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# Multilevel Social Support and Adolescent Mental Health: A Conceptual Analysis of Family-School-Community Collaboration

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**ABSTRACT:** *Adolescent mental health is shaped not only by individual vulnerabilities but by the social contexts in which young people live, learn, and seek help. Research has documented the influence of parenting, school climate, peer relations, and service provision, yet it often treats these sources of support as separate factors. Drawing on social support theory and ecological systems theory, this article develops a conceptual analysis of multilevel social support across families, schools, and communities. It argues that family support protects mental health through emotional responsiveness, communication, psychological security, and self-worth; school support operates through teacher care, peer acceptance, school belonging, anti-bullying protection, and institutionalized services; and community support expands service accessibility, social participation, and resilience through resource linkage and professional intervention. The article conceptualizes family-school-community collaboration through four mechanisms: complementarity, reinforcement, compensation, and fragmentation. It further explains why vulnerable adolescents depend particularly on reliable cross-system support, since for them multilevel support functions not only as psychological protection but as a gateway to education, welfare, and rights protection. The framework offers a basis for future empirical, longitudinal, and cross-cultural research.*

**Keywords** - *adolescent mental health, community support, family-school-community collaboration, multilevel social support, vulnerable adolescents*

## I. INTRODUCTION

Adolescent mental health has become a central concern in public health, education, and child welfare. Depression, anxiety, loneliness, bullying, cyber bullying, academic pressure, and unequal access to care are not isolated clinical phenomena. They are embedded in everyday family relationships, school experiences, peer cultures, digital environments, and community resources. The State of the World's Children 2021 emphasizes that the mental health of children and adolescents has long been underestimated, and that poverty, stigma, caregiving conditions, school experiences, and service deficits jointly shape risks to well-being [1]. In the post-pandemic period, loneliness, academic anxiety, excessive use of digital media, bullying, and cyber bullying have compounded one another, giving adolescent distress an increasingly multi-sourced and context-dependent character. Adolescent mental health, therefore, needs to be analyzed within the life world and the support environment in which it takes shape.

The Chinese context displays a similarly structural dimension. National survey reports show that adolescent depression risk, loneliness, and mobile phone dependence are associated with gender, grade level, sleep, physical activity, family structure, parental labor migration, and urban-rural disparities [2]. Research on left-behind children further indicates that family separation, changing caregiving arrangements, and insufficient educational support—produced when parents migrate for work—can reshape the developmental circumstances of children and adolescents [3], [4]. These findings caution against explaining adolescent mental health merely as a deficit in individual emotion regulation, or attributing it simply to failures of family upbringing or gaps in school management.

These observations point to a theoretical problem that deserves fuller development: why is it insufficient to discuss family support, school support, or individual psychological traits in isolation? Social support theory indicates that supportive resources may both directly enhance psychological well-being and buffer the impact of stress [5], [6]. Yet the life world of adolescents is highly embedded. Parents' emotional

responsiveness may shape a young person's sense of security; a teacher's attention may shape willingness to seek help; peer relations may shape belonging; and community spaces and social organizations may determine whether accessible resources exist beyond the home and the school. Support from any single system matters, but a single source of support is rarely sufficient to cover the complex and shifting risk contexts adolescents inhabit. Ecological systems theory offers a broader interpretive lens for this problem. Bronfenbrenner situated child development within an environmental structure composed of microsystems, mesosystems, exosystems, and macrosystems, emphasizing that children develop within a living space woven together from family, school, neighborhood, and institutional environments [7]. From this vantage point, adolescent mental health is not only a question of whether the family is supportive or whether the school pays attention, but of whether family, school, and community can form stable connections, identify risk in time, and respond jointly to needs. Community support has a distinctive connective function here, because through social organizations, social workers, and public service resources it can convert dispersed support into a reachable service network. International guidance on child and adolescent mental health services increasingly stresses community-based, accessible, coordinated, and rights-oriented service systems [8].

