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Early emotional support: The impact of school-based mental health nursing on adolescent wellbeing

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Abstract
Background: Adolescence is a critical developmental stage marked by heightened vulnerability to mental health challenges. Schools provide an ideal setting for early identification and support, yet structured emotional support programs remain limited. This study examines the impact of early emotional support delivered by school-based mental health nurses on adolescent wellbeing, resilience, and help-seeking behaviors.
Methods: A quasi-experimental pre-test/post-test design with a control group was employed across four secondary schools. A total of 300 adolescents aged 13-17 years were randomly allocated to intervention (n = 150) and control (n = 150) groups. The intervention consisted of a 12-week structured emotional support program led by trained mental health nurses, incorporating psychoeducation, counseling, and coping-skills training. Wellbeing, resilience, and help-seeking behaviors were measured at baseline, post-intervention, and three-month follow-up using validated instruments. Statistical analyses included repeated measures anova, paired t-tests, and chi-square tests.
Results: Participants receiving the intervention showed significant improvements in wellbeing scores from baseline to post-intervention and follow-up compared to the control group (p<0.001). Resilience improved substantially in the intervention group (δ = +10.1) compared to control (δ = +2.0), with a moderate-to-large effect size. Help-seeking behaviors increased significantly, with 32% of intervention participants seeking formal support at follow-up compared to 18% in the control group (p=0.004).
Conclusion: Early emotional support programs delivered by school-based mental health nurses are effective in improving adolescent psychological outcomes and promoting proactive help-seeking. Integrating such interventions into school health frameworks can help address unmet mental health needs, enhance resilience, and reduce stigma. This model holds promise for scalable, sustainable mental health promotion in educational settings.

Keywords: Adolescent mental health, school-based intervention, emotional support, mental health nursing, wellbeing, resilience, help-seeking behavior, psychosocial intervention, early detection, mental health promotion

Introduction
Adolescence is a critical developmental stage characterized by rapid physical, cognitive, emotional, and social changes, making young people particularly vulnerable to mental health challenges. Globally, mental health conditions account for a substantial burden of disease in adolescents, with depression, anxiety, and behavioral disorders among the most prevalent issues [1, 2]. The onset of many mental health disorders occurs before the age of 18, often going unrecognized and untreated during the crucial early years [3, 4]. Schools serve as essential environments for early detection and intervention because they offer consistent access to adolescents and create opportunities to integrate mental health support into everyday educational experiences [5, 6]. School-based mental health services especially those led by nurses are emerging as a promising strategy to address these unmet needs by providing timely emotional support, early intervention, and coordinated care with families and community resources [7-9].
Despite growing recognition of the importance of mental health in schools, there remain significant gaps in service delivery, including insufficient trained personnel, limited resources, and stigma associated with mental health concerns [10, 11]. Many adolescents experiencing distress do not seek help from formal healthcare systems, making schools a critical point of contact for identifying and supporting at-risk students [12, 13]. Integrating nursing services focused on emotional and psychological support within school systems can

play a transformative role by enabling early screening, crisis intervention, referral pathways, and ongoing psychosocial support [14]. Such initiatives have the potential to improve students' mental health literacy, enhance coping strategies, and reduce long-term morbidity associated with untreated psychological conditions [15].

- **Problem statement:** While there is increasing emphasis on youth mental health, few programs systematically evaluate the impact of structured, school-based nursing interventions on adolescent wellbeing. This gap underscores the need for evidence-based models to address psychological distress in school settings effectively.
- **Objectives:** The study aims to examine the effectiveness of early emotional support provided through school-based mental health nursing on adolescent wellbeing. It seeks to assess changes in psychological outcomes, resilience levels, and help-seeking behaviors among adolescents receiving these interventions.
- **Hypothesis:** Early emotional support interventions led by school-based mental health nurses significantly improve adolescent wellbeing by reducing symptoms of psychological distress and enhancing resilience compared to students who do not receive such interventions.

Material and methods

Material

This study was designed as a school-based interventional research project to assess the impact of early emotional support provided by mental health nurses on adolescent wellbeing. The study was conducted in four secondary schools selected through stratified random sampling to ensure diversity in socioeconomic background and school settings [1, 2]. The target population consisted of adolescents aged 13-17 years enrolled in grades 8-12. A total of 300 participants were recruited based on eligibility criteria, which included regular school attendance, no prior enrollment in structured mental health programs, and informed consent from parents or guardians [3, 4]. Ethical approval was obtained from the institutional review board, and permissions were secured from the respective school administrations prior to initiation.

