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A School-Based Psychological Counseling Support Model for Primary and Secondary Students: Needs, Barriers, and Implementation Pathways

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Abstract: Student mental health is increasingly understood as an educational concern because psychological difficulties are associated with learning, attendance, peer relationships, school adjustment, and longer-term development. Although schools can provide accessible settings for prevention, early identification, counseling, referral, and coordinated support, school-based psychological counseling is often implemented through fragmented activities rather than through a coherent support system. This article develops a concise school-based psychological counseling support model for primary and secondary students through an integrative framework synthesis of school mental health literature, international guidance, implementation science, and evidence from the Chinese school context. The synthesis indicates that student needs are ecological, developmental, educational, and equity-related. Key implementation barriers include limited help-seeking, stigma, role ambiguity, uneven workforce preparation, weak screening-to-intervention pathways, fragmented collaboration, insufficient data use, and sustainability challenges. The proposed Integrated Ecological Multi-Tiered Counseling Support Model links universal mental health promotion, systematic identification, tiered counseling, referral and crisis response, family-school-community collaboration, data-informed improvement, and workforce development. The model offers a practical framework for moving from isolated counseling activities toward coordinated whole-school support.

Keywords: School Counseling; School Mental Health; Primary and Secondary Students; Psychological Counseling; Multi-Tiered Support; Implementation Science; China.

1. Introduction

Child and adolescent mental health have become a central issue for education systems. UNICEF reports that more than 13 percent of adolescents aged 10-19 live with a diagnosed mental disorder and emphasizes that mental health affects learning, relationships, family life, and social participation [1]. International guidance similarly frames mental health as more than the absence of illness; learners with good mental health are better positioned to cope with ordinary stressors, learn effectively, build meaningful relationships, and contribute to their communities [2]. These perspectives suggest that schools should not treat mental health only as a clinical matter addressed after problems become severe, but as part of educational quality, student development, and equity.

Schools are strategically positioned to respond because they are among the few institutions that reach most children and adolescents on a regular basis. School climate, teacher-student relationships, academic demands, peer interactions, disciplinary practices, and family-school communication can all shape student well-being. Fazel et al. argue that mental health services embedded in schools can create an integrative continuum of care with benefits for both mental health and educational attainment [3]. Hoover and Bostic further describe schools as an essential component of the child and adolescent mental health system because school settings can improve access, reduce stigma, support early identification, and coordinate care [4]. Comprehensive school mental health guidance also emphasizes that school systems should promote positive school climate, social and emotional learning, and mental health while reducing the severity of mental illness [5].

However, the presence of a counselor or a counseling room does not automatically create an effective psychological support system. School counseling requires clear roles, trained personnel, ethical procedures, referral mechanisms, family and community collaboration, data-informed decision-making, and sustainable leadership. This point is consistent with Bronfenbrenner's ecological view of child development, which places children within nested systems of family, school, community, institutions, and policy [6]. It is also aligned with the health-promoting schools approach, which calls for coordinated action across policies, curriculum, school environment, communities, and health services [7]. A school-based counseling model should therefore move beyond an individual-problem orientation toward a systemic support orientation.

The need for such a model is particularly relevant in primary and secondary education. Younger children may express distress through behavior, somatic complaints, peer conflict, withdrawal, or school refusal, while adolescents may face examination pressure, identity-related stress, depression, self-harm risk, and reluctance to disclose problems. In China, the Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025), issued by the Ministry of Education with sixteen other national departments, places student mental health within a cross-sector agenda involving schools, families, society, and professional services [8]. Yet empirical studies show that school mental health education and counseling still face uneven professional preparation, unclear roles, regional disparities, and incomplete pathways from screening to intervention [9-12].

A further challenge is that students may not seek support even when services are available. Reviews of youth help-seeking show that stigma, embarrassment, limited mental

health literacy, preference for self-reliance, confidentiality concerns, lack of trust in professionals, and structural barriers shape whether young people access help [13,14]. Accordingly, an effective school counseling model should not wait passively for students to request help. It should normalize support, cultivate help-seeking literacy, provide low-threshold access points, and ensure that counseling is experienced as credible, confidential, and developmentally appropriate. Against this background, this article develops a concise school-based psychological counseling support model for primary and secondary students, focusing on student needs, implementation barriers, and sustainable pathways.