This article addresses one central question: how do the three types of social support systems—family, school, and community—influence adolescent mental health through different mechanisms, and how is that influence reshaped through collaboration, compensation, or fragmentation among these systems? Unlike empirical studies, this article does not estimate models or test data. It develops, through conceptual analysis, an interpretive framework of "multilevel social support and mental health." The article seeks to show that family, school, and community support each perform distinct functions, and that their protective effects are not a simple sum but appear differently through complementarity, reinforcement, compensation, and fragmentation.

This article makes three contributions. First, it shifts the focus from single sources of support to relational configurations among families, schools, and communities. Second, it emphasizes that social support matters not only when it exists, but when it is perceived, trusted, and usable by adolescents. Third, it conceptualizes family-school-community collaboration through four mechanisms: complementarity, reinforcement, compensation, and fragmentation. The remainder of the article first reviews research on adolescent mental health and social support; it then analyzes the mechanisms of family, school, and community support on the basis of social support theory and ecological systems theory; it discusses the complementary, reinforcing, compensatory, and fragmenting relationships among the three; and it finally draws out theoretical and practical implications with reference to the multiple risk contexts of vulnerable adolescents.

## II. LITERATURE REVIEW AND THEORETICAL FOUNDATIONS

### 2.1 Adolescent Mental Health and Social Support

Adolescence is a stage in which physiological maturation, identity exploration, and the reorganization of social relationships are highly concentrated. Young people are especially exposed to stressful events, yet they may also develop adaptive capacities within supportive relationships. International research increasingly emphasizes the association between school connectedness, school belonging, and adolescent psychological well-being. A meta-analysis of school connectedness reports a significant relationship with adolescent well-being, indicating that teacher relationships, peer interaction, and experiences of belonging in school carry important protective value [9]. Recent work on school mental health similarly stresses the need to collaborate with families rather than treat school services as self-contained interventions; family-school cooperation can support students' well-being through supportive family relationships, teacher-student relationships, the cultivation of belonging, and support for problem-solving and self-regulation [10].

A meta-analysis of school belonging further shows that teacher support, peer support, parental support, and school safety jointly shape students' sense of belonging [11]. Adolescent mental health, then, is not determined solely by individual cognition or personality traits; it takes shape within a relational structure of being seen, being accepted, and being able to participate safely. Chinese research reveals similar patterns. National survey reports interpret adolescent depression, loneliness, and mobile phone dependence through individual states, family factors, and social-environmental factors, showing that family socioeconomic status, parenting style, parental relationships, sleep, and physical activity are all associated with mental health [2]. Research on left-behind children further reveals how structural family separation reshapes children's developmental circumstances [3], [4].

The literature therefore suggests that social support should be understood as a multilevel process. A supportive family may strengthen adolescents' psychological security, but this does not automatically produce school belonging. A supportive school may encourage help-seeking, but it cannot replace all forms of caregiving or community-based welfare. A community service may provide professional resources, yet adolescents may not use them unless families and schools recognize needs and create referral pathways. The analytical challenge is to explain how these sources interact.

### 2.2 Social Support Theory

Social support theory provides core concepts for understanding protective resources for mental health. House distinguishes among emotional, instrumental, informational, and appraisal support: emotional support refers to care, respect, and trust; instrumental support to tangible help and the provision of resources; informational support to advice and knowledge; and appraisal support to feedback that helps individuals interpret their own situations [12]. House's classic formulation remains useful because it shows that support is not a single resource but a set of relational functions.

Cohen and Wills further proposed two pathways through which social support operates. In the direct effect model, supportive relationships themselves enhance belonging, self-esteem, and positive affect. In the stress-buffering model, support reduces the harmful impact of stress on mental health when stressful events occur, by changing how individuals appraise threat and mobilize coping resources [5]. Thoits explained how social ties and support influence physical and mental health through mechanisms of social connection, role meaning, self-esteem, sense of control, belonging, and companionship [6]. These mechanisms are highly relevant to adolescents, whose identities and coping strategies are still forming.

This theoretical tradition is especially important for research on young people. Adolescents do not yet fully possess a stable capacity to mobilize resources, and their coping with stress depends heavily on external relational networks. Parents, teachers, peers, and community service workers are not merely external helpers; through everyday interaction they convey to adolescents basic judgments such as "whether I am worth caring about," "whether I belong here," and "whether anyone can be asked for help when difficulties arise." Research on multiple sources of support likewise shows that different support providers exert differentiated effects on adolescents' psychological and academic adjustment [13].

