CZU: 37.014:613.86-053.6 **https://doi.org/10.59295/sum5(185)2025_36**

CURRENT SCIENTIFIC CONCERNS REGARDING ADOLESCENT MENTAL HEALTH SUPPORT

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This article presents a theoretical analysis highlighting the importance of adolescent mental health, particularly in the context of the growing prevalence of undiagnosed psychological disorders that pose a significant public health challenge. Adolescents are increasingly vulnerable to mental health difficulties due to a range of risk factors, including domestic violence, bullying, and socioeconomic disparities. These conditions frequently manifest as depression, anxiety, behavioral disorders, and suicidal thoughts, with suicide being one of the leading causes of death in this age group. The analysis emphasizes the role of educational institutions in facilitating early intervention through the implementation of evidence-based psychoeducational programs that promote mental health literacy. The proposed approach advocates for the integration of comprehensive educational and social policies that incorporate mental health literacy strategies aimed at both students and educators.

Keywords: *mental health, adolescents, psychological and behavioral disorders, socio-educational policies supporting mental health.*

PREOCUPĂRI ȘTIINȚIFICE ACTUALE PRIVIND ASIGURAREA SĂNĂTĂȚII MINTALE LA ADOLESCENȚI

Articolul conține argumente teoretice privind importanța sănătății mintale a adolescenților, având în vedere creșterea semnificativă a tulburărilor psihologice nediagnosticate care reprezintă o problemă majoră de sănătate publică. Adolescenții sunt expuși unui risc mare din cauza unor factori ca: violența domestică, bullying-ul, inegalitățile socio-economice, izolarea socială, consumul de substanțe, stima de sine scăzută ce pot conduce la apariția unor afecțiuni precum depresia, anxietatea, tulburările de comportament și gânduri suicidare. De altfel, sinuciderea se află între principalele cauze ale decesului la adolescenți. Conținutul articolului accentuează importanța instituțiilor de învățământ în intervenția timpurie prin programe psihoeducaționale bazate pe dovezi ce pot contribui la învățarea comportamentelor specifice sănătății mintale. Soluția la problematica vizată constituie implementarea unor politici educaționale și sociale prin strategii de alfabetizare în domeniul sănătății mintale la adolescenți și la cadrele didactice.

Cuvinte-cheie: *sănătate mintală, adolescenți, tulburări psihologice de comportament, politici socio-educaționale de asigurare a sănătății mintale.*

Introduction

Mental health plays an important role in adolescents' overall development. The foundations of mental well-being are established in early childhood, and sustained investment in the health of children and their families leads to long-term societal benefits. During childhood and adolescence, mental well-being serves as a resource that enables young people to develop their cognitive and emotional capacities while responding to academic, social, and later professional challenges. At a societal level, collective mental health is associated with economic stability, social cohesion, and equitable participation. Consequently, a comprehensive understanding of health necessitates inclusion of mental well-being as a constitutive element**.**

The rising prevalence of *mental health disorders among adolescents*, coupled with the consequences of delayed detection, has established this issue *as a priority at the European level*. Research indicates that one in five children experiences emotional, behavioral, or developmental challenges, while one in eight meets diagnostic criteria for a mental disorder [29]. In response, European policy frameworks, particularly the WHO European Mental Health Action Plan (updated periodically), have structured interventions around three pillars: (1) *promotion* of mental well-being, (2) *prevention* of disorders, and (3) *specialized interventions* integrating medical, psychological, educational, vocational, and social support systems.

According to the World Health Organization (2018), childhood and adolescence are critically important stages of life for the mental health and well-being of individuals, not just because this is when young people develop autonomy, self-control, social interaction and learning, but also because the capabilities formed in this period directly influence their mental health for the rest of their lives. Negative experiences, such as family conflict at home or bullying at school, can have enduring damaging effects on the development of core cognitive and emotional skills. Research shows that these experiences are associated with later difficulties, including substance use, behavioral problems, and persistent mental health concerns [23].