2. Method

This article used an integrative framework synthesis design. This approach is appropriate when the aim is to develop a conceptual and practice-oriented framework from multiple types of evidence rather than to aggregate effect sizes from homogeneous interventions. The synthesis drew on four bodies of literature: school mental health and school counseling research; international guidance on comprehensive and health-promoting school systems; implementation science; and China-related policy and empirical studies.

The analysis followed four steps. First, sources were reviewed for claims related to student needs, school counseling functions, implementation barriers, and sustainability conditions. Second, these claims were coded into ecological levels: student, family and peers, school organization, community service, and policy system. Third, the coded claims were aligned with a multi-tiered logic: universal promotion for all students, targeted support for students at risk or with emerging difficulties, and intensive support or referral for students with substantial or urgent needs. Fourth, implementation pathways were organized with reference to implementation science, including the EPIS phases of exploration, preparation, implementation, and sustainment [20] and implementation outcomes such as acceptability, adoption, appropriateness, feasibility, fidelity, penetration, and sustainability [21].

The evidence base and its role in the synthesis are summarized in Table 1. The present article is not a systematic review with exhaustive search and formal quality appraisal. Its contribution is to organize existing evidence into a coherent school counseling support model that can inform educational practice and future empirical research. Claims are therefore presented as evidence-informed propositions rather than as causal conclusions.

Table 1. Evidence base and function in the framework synthesis

Source category	Representative sources	Main contribution	Use in model development
School mental health and counseling	Fazel et al.; Hoover and Bostic; ASCA	Explains why schools can provide prevention, counseling, early identification, and referral.	Defines the counseling continuum and school personnel roles.
Comprehensive and health-promoting school guidance	National Center for School Mental Health; WHO/UNESCO; UNESCO et al.	Links mental health with policy, climate, curriculum, services, and governance.	Frames counseling as part of a whole-school ecology.
Help-seeking and access literature	Gulliver et al.; Radez et al.	Identifies stigma, low literacy, confidentiality concerns, self-reliance, and structural barriers.	Informs low-threshold access and help-seeking literacy.
Implementation science	Durlak and DuPre; Aarons et al.; Proctor et al.; Damschroder et al.	Clarifies implementation quality, phases, context, and outcomes.	Provides EPIS phases and implementation indicators.
Chinese policy and empirical context	MOE; Caldarella et al.; Shi et al.; Qu et al.; Shang et al.	Identifies policy priorities, workforce needs, student perceptions, and regional disparities.	Adapts the model to developing school mental health systems.

3. Results

3.1. Student Needs: Ecological, Developmental, Educational, and Equity-related

The synthesis indicates that student needs cannot be reduced to clinically diagnosed disorders. At the broadest level, child and adolescent mental health problems are sufficiently common to justify preventive and early support in ordinary school settings [1,3]. At the educational level, psychological difficulties are linked with attendance, engagement, classroom behavior, academic attainment, and school adjustment [2,4]. This does not mean that mental health should be valued only for its contribution to achievement; rather, it suggests that learning and well-being are closely interdependent.

Student needs are also developmental. Primary school students may require teacher-mediated observation, emotional vocabulary, classroom-based social-emotional learning, and parent consultation. Secondary school students may need stronger confidentiality protections, self-referral routes, support for academic stress, peer relationship counseling, and crisis pathways for depression or self-harm risk. Chinese research further suggests that psychological strain may become more pronounced during secondary schooling because of high-stakes academic progression and examination pressures [12].

Equity is equally important. Students in rural or lower-resource schools, students affected by poverty, disability, bullying, family instability, migration, or cultural and language barriers may experience both higher risk and weaker access to support. ASCA links school counseling with efforts to address systemic and structural barriers, while Qu et al. identify regional disparities in Chinese school mental health programs [11,16]. A support model should therefore treat equity as a design principle rather than as an optional supplement.