In Chinese research, work on the Social Support Rating Scale emphasizes the importance of objective support, subjective support, and support utilization for the study of mental health [14]. This tradition indicates that social support encompasses both actually existing resources and an individual's subjective perception of their availability. Even in an environment that appears rich in resources, an adolescent who feels ashamed, ignored, or unable to voice needs may be unable to convert those resources into psychological protection. The multilevel social support discussed in this article therefore refers not merely to the participation of multiple actors, but to support resources that can be perceived, understood, trusted, and used by adolescents when needed.

### 2.3 Ecological Systems Theory

Ecological systems theory emphasizes that child development is embedded in multiple layers of environment. Bronfenbrenner proposed that the microsystem includes immediate settings of interaction such as family, school, and peers; the mesosystem refers to relationships among microsystems, such as family-school communication; the exosystem includes environments that affect children indirectly, such as parental workplaces, community organizations, and social services; and the macrosystem encompasses cultural norms, institutional arrangements, and social structures [7]. For adolescent mental health, the central implication is that both risk and protection are multilayered, and that the relationships among family, school, and community jointly shape the formation and use of support resources.

Ecological systems theory also helps clarify that collaboration is not a simple aggregation of actors. Epstein's framework of overlapping spheres of influence among school, family, and community stresses that child development is a shared responsibility, and that communication, learning at home, volunteering, and community collaboration are all important forms of participation [15]. Recent school mental health research similarly argues that family-school cooperation should not be confined to communication about grades or behavior management, but should build a shared supportive environment around supportive relationships, belonging, problem-solving, and self-regulation [10]. This is highly relevant to adolescent mental health: where communication and referral among family, school, and community are lacking, risk identification and service response may both be delayed.

Resilience research further complements the ecological perspective. Masten understands resilience as the functioning of ordinary adaptive systems in adversity, rather than as an extraordinary quality of a few individuals [16]. Ungar advances a social-ecological view of resilience, emphasizing whether individuals can access culturally meaningful and socially available health-promoting resources [17]. From this standpoint, adolescent resilience is not simply a matter of inner strength; it is jointly related to family affection, school belonging, community participation, and the accessibility of professional services. The more stable multilevel social support is, the more likely adolescents are to obtain the relational resources that transform stressful experience into manageable problems.

### 2.4 Research Gaps

The existing literature provides a foundation for this article, yet several gaps remain. First, prior work attends more to single sources of support and offers less clear theoretical synthesis of how different sources complement, reinforce, compensate for, or fracture against one another. Second, family and school research is comparatively well developed, while the theoretical position of community support, social organizations, and social work intervention remains under-emphasized; recent WHO and UNICEF service guidance stresses community-level mental health services for children and adolescents, but in much research the community is still treated as a background variable [8]. Third, the differentiated support needs of vulnerable adolescents require deeper discussion, because for them multilevel support means not only psychological comfort but also access to educational opportunity, welfare services, and rights protection. These gaps are not merely empirical omissions; they signal the need for a conceptual framework that links support sources, support functions, and collaboration mechanisms.

## III. FAMILY AND SCHOOL SUPPORT

### 3.1 Family Support

The family is the earliest and most enduring setting of support for adolescents. Parent-child relationships, emotional responsiveness, family climate, and parental involvement constitute an important source of adolescents' psychological security. During adolescence, the parent-child relationship undergoes a transition from dependence to negotiation. A sound relationship does not mean the absence of conflict; rather, it means that parents can maintain emotional availability and reasonable rules while adjusting boundaries. The influence of family support on mental health can be summarized as a mechanism chain of emotional responsiveness—parent-child communication—psychological security—self-worth. Parental acceptance, open communication, and stable caregiving can buffer the uncertainty generated by academic competition, peer evaluation, and developmental change, and can help adolescents transform diffuse emotions into problems that can be discussed and addressed. Family support is thus not merely material provision or the supervision of study; through everyday interaction it shapes psychological security and self-worth.