Research methodology

The aim of the research is to identify and analyze the current scientific concerns regarding adolescent mental health support. The research process included *theoretical research methods* such as analysis and synthesis of ideas from specialized literature, the *hypothetico-deductive method*, along with empirical methods like observation and pedagogical reflection. The study integrates theoretical and practical approaches to better understand mental health challenges in adolescents.

Study Findings and Scientific Debates

Empirical research demonstrates that the impact of mental health conditions on children and adolescents spans multiple dimensions of their lives. In addition to social stigma and discrimination, in certain cases, there is a risk that they may adopt unhealthy and high-risk behaviors such as smoking, alcohol consumption, drug use, or risky sexual behaviors. School performance may also be affected; for example, a child with conduct disorder who does not receive specialized intervention is twice as likely to drop out of school compared to a child with typical development [10].

Among the most frequently diagnosed mental disorders in recent years in children and adolescents *are conduct disorders, attention deficit hyperactivity disorder (ADHD), anxiety disorders, autism spectrum disorders, depressive episodes, attachment disorders, school phobia, and eating behavior disorders.* It is noteworthy that the rate of depressive episodes in the age group over 15 years is significantly higher compared to depressive episodes in younger ages [10, 31]. Recent epidemiological patterns reveal concerning increases in psychological conditions, particularly prevalent among adolescents. These include rising rates of *sleep disorders, attentional impairments, and behavioral addictions related to internet use, gaming, and social media engagement*. Notably, diagnoses of eating disorders, especially anorexia nervosa and bulimia nervosa, show disproportionate increases among adolescent female populations [1].

Mental health within a population is shaped by a multitude of interdependent factors spanning biological dimensions such as genetics and sex differences, individual characteristics including personal experiences, familial influences, social components like support networks, economic factors such as social status, and environmental aspects including living conditions. Among adolescents, these various influences specifically impact psychological well-being, often exacerbating the manifestation of depressive symptoms and anxiety. The family environment, particularly the quality of parental relationships and peer connections, exerts a significant influence, as do socioeconomic factors and exposure to various forms of violence, ranging from physical and psychological abuse to sexual abuse and bullying. Additionally, media influence and prevailing gender norms can substantially alter young people’s perceptions of reality. These challenges are further compounded by systemic issues, including the stigma surrounding mental health, discriminatory practices, experiences of social exclusion, and persistent barriers to accessing mental healthcare services, all of which significantly undermine mental health outcomes.

Certain categories of children and young people are at an increased risk of developing mental disorders, including those living in disadvantaged environments, refugee children or those from conflict zones, children with parents who have mental health conditions, children with chronic illnesses, children with autism spectrum disorders, children with neurological disorders or intellectual disabilities, children who are victims of forced marriages, institutionalized children or those in foster care, children lacking parental care (including those with parents working abroad), children from ethnic, religious, and sexual minorities, and children who face difficulties integrating into the education system or who drop out of school [27].

The World Health Organization identifies several primary categories of mental health disorders affecting adolescent populations. These include *developmental disorders*, such as intellectual disability and autism spectrum disorders; *learning and communication disorders*; and *emotional disorders*, which show particularly high prevalence during adolescence. Current data indicate that 4.6% of individuals aged 15-19 and 3.6% of those aged 10-14 experience symptoms of anxiety or depression. Behavioral disorders exhibit distinct age-related patterns, with higher prevalence among younger adolescents. Attention-deficit hyperactivity disorder (ADHD) affects 3.1% of children aged 10-14, compared to 2.6% of those aged 15-19. Similarly, conduct disorders, characterized by destructive or oppositional behaviors, are present in 3.6% of younger adolescents (10-14 years) versus 2.4% of older adolescents (15-19 years).

The adolescent developmental period marks the typical onset of several serious psychiatric conditions, including *eating disorders* (such as anorexia nervosa and bulimia nervosa), *psychotic symptoms* (such as hallucinations and delusions), and *self-harming behaviors*, as well as *an increased risk of substance misuse and unsafe sexual practices* [31, 5, 19].