3.2. Implementation Barriers

The first barrier is limited help-seeking. Young people may avoid support because of stigma, embarrassment, self-reliance, poor recognition of symptoms, or uncertainty about confidentiality [13,14]. These barriers imply that schools need mental health literacy, anti-stigma work, confidential

access points, and clear explanations of what counseling can and cannot provide.

The second barrier is role ambiguity. School counseling is located between education and mental health systems, which can create uncertainty about boundaries, confidentiality, crisis response, referral, and evaluation. In Beijing, school mental health educators reported that they performed counseling, consultation, teaching, and assessment while also facing excessive non-mental-health duties and needs for better training and supervision [9]. Studies of Chinese students also indicate that familiarity with counseling may shape perceptions of counselor availability and effectiveness [10].

The third barrier is weak connection between identification and intervention. Teacher observation or screening can help identify students who need support, but identification without trained staff, consent procedures, service capacity, and follow-up pathways can create practical and ethical risks. Qu et al. found that school mental health programs in China often lack comprehensive pathways from screening to classification, prevention, and intervention [11].

The fourth barrier is organizational and intersectoral fragmentation. Schools may endorse student well-being but still prioritize academic accountability, discipline, and administrative work. Students with complex needs may require coordination among schools, families, hospitals, community mental health services, and social agencies, yet these sectors often differ in standards, funding, and communication practices. Atkins et al. argue that integrating education and mental health requires a conceptual shift that includes naturalistic school resources, parent involvement, and outcomes for all students [15].

The fifth barrier is sustainability. Implementation research shows that program outcomes are affected by implementation quality, contextual fit, leadership, resources, training, and ongoing monitoring [18]. Reviews of school-based mental health services also highlight adaptability, communication, stakeholder engagement, school leadership, staff engagement, resources, external support, and school culture as factors shaping implementation and sustainment [19,20]. These findings suggest that implementation should be built into the model from the beginning.

3.3. Proposed Model

In response to these needs and barriers, this article proposes an Integrated Ecological Multi-Tiered Counseling Support Model. As shown in Table 2, the model contains seven interacting components: policy and leadership governance; universal mental health promotion; systematic identification and needs assessment; tiered counseling and psychosocial support; family-school-community collaboration; referral and crisis response; and data-informed workforce development. The model is ecological because it recognizes that student difficulties are shaped by family, school, peer, community, and policy contexts. It is multi-tiered because it differentiates universal, targeted, and intensive supports. It is implementation-oriented because it links activities to indicators that schools can monitor.

Policy and leadership governance provides the ethical and organizational foundation for counseling. Schools need written role descriptions, confidentiality procedures, referral agreements, crisis protocols, and mechanisms for coordination with families and external services. Universal mental health promotion includes mental health literacy, social-emotional learning, anti-bullying work, help-seeking education, and positive school climate development. This layer reduces reliance on crisis response by building protective conditions for all students.

Systematic identification and needs assessment help schools recognize students whose difficulties may otherwise remain hidden. Identification may include teacher observation, student self-referral, parent communication, attendance and behavior data, and ethically governed screening when service capacity exists. Tiered counseling then matches support intensity to need. Tier 1 serves all students through curriculum and schoolwide prevention. Tier 2 provides short-term individual counseling, small-group counseling, consultation, and targeted support for emerging difficulties. Tier 3 involves crisis response, safety planning, case coordination, and referral to specialized services; school counselors should support students and families in obtaining long-term clinical care when needed rather than replace such services [16].

Family-school-community collaboration is necessary because students' psychological difficulties often extend beyond school boundaries. Referral and crisis response are also essential for urgent concerns such as suicidal ideation, self-harm, severe depression, trauma exposure, abuse risk, or psychosis-like symptoms. Finally, data-informed workforce development combines training, supervision, role clarity, ethical competence, cultural responsiveness, monitoring of service reach, and continuous quality improvement. ASCA's MTSS position supports this tiered logic by emphasizing school counselors' roles in data-based problem solving, universal instruction, targeted counseling, consultation, collaboration, and referral [17].