Family support may also turn into a source of pressure when its orientation is unbalanced. Excessive control, a single-minded focus on achievement, and high expectations paired with limited emotional responsiveness can weaken adolescents' sense of autonomy and their willingness to seek help. National surveys of Chinese adolescents indicate that parenting style and parental relationships are important influences on mental health [2]. The crux of family support therefore lies not in how much is invested, but in whether it provides care, boundaries, respect, and a channel for seeking help.

At the same time, family support is unequally distributed. Parents may lack time, mental health literacy, economic resources, or confidence in communicating with adolescents. Migration, divorce, illness, poverty, and work pressure may reduce the availability of caregiving. Some families provide strong instrumental support but weak emotional communication; others care deeply yet rely on stigmatizing understandings of psychological distress. For these reasons, family support is necessary but not sufficient, and its limits point toward the complementary functions of school and community.

### 3.2 School Support

School support is another foundational protective system for adolescent mental health. Compared with the family, the school is institutionalized, collective, and routinized. Teacher support, peer acceptance, classroom climate, anti-bullying mechanisms, and mental health education together constitute a supportive school environment. What matters is not only the provision of educational resources but whether stable school connectedness and supportive relationships can be formed. The meta-analysis of school connectedness shows a significant association with adolescent well-being, indicating that teacher care, peer acceptance, and school belonging carry important protective value [9].

Teacher support carries particular significance. Teachers are both enforcers of classroom order and evaluation systems and important adults for students' help-seeking and risk identification. When teachers can offer understanding responses amid learning difficulties, emotional fluctuations, and peer conflict, students are more likely to form an experience of being seen. If schools identify students only through grades and discipline, psychological distress is easily moralized, which in turn weakens the willingness to seek help. Peer support matters because belonging and social status become psychologically salient in adolescence: peer acceptance can reduce loneliness, while rejection and bullying can intensify anxiety, depression, and self-harm risk.

School belonging is a key mechanism through which school support affects mental health. Research indicates that teacher support, peer support, and school safety are important factors shaping school belonging [11]. Multi-wave longitudinal evidence further shows that school belonging in adolescence is associated with lower symptoms of depression, anxiety, and stress in early adulthood [18]. School belonging is not merely a normative ideal; it is built through everyday experiences of respect, acceptance, and institutional protection:

whether a student is respected within the class, whether the student continues to be accepted after failure, and whether the student can trust that the school will act when bullying occurs. School support thus reduces adolescent psychological risk through belonging, peer acceptance, and institutionalized protection. Yet if such support depends only on the goodwill of individual teachers, students' access to help will remain uneven; schools need regular mental health education, anti-bullying procedures, confidentiality rules, crisis-response protocols, and referral pathways to professional services.

### 3.3 Family-School Linkages

Family and school are often discussed separately, yet the risks to adolescent mental health frequently arise at their interface. Family support influences adolescents' school adjustment, willingness to seek help, and peer interaction. Emotional neglect, excessive control, or insufficient caregiving at home may manifest at school as withdrawal, aggression, avoidance, or difficulty in seeking help. Conversely, school experiences shape parent-child relationships and family communication in return: bullying, academic setbacks, teacher evaluation, and peer exclusion may return home as silence, conflict, or emotional dysregulation. Family-school linkages are therefore not the simple transmission of information but a process of risk identification, interpretation of meaning, and coordinated response.

Epstein's framework of school-family-community partnerships stresses that communication, joint decision-making, and community collaboration are shared responsibilities for child development [15]. For mental health, family-school linkages especially need to move beyond notifications about grades and disciplinary communication toward a shared understanding of emotional change, peer relationships, learning pressure, and help-seeking pathways. If family and school cannot share cues and form a consistent interpretation, risk is easily misread as an "attitude problem" confined to a single setting.

Effective family-school linkages encompass three levels: information communication, interpretation of meaning, and coordinated response. Families and schools need to share necessary information about emotional change, learning pressure, peer relationships, and family events, avoiding the reduction of psychological distress to moral character, study attitude, or family responsibility. When an adolescent shows clear signs of depression, anxiety, self-harm risk, or exposure to bullying, it becomes necessary to clarify responsibility boundaries and referral pathways and, where needed, to connect with community, medical, and social work services. Family and school are thus not parallel settings but mutually permeating and mutually shaping systems—yet this linkage can also fail when schools contact families only after problems escalate, when parents fear stigma or blame, or when families with fewer resources, migrant backgrounds, or weaker institutional trust find participation harder [10].