The mental health of students is examined in relation to both risk factors and protective factors. The World Health Organization identifies three levels at which individual traits and behaviors can be observed: *social circumstances, economic conditions, and environmental factors* [28]. The determinants of mental health, whether risk factors or protective factors, can influence students' mental well-being throughout the entire life cycle, beginning in the perinatal period and early childhood, continuing through childhood, adolescence, adulthood, and old age [30].

When referring to the preconception and prenatal periods, several risk factors affecting both the mother and the child can be identified. These include unwanted pregnancies or pregnancies in women under the age of 18; parents with mental illnesses; maternal depression; genetic risk; acute infections; hormonal and micronutrient deficiencies (such as hypo- or hyperthyroidism, and deficiencies in iodine, iron, and calcium); chronic illnesses; disabilities; malnutrition; obesity; poor family and socio-economic status; poverty; environmental pollution; and risky behaviors during pregnancy, such as the use of tobacco, alcohol, and drugs, as well as emotional and physical abuse [28].

The childhood and adolescent years constitute essential developmental phases that shape long-term mental health outcomes. Exposure to adverse childhood experiences during these formative periods can significantly impact psychological well-being, with enduring consequences that manifest in both mental and physical health domains across the lifespan [24].

During childhood, the following *risk factors for mental health* can be identified [25]: separation from primary caregivers, loss of a parent or custodial adult, chronic medical conditions, infectious or parasitic diseases, family violence or conflictual environments, neglect, negative life events, emotional abuse or sexual abuse, eating disorders, malnutrition or obesity, challenging learning environments, and academic difficulties.

World Health Organization data on global abuse reveal that one-quarter of adults report experiencing physical abuse during childhood. One in five women and one in thirteen men report childhood sexual abuse, with these events generating long-term effects that demonstrate transgenerational transmission [26].

Although adolescents are generally considered a healthy demographic, 20% experience mental health issues annually. The most prevalent disorders are depression and anxiety, with suicide ranking as the leading cause of death among youth in low- and middle-income countries and the second leading cause in Europe [28]. *Multiple risk factors emerge during adolescence* [23]: smoking, alcohol consumption, drug/psychoactive substance use, risky sexual behavior and increased violence, unwanted pregnancies, negative media influences, chronic illnesses or disabilities, acute infections, and physical and emotional abuse.

While conceptually distinct, mental health and emotional health are interdependent components essential to the holistic well-being of children and adolescents. Comprehensive support systems that address biological, psychological, educational, and social domains effectively promote both mental and emotional health. This integrated approach equips students with the capacity to manage psychological challenges such as stress, anxiety, anger, depressive symptoms, and persistent worry. The synergistic relationship between mental health (MH) and emotional intelligence (EI) demonstrates that these dimensions function optimally

when integrated. Their combined influence not only fosters functional competence but also enhances life satisfaction and positive affect.

Schools and educational staff represent some of the most influential and effective agents in promoting mental health within learning environments. Educational institutions are responsible for creating supportive developmental settings that meet the diverse needs, abilities, and limitations of all students, across all academic levels, regardless of their background or individual characteristics, recognizing that children spend a significant portion of their daily lives in school. In cooperation with the wider community, schools can contribute to the promotion of students' mental health by implementing strategies designed to improve quality of life, with specific attention to wellbeing, mental health, academic performance, and adaptive behavior. In this context, the pedagogical conditions that support student mental health represent an important component of the educational process [22, p.69]. The monitoring and improvement of children's mental health has become increasingly important, particularly as schools encounter growing challenges associated with early school dropout. Research conducted in the United States has identified strong correlations between mental health issues and poor educational outcomes, including absenteeism and school dropout [7].