3.4. Implementation Pathway

The model can be implemented through four phases. In the exploration phase, schools assess student needs, existing services, workforce capacity, policy requirements, and external referral resources. Student and family perspectives should be included because the updated CFIR emphasizes the importance of innovation recipients and equity in implementation [22]. In the preparation phase, schools form a mental health leadership team, define staff roles, design tiered service maps, allocate time, plan training, and establish ethical screening and referral procedures.

In the implementation phase, schools launch the model gradually. A feasible sequence might begin with Tier 1 mental health literacy lessons, confidential self-referral procedures, and teacher training on warning signs. Schools may then add Tier 2 small groups for examination stress, peer conflict, grief, or school adjustment, followed by Tier 3 crisis and referral protocols. In the sustainment phase, the model becomes part of ordinary governance through annual review, staff induction, budget and partnership planning, and continuous improvement. Evaluation should include student outcomes, system outcomes, and implementation outcomes. This distinction is important because weak results may reflect poor implementation rather than failure of the counseling model itself [21].

Table 2. Integrated Ecological Multi-Tiered Counseling Support Model

Component	Tier focus	Main function	Indicators or examples
Policy and leadership governance	All tiers	Establish ethical, coordinated, and accountable support.	Role descriptions; confidentiality rules; referral and crisis protocols.
Universal mental health promotion	Tier 1	Build mental health literacy, resilience, social-emotional skills, and anti-stigma norms.	Classroom guidance; SEL lessons; help-seeking education; school climate work.
Systematic identification and needs assessment	Tiers 1-3	Recognize students who may need support before difficulties escalate.	Observation; self-referral; teacher nomination; attendance and behavior review; ethical screening.
Tiered counseling and psychosocial support	Tiers 1-3	Match support intensity to student need.	Brief counseling; small groups; consultation; individualized support planning.
Family-school-community collaboration	Tiers 1-3	Coordinate support across settings affecting student development.	Parent consultation; referral navigation; community partnerships.
Referral and crisis response	Tier 3	Provide timely response for high-risk or complex needs.	Safety planning; crisis procedures; specialized referral; follow-up.
Data-informed workforce development	All tiers	Improve quality, equity, and sustainability.	Training; supervision; service reach; fidelity; acceptability; sustainability review.

4. Discussion

The proposed model contributes to school counseling literature by integrating ecological theory, MTSS, comprehensive school mental health guidance, and implementation science into a single framework. Existing research often addresses separate issues, such as student mental health burden, school-based interventions, help-seeking barriers, counselor roles, or implementation determinants. The present synthesis suggests that these issues should be considered together. Student needs are ecological and developmental; support should be tiered; counseling should be connected to school climate and learning; and implementation should be planned, monitored, and sustained.

For practice, the most important implication is that psychological counseling should be governed as a whole-school system rather than assigned entirely to one counselor or mental health educator. A single professional cannot reasonably provide universal education, identify at-risk students, counsel individuals, manage crises, coordinate referrals, train teachers, communicate with families, and evaluate outcomes without institutional support. Schools should therefore create leadership teams that include administrators, counseling personnel, teachers, and, where possible, family representatives and external partners.

For counselors and mental health educators, the model clarifies how work can be organized across tiers. Tier 1 activities may include classroom guidance on emotions, stress, peer support, and help-seeking. Tier 2 activities may include small groups or brief counseling for examination anxiety, school adjustment, grief, or peer conflict. Tier 3 activities may involve crisis assessment, safety planning, referral, and follow-up. This tiered structure can reduce purely reactive practice and allocate limited professional time to students with greater need.