## IV. COMMUNITY SUPPORT

### 4.1 Community Resources

The community lies beyond the family and the school, yet it shapes adolescents' life chances and the accessibility of services. Community resources include youth activity spaces, family education guidance, assistance for children in difficulty, and grassroots public service networks. Their significance lies in offering adolescents a third space beyond the family and the school, in which they can develop interests, relationships, and self-efficacy outside academic evaluation. Family education guidance, assistance for children in difficulty, and grassroots psychological services can also relieve the pressure on families that would otherwise bear risk alone, and can improve the accessibility of mental health knowledge, welfare resources, and professional referral.

The protective value of community resources lies partly in service accessibility. Families may not know where to seek help, schools may lack sufficient professional capacity, and adolescents may hesitate to approach formal medical services. Community-based programs can provide low-threshold entry points, and can reduce the stigma associated with mental health support by embedding help within ordinary activities such as youth clubs, parent workshops, peer groups, and volunteer programs. Community resources are especially important where family and school support are insufficient: a community center may provide after-school supervision for children whose parents work long hours, and a social organization may support adolescents affected by poverty, disability, or family separation. Community support thus adds both practical resources and relational possibilities.

### 4.2 Social Participation

Social participation is the mediating mechanism through which community support is converted into psychological resilience. Community activities, volunteer service, interest groups, peer support groups, and youth development projects allow adolescents to gain roles, contribution, and belonging beyond school achievement. For adolescents caught in anxiety and loneliness, participation is itself a process of reconnecting with society. Thoits's discussion of role meaning and self-esteem indicates that social relationships protect

mental health precisely because they allow individuals to feel that they have a place, a function, and a value that is needed within relationships [6].

Social participation can also change how adolescents interpret themselves. Vulnerable adolescents are often surrounded by labels such as "left-behind," "disadvantaged," or "problem student." If community projects can offer manageable tasks, peer mutual aid, and opportunities for public expression, they may help these adolescents form an experience of "I am able to participate" and "I am of value to others." Compared with the family and the school, community participation more readily provides non-academic interactive settings, and is therefore conducive to the formation of resilience. Yet the quality of participation matters: tokenistic activities do little for mental health, and participation becomes protective only when adolescents have real opportunities to express preferences, build relationships, take responsibility, and receive constructive feedback.

### 4.3 Professional Services

Community support further requires professional services as a foundation. Social organizations and social workers can connect dispersed family difficulties, school problems, and public service resources through casework, group work, community work, resource linkage, crisis referral, and sustained follow-up. WHO and UNICEF guidance on child and adolescent mental health services stresses that service models must develop at the community level and reduce the barriers to help-seeking posed by service shortages, cost, stigma, and insufficient accessibility [8]. Chinese policy has also called for jointly building community psychological service platforms and supporting professional social workers and volunteers in delivering mental health services for children and adolescents [19].

The advantage of social work intervention is that it does not regard psychological distress merely as an individual symptom; it assesses family functioning, school adjustment, community resources, and institutional guarantees at the same time. For mild to moderate distress, social workers can strengthen the support network through emotional support, family communication, and resource linkage; for trauma, severe depression, self-harm risk, or the risk of abuse, timely referral and continuous follow-up are required. The point of professional services is not to replace the family or the school, but to ensure that families and schools no longer face complex risk in isolation.

The value of community support, therefore, is not only the provision of additional services but, under certain conditions, the linking of family caregiving needs, school risk identification, and social service resources. This connective role makes it necessary to examine more closely how the three types of support complement, reinforce, and compensate for one another, and under what conditions they fracture.

## V. MECHANISMS OF FAMILY-SCHOOL-COMMUNITY COLLABORATION

The effects of family, school, and community on adolescent mental health are not a simple sum. The three types of support produce concrete protective or risk effects only when placed within a relational structure. The same support resource may become psychological protection when linkages are smooth, or may fail when responsibility fractures, meaning is misaligned, and referral is obstructed. Social support theory stresses the direct and buffering effects of support resources, while ecological systems theory suggests that the connections among different life settings are themselves part of the developmental environment. Multilevel social support therefore needs to be understood through four mechanisms: complementarity, reinforcement, compensation, and fragmentation.