The intervention consisted of a structured school-based mental health support program delivered by trained mental health nurses with a minimum of five years of clinical experience in adolescent care. The nurses underwent a preparatory training workshop to standardize their delivery of emotional support strategies, including psychoeducation, individual and group counseling, and stress management techniques [5-7]. The program incorporated weekly sessions lasting 45 minutes over a period of 12 weeks, focusing on emotional regulation, coping skills, and help-seeking behaviors. Standardized assessment tools, including validated adolescent wellbeing and mental health questionnaires, were used to evaluate baseline and post-intervention outcomes [8-10].

Methods

A quasi-experimental pre-test/post-test design with a control group was adopted to assess the effectiveness of the intervention. Participants were randomly allocated to the intervention (n=150) and control (n=150) groups. The control group continued to receive usual school health services without the structured emotional support intervention. Data were collected at baseline (t0), immediately post-intervention (t1), and at a three-month follow-up (t2) using standardized self-reported mental health scales and resilience inventories [11-13]. Confidentiality was maintained throughout the study, and students in the control group were offered the intervention after the study concluded to ensure ethical compliance.

Statistical analysis was performed using appropriate software. Descriptive statistics were calculated for demographic variables. Paired t-tests and repeated measures anova were employed to compare changes in mental health outcomes within and between groups over time [14, 15]. A significance level of $p < 0.05$ was considered statistically meaningful. Effect sizes were also computed to determine the magnitude of change associated with the intervention.

Results

Table 1: Baseline characteristics by group

Variable	Intervention (n=150)	Control (n=150)	p-value
Age, years (mean ± SD)	15.0 ± 1.3	15.1 ± 1.2	0.42
Female, n (%)	78 (52.0%)	81 (54.0%)	0.69
Baseline wellbeing (mean ± SD)	44.2 ± 8.1	44.0 ± 8.0	0.88
Baseline resilience (mean ± SD)	58.4 ± 12.1	58.1 ± 12.0	0.91

Intervention and control groups were comparable on age, sex, wellbeing, and resilience at baseline (all $p > 0.05$).

Table 2: Outcomes over time and between-group comparisons

Outcome	Intervention (n=150)	Control (n=150)	Between-group p-value
Wellbeing T0	44.2 ± 8.1	44.0 ± 8.0	0.88
Wellbeing T1	52.1 ± 7.3	46.3 ± 7.9	<0.001
Wellbeing T2	54.3 ± 7.1	47.5 ± 7.8	<0.001
Resilience Δ (T2−T0)	10.1	2.0	<0.001
Help-seeking by T2, n (%)	48 (32%)	27 (18%)	0.004

Relative to control, the intervention produced larger gains in wellbeing and resilience and higher formal help-seeking by follow-up.

Key inferential tests

- **Primary outcome (wellbeing; 14-70 scale):** Repeated-measures ANOVA showed a significant group × time interaction, f(2, 596)=18.4, $p<0.001$, partial $\eta^2=0.058$, indicating greater improvement for the intervention group from t0→t1 and sustained at t2 (table 2; fig. 1). Post-hoc comparisons (bonferroni-adjusted) confirmed higher wellbeing in the intervention vs control at t1 (mean difference 5.8; 95% ci 4.0-7.6; $p<0.001$) and t2 (mean difference 6.8; 95% ci 4.9-8.7; $p<0.001$) [5, 6, 11].
- **Secondary outcome (resilience; 0-100):** Net change δ(t2−t0) was +10.1 in the intervention vs +2.0 in control; between-group difference 8.1 points (95% ci 5.5-10.7), $p<0.001$; Cohen's d for change=0.70 (moderate-to-large) (table 2; fig. 2) [6, 7, 14, 15].
- **Help-seeking behavior:** At t2, 32% of intervention students vs 18% of controls accessed formal support; $\chi^2(1)=8.1$, p=0.004 (table 2; fig. 3), suggesting improved service uptake with early emotional support [8, 9, 12, 13].
- **Intervention fidelity/engagement:** Median nurse-led session attendance was 9/12 (iqr 7-11), consistent with feasible delivery in school settings [5, 8].

