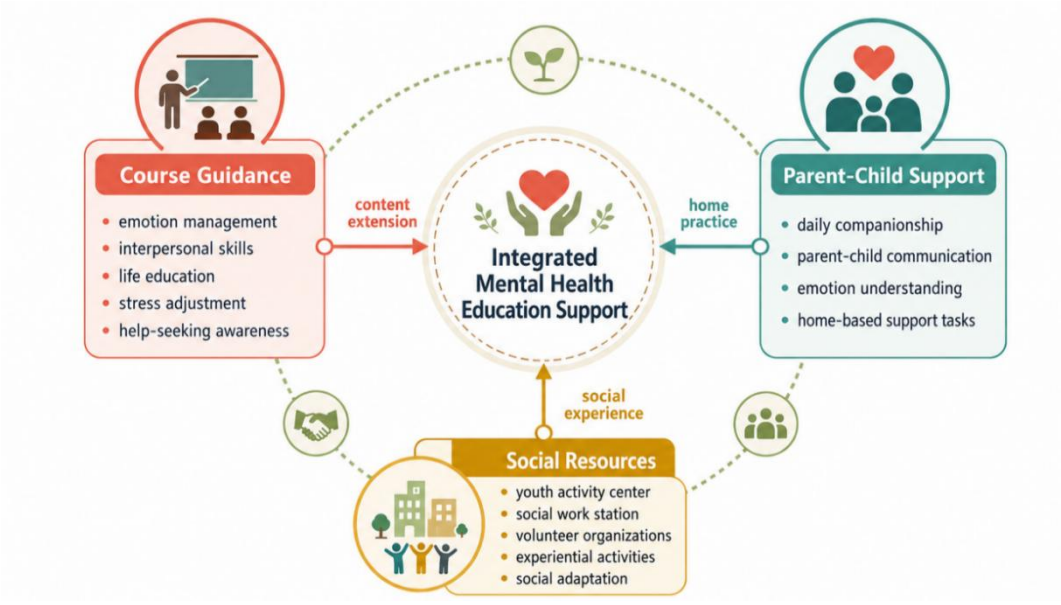

Figure 2 Linkage diagram of curriculum counseling,parent-child support and social resources

4.3 Design the process of psychological risk stratification support and collaborative intervention for students

The support of students 'psychological risk stratification should be based on multi-dimensional information research and judgment,and the psychological assessment results,classroom performance,peer relationship,family interaction,emotional duration and behavior change range should be included in the judgment scope[14]. Schools can take the lead in establishing risk stratification standards,and divide students 'psychological states into three levels: general attention,key support and professional intervention. The general attention level was mainly preventive support,and the head teacher and psychological teacher carried out emotional counseling and learning adaptation guidance,and the family paid attention to the schedule of work and rest and the communication atmosphere simultaneously. The key support level needs to establish individual support programs,clarify the frequency of conversation,the feedback cycle of family and school,and the way to participate in community activities,so that the school,family and community can cooperate to carry out continuous support. The professional intervention level focuses on risk assessment,safety care and professional advice absorption,the school adjusts support arrangements at school,the family strengthens daily monitoring,and the community does a good job of family guidance and resource coordination. The hierarchical process should set up dynamic adjustment nodes to adjust the support level in time according to the change of students 'state. The main contents of psychological risk stratification support and collaborative intervention for students are shown in Table2.

Table 2 Psychological risk stratification support and collaborative intervention table for students

Risk Level	Support Focus	Collaborative Arrangement
General Attention	Emotional guidance,learning adaptation,and class-based care	The school provides routine support,while the family pays attention to routines and communication
Key Support	Individualized plan,regular	The school provides follow-up guidance,the family

	conversations,and family-school feedback	offers coordinated support,and the community provides activity participation
Professional Intervention	Risk assessment,safety care,and resource coordination	The school adjusts support measures,the family strengthens supervision,and the community assists in service connection

(Note: Continued Table 2)

4.4 Improve the mechanism of psychological crisis prevention,referral intervention and continuous follow-up

Psychological crisis support should intervene in advance from daily warning,rather than wait until students are obviously out of control[15]. The school can include NSSI hints,extreme emotional fluctuations,severe interpersonal conflicts,persistent insomnia,obvious withdrawal and other signals into the scope of crisis warning. The head teacher records the abnormal changes,the psychological teacher carries out risk assessment,and the parents give synchronous feedback on the emotional and behavioral performance of students in family life. The community should take the responsibility of supplementary observation and resource liaison in crisis prevention. Relying on the community youth activity center,social workstations and minor protection workstations,the community should pay attention to students 'participation in extracurricular activities,interpersonal interaction and social adaptation,and timely feedback the abnormal situation to the school and guardian. After high risk signals are found,the school should organize the head teacher,psychological teacher,moral education staff,parents and community staff to discuss and clarify the responsibility arrangement of school accompaniment,family care,community assistance and professional assessment. For crisis cases beyond the conventional support capacity of the school,the school can establish a professional referral channel with the family and the community,and contact the psychological outpatient service of the hospital,professional psychological service institutions,juvenile protection institutions or community social work service stations according to the degree of risk of the students,and complete the risk explanation,data handover and follow-up arrangement.