### 5.1 Complementarity

The first relationship among family, school, and community support is complementarity. The three systems provide different types of resources that cannot fully substitute for one another. The family is better at providing intimate affection, daily caregiving, and stable attachment; the school is better at providing institutionalized education, peer interaction, teacher observation, and mental health education; the community is better at providing public space, social participation, welfare resources, and professional services. The emotional, instrumental, informational, and appraisal support identified in social support theory takes different forms across these different systems [12].

The core of complementarity lies in functional difference. The family can offer unconditional acceptance when an adolescent encounters failure, but may lack the capacity for professional psychological assessment; the school can identify peer relationships and learning pressure, but may not resolve family poverty, the absence of caregiving, or community exclusion; the community can link social work, medical, and welfare resources, but requires continuous information from the family and the school. Multilevel support can form a combined force only on the basis of acknowledging these differences. If the responsibility for mental health is pressed onto a single actor, it not only creates an imbalance of capacity within the family, school, or community, but also leaves complex risk without a system able to receive it.

### 5.2 Reinforcement

The second relationship is reinforcement. When family, school, and community transmit consistent signals of support, the protective effect on adolescent mental health is amplified. A parent's listening, a teacher's care, peer acceptance, and the accessibility of community services together constitute a stable expectation: that difficulties can be voiced, that seeking help will not bring humiliation, and that problems can be addressed jointly. The buffering effect described by Cohen and Wills often arises in adolescents' lives not from a single relationship but from the joint response of multiple relational systems to a stressful event [5].

Reinforcement is also expressed in the consistency of support norms. If the family respects the expression of emotion, the school conducts anti-bullying and mental health education, and the community provides low-threshold activities and counseling services, adolescents will more readily regard help-seeking as normal behavior. Conversely, if the family encourages help-seeking while the school treats psychological distress as a disciplinary matter, adolescents will feel that support signals contradict one another. When the experience of school belonging is supported by family understanding and opportunities for community participation, adolescents are more likely to develop a stable sense of self-worth. Reinforcement does not mean that all three parties do the same thing at the same time; it means that different systems mutually confirm one another in the direction of their values, and that concern circulates relationally so that risk is identified earlier and responses become more coordinated.

### 5.3 Compensation

The third relationship is compensation. When one support system is insufficient, others may perform a substitutive or restorative function. The buffering logic in social support research indicates that supportive resources are especially important in high-stress contexts [5]. When family support is inadequate, teacher care, peer acceptance, and community social work services may become important protective resources; when school belonging is low, family emotional support and community interest groups may buffer setbacks at school; when community resources are scarce, school psychological services and family-school communication may take on more of the responsibility for early identification.

Compensation is especially important for vulnerable adolescents. Left-behind children, migrant children, and adolescents from low-income families are more likely to face insufficient family companionship, difficulty in school integration, or the absence of professional services. In such cases, the compensatory function of school and community can reduce the negative impact of disparities in family resources on mental health. Compensation does not mean that other systems can fully replace the family; it means that multilevel support can reduce the cumulative harm caused by the absence of a single system.

Compensation also has limits. Where family violence, severe neglect, trauma, or the risk of psychiatric disorder already exists, the goodwill of a teacher or the activities of a community alone cannot resolve the problem; professional referral, child protection, and continuous follow-up are also required. The key to the compensation mechanism, therefore, is not "who replaces whom," but judging—according to the nature of the risk—which support can fill a gap and which risk must be referred. If compensation becomes a permanent substitute for systemic provision, it may conceal rather than solve inequality.

### 5.4 Fragmentation

The fourth relationship is fragmentation. Multilevel support does not necessarily produce protection: if communication is lacking, responsibility is dispersed, resources are mismatched, or referral is obstructed among family, school, and community, the support system may fail. The first form of fragmentation is information fragmentation. Family, school, and community may each hold part of the risk cues yet be unable to share necessary information in time. Risk is then divided across different departments and settings, and no actionable overall judgment is formed.