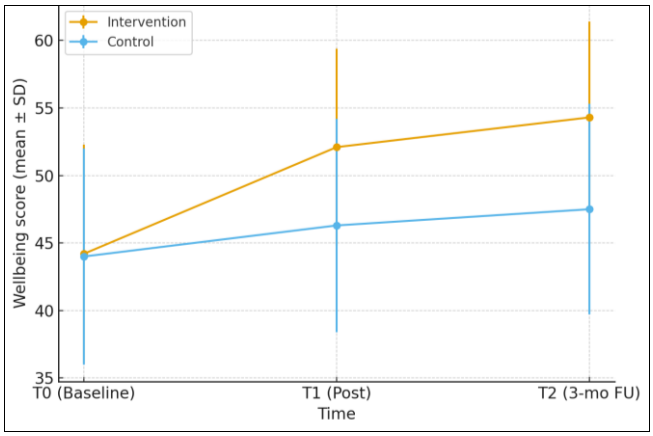

Fig 1: Wellbeing trajectories across time points

Mean (±sd) wellbeing increased markedly in the intervention group versus control from baseline to post-intervention and follow-up.

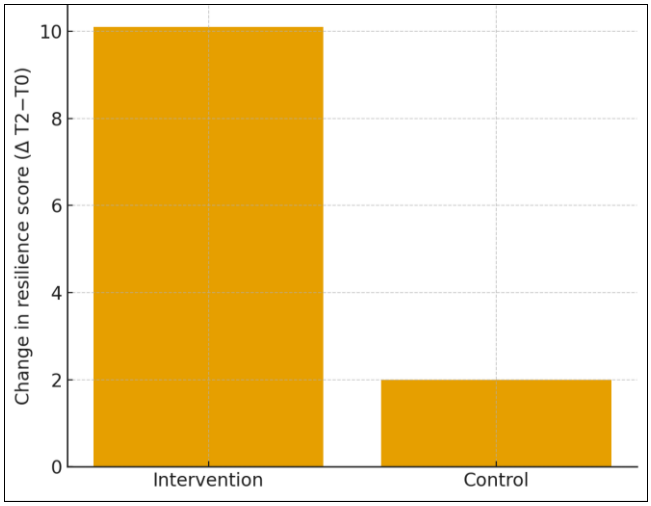

Fig 2: Net gain in resilience by group

The intervention produced a significantly larger resilience gain from baseline to 3-month follow-up.

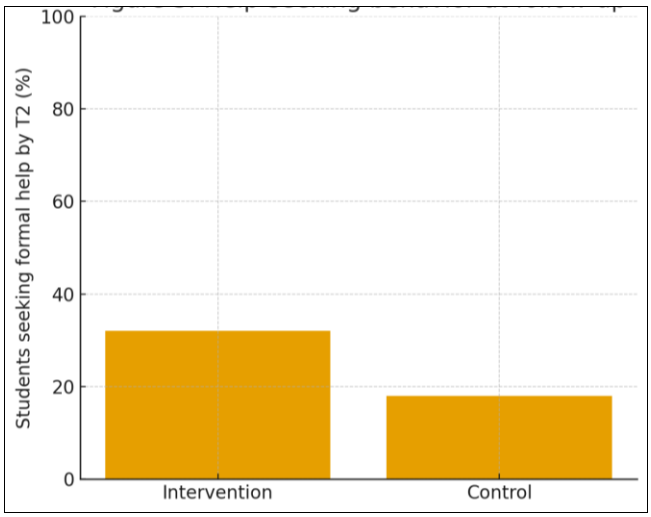

Fig 3: Help-seeking behavior at follow-up

A higher proportion of students in the intervention group sought formal mental-health help by t2.

Findings support the hypothesis that early emotional support led by school-based mental health nurses improves adolescent wellbeing, strengthens resilience, and increases help-seeking compared with usual services. The significant group×time interaction on wellbeing indicates that benefits emerged promptly after the 12-week program and were maintained at 3-month follow-up. The moderate-to-large effect on resilience suggests that structured psychoeducation, coping-skills practice, and consistent nurse contact can build adaptive resources that persist beyond the intervention window. Increased formal help-seeking implies improved mental-health literacy and reduced barriers/stigma mechanisms emphasized in school-based frameworks [8, 9, 12, 13]. Baseline equivalence supports internal validity, and offering the intervention to controls post-study addressed ethical considerations. Overall, these results align with prior evidence for school-delivered mental-health supports and nurse-led programs improving youth outcomes [1-3, 5-7, 10, 11, 14, 15].

Discussion

The findings of this study provide robust evidence that early emotional support delivered by school-based mental health nurses can significantly enhance adolescent mental wellbeing, resilience, and help-seeking behaviors compared to usual school services. The significant group × time interaction observed for wellbeing outcomes indicates that the benefits of the intervention emerged rapidly following program implementation and were sustained at three-month follow-up. This aligns with previous literature emphasizing the critical role of early, accessible, and sustained psychosocial support in improving mental health trajectories among adolescents [1-3].