5.Conclusion

The construction of students' mental health education support mechanism from the perspective of family-school-community collaboration is related to whether students' psychological needs can be identified in time,whether educational resources can form a synergy,and whether risk intervention can be maintained continuously. This paper analyzes the realistic basis,realistic dilemma and mechanism construction,and puts forward the support idea of taking demand identification as the starting point,resource integration as the support,risk stratification as the path,and crisis prevention,referral intervention and continuous follow-up as the guarantee. Families,schools and communities should strengthen the sense of coordination in the division of duties,and form stable relationships in information communication,curriculum guidance,parent-child support,social services and professional resources connection. In the follow-up promotion,it is necessary to further refine the responsibility list of family-school-community collaboration,improve the system of students 'mental health records,regular consultation,service referral and effect feedback,and promote the continuous operation of the support mechanism in daily education management.

References:

[1] Garbacz S A,Eklund K,Kilgus S P,et al.Examining implementation of an integrated framework to promote positive behavioral interventions and supports,school mental health,and family-school collaboration[J].School Mental Health,2025,17:1177-1191.

[2] Haight J,Daniels J,Gokiert R,et al.Essential conditions for partnership collaboration within a school-community model of wraparound support[J].Journal of Child and Family Studies,2024,33:2962-2977.

[3] Martinez-Yarza N,Solabarrieta-Eizaguirre J,Santibáñez-Gruber R.The impact of family involvement on students'social-emotional development:The mediational role of school engagement[J].European Journal of Psychology of Education,2024,39:4297-4327.

[4] Gormley M J,Allen J P,Jimerson S R,et al.Advancing consultation and family,school,and community collaboration in school psychology[J].School Psychology Review,2024.

[5] Orenstein S,Yarnell J,Connors E,et al.The state school mental health profile:Findings from 25 states[J].Journal of School Health,2024,94(5):443-452.

[6] Collins G,Kovac K,Rigney G,et al.Parental expectations of school counsellors and their role in supporting student mental health and wellbeing:A qualitative study[J].Journal of Psychologists and Counsellors in Schools,2024,34(4): 415-432.

[7] Copeland L,Willis S,Hewitt G,et al.School-and community-based counselling services for children and young people aged 7–18 in the UK:A rapid review of effectiveness,implementation and acceptability[J].Counselling and Psychotherapy Research,2024,24(2):419-458.

[8] McPhail L,Thornicroft G,Gronholm P C.Help-seeking processes related to targeted school-based mental health services:Systematic review[J].BMC Public Health,2024,24:1217.

[9] Lawson G M,Orapallo A,Ginsburg G S,et al.Teacher-delivered mental health interventions:Promises,challenges, and recommendations for future directions[J].Administration and Policy in Mental Health and Mental Health Services Research,2025,52(6):1296-1310.

[10] Wilcock R,Monro A,Smith A,et al.Coproducing a school-based mental health literacy programme:Exploring the views and experiences of primary school children in North-West England[J].Educational Review,2025:1-21.

[11] Jones D,Precey R.What makes a successful whole-school mental health intervention?A comparison of stakeholders'perspectives and implications for schools and the future of English education[J].Pastoral Care in Education,2024:1-21.

[12] Brown C,Douthwaite A,Donnelly M,et al.Resilience through belonging:Schools'role in promoting the mental health and well-being of children and young people[J].Behavioral Sciences,2025,15(10):1421.

[13] Shibuya F,Usami M,Santillan M D,et al.Comparative study on school-based mental health literacy in three Asian countries[J].Tropical Medicine and Health,2025,53(1):86.

[14] Spencer L,Carling S,Robinson T,et al.Selective and indicated UK school-based mental health interventions:A systematic review and narrative synthesis[J].Journal of Mental Health,2025,34(4):496-509.

[15] Tanner A L,Draucker C B.How school nurses perceive their role in addressing student mental health concerns[J].The Journal of School Nursing,2025.