For these reasons, mental health initiatives serve the dual purpose of developing and implementing student-centered psychoeducational programs with transformative potential for entire communities. Effective adolescent psychoeducation requires a multi-tiered approach that simultaneously enhances mental health literacy among both educators and parents. Three critical considerations emerge: (1) program content should be tailored to the developmental stage and cognitive capacities of children; (2) active participation of children in educational activities enhances the relevance and applicability of program content; (3) fidelity of implementation is closely linked to the overall effectiveness of the intervention across diverse populations.

As an integral component of overall health, limited mental health literacy can have adverse effects on individuals across personal, social, and global dimensions. When mental health needs remain unaddressed, the consequences can manifest in individuals' personal relationships, social functioning, professional development, and even global economic stability. In recent years, there has been a growing emphasis on implementing programs aimed at enhancing competencies in maintaining mental well-being and managing mental health conditions. The increased prevalence of mental disorders during adolescence [2, 8, 13], along with their demonstrated long-term impacts in adulthood [6], makes this a significant period for enhancing mental health knowledge, fostering positive attitudes towards mental health and mental illness, and strengthening help-seeking behaviors.

To foster a supportive and informed school environment, it is essential for both children and parents to receive psychological education on mental health within formal school settings. This knowledge transfer should not only focus on children but also extend to teachers, school staff, and the broader community. This education should encompass mental health concepts, risk factors, symptoms, and interventions for learning disorders, psycho-emotional disorders, and personality disorders. Recent studies involving both parents and children reveal two key findings: first, a lack of adequate knowledge regarding child and adolescent mental health issues, and second, the critical need for information, education, guidance, counseling, and professional support. One study indicates that approximately 40% of parents lack confidence in discussing drugs with their children, while 71.9% require more information about addressing topics like alcohol and drug use [26]. Psycho-educational programs targeting adults can positively influence children's mental health outcomes.

Mental health knowledge, or mental health literacy, refers to the understanding of mental health as an integral component of general health. Nutbeam et al. (1993) define health literacy as the ability to access, comprehend, and effectively apply health information to promote and maintain well-being. Similarly, Jorm et al. (1997) conceptualize mental health literacy as encompassing individuals' beliefs and knowledge about mental disorders, including how these beliefs influence the recognition, management, and prevention of such conditions. More recently, Kutcher, Wei, and Coniglio (2016) expanded this definition by emphasizing the importance of understanding how to achieve and maintain good mental health, knowledge of available treatments for mental disorders, reducing stigma, and enhancing help-seeking behaviors, specifically knowing *when, where, and how* to seek support.

According to Saraceno and colleagues (2007), mental health systems in low- and middle-income countries are characterized by a significant gap between the growing demand for services and the limited resources available to meet those needs. This disparity results in underfunded mental health services, marked inequalities in the allocation of human and financial resources between rural and urban areas, challenges in integrating mental health care into primary health services, and a shortage of trained mental health professionals. Additionally, decision-makers often lack both the training and experience necessary to address these issues effectively. Despite these systemic challenges, there is a notable lack of data regarding the level of mental health literacy among populations in Eastern Europe [17].

Most mental health issues begin before the age of 14, highlighting the importance of early intervention. In this context, schools offer a unique opportunity to promote mental health from an early age and during main developmental stages. As institutions that engage children and adolescents throughout their cognitive, emotional, and behavioral growth, schools are ideally positioned to serve as platforms for mental health promotion [18]. Despite the emergence of numerous initiatives aimed at reducing mental health problems within school settings, a review of national policies across many EU countries reveals a lack of prioritization of student well-being and an absence of integrated, evidence-based programs to support mental health in schools [9].

In order to create pedagogical conditions that support students' mental health and to enhance both awareness and help-seeking behavior, it is necessary to implement mental health literacy programs, as recommended by the *World Mental Health Report: Transforming Mental Health for All*. The report emphasizes that low help-seeking rates are primarily driven by a lack of resources, limited mental health literacy, and persistent stigma. Among the key challenges faced by students and young people in accessing mental health support are difficulties in obtaining services, stigmatization, concerns about confidentiality, lack of accessibility, misinformation regarding available resources, and fear associated with seeking assistance [32]. Evidence suggests that young people with mental health problems are less likely to seek help compared to those without such difficulties [17]. Research has shown that even when young people intend to seek help, only a small number actually reach out to mental health professionals, with help-seeking often remaining at the level of intention rather than action [4].