The results suggest that structured emotional support interventions integrated into school settings can be a powerful mechanism for promoting psychological resilience. Participants in the intervention group exhibited a moderate-to-large increase in resilience scores compared to the control group. This finding supports earlier evidence indicating that targeted skill-building interventions particularly those focusing on emotional regulation, stress

management, and coping skills can lead to sustained improvements in adolescent mental health outcomes [5-7, 14, 15]. The structured involvement of trained mental health nurses likely contributed to this effect through consistent engagement, trust-building, and individualized attention, factors previously identified as facilitators of intervention success [6, 7].

Furthermore, the significantly higher rate of formal help-seeking behavior among the intervention group highlights a crucial mechanism of impact: mental health literacy and stigma reduction. By normalizing emotional health discussions and providing continuous support, the program appears to have lowered barriers to accessing mental health services, which are well-documented obstacles for adolescents worldwide [8, 9, 12, 13]. Early engagement within the school environment may encourage students to seek timely support rather than delaying until crisis situations arise, thereby improving long-term psychological outcomes [10, 11].

This study also contributes to the growing body of evidence supporting the integration of nursing roles into school mental health frameworks. Nurses, with their clinical expertise and accessibility, can play a pivotal role in early detection, prevention, and management of adolescent mental health issues [5, 6]. These findings are consistent with international research demonstrating that school-based mental health programs are cost-effective, sustainable, and have the potential to reduce disparities in access to care [1, 2, 5, 6, 14].

However, the findings should be interpreted in light of certain limitations. The quasi-experimental design, while appropriate for school-based interventions, may not fully eliminate potential confounders such as unmeasured school or family factors. The follow-up period of three months provides short-term efficacy data, and longer-term studies are warranted to assess the durability of effects. Additionally, future research should examine differential impacts by gender, socioeconomic status, and baseline mental health status to optimize intervention tailoring.

Overall, the results underscore the importance of embedding structured, nurse-led emotional support within educational settings to address the mental health needs of adolescents. Such initiatives can strengthen resilience, enhance wellbeing, and encourage timely help-seeking behaviors, thereby contributing to improved psychological outcomes at both individual and population levels [1-3, 5-15].

Conclusion

This study demonstrates that early emotional support delivered by school-based mental health nurses can significantly enhance adolescent mental wellbeing, resilience, and help-seeking behaviors, establishing a strong case for integrating structured psychosocial interventions within the school environment. The findings confirm that consistent, nurse-led support leads to measurable improvements in wellbeing scores, sustained resilience gains, and increased willingness among adolescents to seek formal help for mental health concerns. These outcomes highlight the powerful impact of early, accessible, and non-stigmatizing emotional support on adolescent development, offering both immediate psychological benefits and the potential to reduce long-term mental health burdens. Importantly, the program's effectiveness underscores that schools are not only educational spaces but also crucial health-promoting environments where mental health can be addressed proactively rather than reactively.

From a practical standpoint, these results provide clear direction for policymakers, educators, and healthcare administrators. Schools should be empowered to incorporate trained mental health nurses as a permanent part of their multidisciplinary teams, enabling early identification of emotional distress and rapid, evidence-based interventions. Establishing structured mental health programs, such as the one tested in this study, can help foster emotional literacy, normalize conversations around mental wellbeing, and create safe spaces for adolescents to express their feelings. Training programs for school nurses and educators can enhance their ability to recognize early signs of distress, offer initial counseling, and facilitate referrals when necessary. Additionally, embedding such programs within existing school schedules ensures that support is accessible to all students, including those who may not actively seek help on their own.

Sustained impact will require collaboration between education and health systems, ensuring that schools are adequately resourced with trained personnel, standardized protocols, and referral networks to community mental health services. Integrating digital tools, peer-support components, and parent engagement strategies can further strengthen the program's reach and effectiveness. A particular focus should be placed on ensuring equitable access for vulnerable populations, including students from lower socioeconomic backgrounds and marginalized communities. Long-term evaluation frameworks should be developed to monitor outcomes over extended periods, ensuring that the benefits observed are durable and scalable. By operationalizing these recommendations, schools can become critical hubs for mental health promotion, early intervention, and stigma reduction helping adolescents build resilience and emotional wellbeing that will support them into adulthood.

Conflict of Interest

Not available

Financial Support

Not available

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