The second form is fragmentation of responsibility. Mental health problems often sit at the boundary among education, health, civil affairs, family, and community. If the family believes the school should be responsible, the school believes the parents should be responsible, and the community believes the problem belongs to professional medical institutions, the adolescent may become the one who bears the consequences of shifting responsibility. In theory, collaborative support is not the even distribution of responsibility but the formation of a clear chain of responsibility according to risk level, professional capacity, and service accessibility.

The third form is fragmentation of meaning. An adolescent may come into contact with multiple supporters yet feel that no one truly understands. Parents care about grades, teachers focus on discipline, community projects attend to participation numbers, and professional services concentrate on risk levels, while the adolescent's shame, loneliness, and fear of seeking help are not seriously heard. Such support exists in form but is difficult to convert into subjective support. The emphasis on subjective support and support utilization indicates precisely that whether support can be perceived and used is the key to whether psychological

protection occurs [14]. Fragmentation reminds us that the failure of a multilevel support system does not necessarily appear as a total absence of resources; it may appear as an inability of resources to connect, to be trusted, or to be sustained. Family-school-community collaboration is thus not achieved by listing actors in the same sentence; it requires mechanisms for communication, confidentiality, referral, feedback, and shared responsibility.

## VI. SUPPORT FOR VULNERABLE ADOLESCENTS

### 6.1 Risk Contexts

Vulnerable adolescents are not a homogeneous group. Migrant children, left-behind children, adolescents with disabilities, adolescents from low-income families, and adolescents exposed to bullying or trauma may each face different forms of risk. Left-behind children, in the Chinese context, are children whose parent(s) migrate for work while they remain in their place of origin. The concern of this article is not to enumerate groups but to explain why they are more likely to encounter multiple support deficits. The main support gap for migrant children often lies in school integration, community adaptation, and the accessibility of public services; for left-behind children, in emotional companionship, daily guardianship, and stable communication; for adolescents with disabilities, in accessible environments, inclusive education, peer acceptance, and anti-discrimination support; and for adolescents exposed to bullying or trauma, first of all in relational safety, school protection, family repair, and professional intervention. Vulnerable adolescents in different contexts may thus face different configurations of support deficits.

These risks rarely appear in isolation. Research on rural left-behind children shows that children's circumstances are closely bound up with family migration, rural education, and social relationships [20]. Further research indicates that rural left-behind children still face challenges in intergenerational caregiving and educational development [4]. Vulnerability should therefore be understood relationally: adolescents become vulnerable not only because they have individual needs, but because available support systems fail to recognize, include, or protect them. Reducing these risks to "the child is psychologically fragile" or "family education is inadequate" obscures structural gaps in support.

### 6.2 Support Needs

Vulnerable adolescents depend more strongly on external support systems—not because they inherently lack capacity, because they have fewer accessible resources, face greater exposure to risk, and bear higher costs of seeking help. Multilevel social support carries a dual significance for them. On the one hand, it is a protective resource for mental health, capable of reducing depression, anxiety, loneliness, and the effects of trauma through emotional support, belonging, and the building of resilience. On the other hand, it is a resource of social opportunity, bearing on educational opportunity, welfare services, social inclusion, and rights protection. Because the support needs of different groups are not the same, a single set of generalized services cannot substitute for a differentiated combination of support.

For migrant children, school acceptance, peer integration, and support for community adaptation are especially crucial; for left-behind children, teacher attention, community care, and support for parent-child communication can to some degree compensate for insufficient emotional companionship, but cannot replace stable guardianship. Related research reveals the particular circumstances of left-behind children in family structure and educational conditions, indicating that support responses must attend simultaneously to caregiving arrangements, school adjustment, and emotional communication [3]. For adolescents with disabilities and those from low-income families, accessible environments, inclusive education, welfare resource linkage, and low-threshold mental health resources likewise constitute important conditions of support; for adolescents exposed to bullying or trauma, anti-bullying mechanisms, trauma-informed services, and crisis referral are more critical. Different support gaps require different combinations of support—this is what distinguishes support for vulnerable adolescents from general mental health education. Support needs are also shaped by trust: adolescents who have experienced neglect, exclusion, or institutional failure may be reluctant to disclose distress, and for them support must be predictable, respectful, and continuous.