Research indicates that adolescents in low- and middle-income countries exhibit distinct preferences in seeking help for mental health concerns. When weighing professional versus non-professional support options, adolescents in low- and middle-income countries often prioritize self-help strategies such as positive thinking and self-esteem maintenance, favor alternative approaches like vitamin supplementation [17], and prefer turning to family and social networks over professional mental health services [21].

The promotion of international standards and best practices in mental health contributes significantly to addressing mental disorders and enhancing students' overall well-being. UNICEF's Mental Health and Psychosocial Support (MHPSS) Model implements intervention strategies within a socio-ecological framework that places the child at the core of all actions. This approach necessitates the active involvement of families or guardians, communities, and broader societal structures. The model highlights the importance of surrounding networks in ensuring children's well-being and supporting their holistic development in terms of physical, cognitive, social, emotional, and spiritual growth. Interventions directed at the child, the family or guardian, the community, and society are designed to strengthen coping mechanisms by mobilizing and reinforcing family- and community-based support systems.

Conclusions

The growing interest in improving mental health literacy has led to a considerable body of research evaluating the effectiveness of interventions aimed at enhancing knowledge and understanding of mental health, reducing stigma, and promoting help-seeking behaviors. Despite the significant expansion of research in this area over the past two decades, few studies have incorporated all four components of mental health literacy as operationalized in the most recent definition, often overlooking stigma and help-seeking. School-based interventions designed to increase mental health knowledge have the potential to establish a natural link between mental health professionals and students within the learning environment. Accord-

ing to Kutcher et al. (2015), these interventions are promising for several reasons: they are cost-effective, delivered by classroom teachers without requiring additional resources; they take place within a familiar educational setting; they align with existing school curricula; and they can enhance mental health literacy for both students and teachers.

Unfortunately, schools in the Republic of Moldova and Romania lack comprehensive mental health promotion programs, whether in the form of formal curricula or informal activities. Additionally, there is often a shortage of mental health professionals both within the school environment and at the community level. As a result, most interventions aimed at supporting students' mental health are delayed and tend to be remedial, typically occurring in response to incidents such as violence, bullying, or substance use [3]. Preventive measures are generally limited to occasional informational presentations delivered by invited specialists. These interventions are sporadic and lack a systematic approach to evaluating their effectiveness. In contrast, the United Kingdom boasts widespread implementation of mental health promotion programs in secondary schools, with 93% of schools referencing the Personal, Social, Health, and Economic Education (PSHE) curriculum.

The synthesis of identified needs in the specialized literature regarding mental health education reveals several challenges: *the lack of statistical data, studies, and specialized research on the mental health of children and adolescents; the absence of targeted psycho-educational programs for these groups; discontinuities in the provision of mental health services; underfunding of mental health programs; limited collaboration among professionals; insufficient student engagement; and the lack of professional training for specialists in the field.*

As a distinct pedagogical domain, mental health and emotional development education is a societal response to the increasing negative effects of destructive emotions on personal well-being. Emotional intelligence acts as a bridge between emotional experiences and cognitive processes, treating emotions as valid sources of information that enable individuals to understand and navigate their social environment [11].

In light of current research findings and the diverse range of existing interventions and tools related to mental health knowledge and emotional intelligence development in students, our aim is to propose several promising research directions. These avenues have the potential to enhance our understanding of effective approaches for integrating mental health education in schools. Such research could *advance mental health literacy, reduce stigma surrounding mental health issues, improve help-seeking behaviors among students, and foster emotional intelligence competencies* through targeted educational interventions.

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Presented: 28.02.2025