### 6.3 Service Responses

Services for vulnerable adolescents need to move from universal support toward precise support. Universal mental health education helps reduce stigma and raise awareness of help-seeking, but high-risk adolescents also require tiered identification and individualized response. Schools can undertake early observation and preliminary support; communities can provide home visits, resource linkage, and platforms for social participation; and professional institutions and the medical system can undertake assessment, treatment, and crisis intervention. WHO and UNICEF emphasize that child and adolescent mental health services must reduce the barriers created by cost, stigma, and insufficient accessibility—an emphasis especially important for vulnerable adolescents [8].

Service responses also need to move from short-term projects toward continuous services. Many community activities and charitable projects are phased, and once a project ends adolescents may return to an environment that lacks support. The value of social workers lies in continuous assessment, case management, and resource integration, so that family parenting support, school mental health services, community activities, medical referral, and child protection mechanisms form an intelligible service pathway. Cross-system collaboration should therefore include shared procedures for identification, referral, feedback, confidentiality, and responsibility. When these procedures are in place, support depends less on chance and is more likely to protect mental health.

## VII. CONCLUSION

This article has developed a conceptual analysis of multilevel social support and adolescent mental health, taking social support theory as its main thread and ecological systems theory as a complementary framework. It argues that adolescent mental health should not be understood merely as an individual psychological problem, but within a multilevel support system jointly constituted by family, school, community, and institutional environment. Family, school, and community operate respectively through mechanisms such as psychological security, school belonging, service accessibility, social participation, and resilience, and together shape adolescents' developmental circumstances through relationships of complementarity, reinforcement, compensation, and fragmentation. For vulnerable adolescents, multilevel social support is not only a protective resource for mental health but also a matter of educational opportunity, welfare services, social inclusion, and rights protection.

The theoretical implication is a move from analyzing "sources of support" to analyzing "support relationships." The same family support, school support, or community service produces protective, substitutive, or failing effects only within a specific relational structure. The article also emphasizes a shift from the question of whether support exists to the question of whether support can be perceived and used: social support does not function simply by existing; only when adolescents feel that supporters are trustworthy, that resources are reachable, that help-seeking is not stigmatized, and that responses will follow, can support be converted into psychological protection. Research on multilevel social support should therefore also attend to subjective support and support utilization [14]. Finally, the article advances adolescent mental health services from "single intervention" toward "cross-system continuous support": individual counseling, school education, or community activities may each play a role, but without everyday support, early identification, referral mechanisms, and continuous follow-up, their protective effects are easily weakened. Family-school-community collaboration is not a policy slogan but a theoretical question of whether supportive relationships can operate continuously.

The practical implication is that a continuous support chain should be formed among family, school, and community. At the family level, the emphasis lies in strengthening parenting support and the capacity for emotional communication; at the school level, in building supportive environments, anti-bullying mechanisms, and crisis-referral pathways; and at the community level, in providing social work intervention and low-threshold mental health resources. Cross-system mechanisms should be organized around risk identification, information communication, professional referral, and continuous follow-up, lowering the threshold for help-seeking while reducing the shifting of responsibility. For vulnerable adolescents, practice should move from general assistance toward targeted, sustained, and rights-oriented support.

As a conceptual analysis, this article does not provide empirical testing of the proposed mechanisms. Future studies should examine the framework using survey data, longitudinal designs, qualitative interviews, and cross-cultural comparisons. First, survey data could test the effects of family, school, and community support and their interactions on depression, anxiety, loneliness, and school belonging. Second, interviews and case studies could clarify how adolescents perceive and use multilevel support, with particular attention to shame, trust, and service fragmentation in the help-seeking process. Third, subgroup studies of vulnerable adolescents and cross-cultural comparison could examine the conditions under which family-school-community collaboration is realized across different welfare regimes, education systems, and community service models. Through such research, the framework of multilevel social support can be further developed into a testable, comparable, and applicable pathway for the study of adolescent mental health.

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