For teachers, the model does not imply that they should become therapists. Rather, teachers can create supportive classroom climates, notice warning signs, respond without stigma, consult with counseling personnel, and refer students through appropriate pathways. This boundary-sensitive approach is especially important where counselor availability is limited. For policy makers, the model suggests that broad commitments to student well-being need operational detail: workforce standards, role expectations, supervision, referral mechanisms, crisis protocols, data protection, and adaptation for rural and lower-resource schools.

The model also has research implications. Future studies could examine whether schools implementing an integrated multi-tiered model show improvements in mental health literacy, help-seeking intention, school connectedness, attendance, and referral completion compared with schools using fragmented approaches. Mixed-methods studies would be particularly useful because implementation depends on both measurable outcomes and contextual processes. Research should also examine equity: school-based services may improve access because they are located where students already are, but this assumption should be tested across gender, rural-urban location, socioeconomic status, disability, migrant background, ethnicity, language, and academic track.

Several limitations should be acknowledged. This article is an integrative framework synthesis rather than a systematic review. The included sources were selected for conceptual relevance and practical utility, so the synthesis does not provide exhaustive coverage of all interventions or effect sizes. The proposed model is evidence-informed but has not yet been tested as a complete package. In addition, although the article draws on evidence from China, local adaptation will be necessary because schools differ in governance, staffing, culture, resources, and service availability.

5. Conclusion

Primary and secondary schools are increasingly expected to support student mental health, yet effective psychological counseling requires more than individual counseling sessions. The evidence synthesized in this article suggests that student needs are ecological, developmental, educational, and equity-related, while major barriers include help-seeking reluctance, stigma, role ambiguity, workforce limitations, weak identification-intervention pathways, fragmented collaboration, and sustainability challenges. The proposed Integrated Ecological Multi-Tiered Counseling Support Model connects universal promotion, systematic identification, tiered counseling, referral and crisis response, family-school-community collaboration, and data-informed workforce development. Its implementation pathway follows exploration, preparation, implementation, and sustainment, supported by evaluation of both student and implementation outcomes. The central implication is that school-based psychological counseling should be designed as a coordinated, whole-school, and sustainable support system rather than as an isolated remedial service.

References

[1] United Nations Children's Fund. (2021). *The state of the world's children 2021: On my mind - Promoting, protecting and caring for children's mental health*. UNICEF.

[2] UNESCO, UNICEF, World Health Organization, & World Bank. (2023). *How school systems can improve health and well-being: Topic brief: Mental health*. UNESCO.

[3] Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, *1*(5), 377-387. https:// doi.org/ 10.1016/S2215-0366(14)70312-8.

[4] Hoover, S., & Bostic, J. (2021). Schools as a vital component of the child and adolescent mental health system. *Psychiatric Services*, *72*(1), 37-48. https://doi.org/10. 1176/appi. ps. 2019 00575.

[5] Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L., & Cashman, J. (2019). *Advancing comprehensive school mental health systems: Guidance from the field*. National Center for School Mental Health.

[6] Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

[7] World Health Organization & UNESCO. (2021). *Making every school a health-promoting* school*: Global standards and indicators*. World Health Organization.

[8] Ministry of Education of the People's Republic of China. (2023). *Special action plan for* comprehensively *strengthening and improving student mental health work in the new era (2023-2025)*.

[9] Caldarella, P., Chan, P., Christensen, L., Lin, X., & Liu, Y. (2013). School mental health education in Beijing: A survey of practitioners. *New Horizons in Education*, *61*(2), 77-90.

[10] Shi, Q., Liu, X., & Leuwerke, W. (2014). Students' perceptions of school counselors: An investigation of two high schools in Beijing, China. *The Professional Counselor*, *4*(5), 519-530. https://doi.org/10.15241/qs.4.5.519.

[11] Qu, D., Wen, X., Cheng, X., Zhu, A., Wu, Z., Che, L., & Chen, R. (2024). School mental health prevention and intervention strategies in China: A scoping review. *The Lancet Regional Health - Western Pacific*, *53*, 101243. https://doi.org/10.1016/j. lanwpc. 2024.101243.

[12] Shang, Y., Wang, J., & Zhu, H. (2025). Challenges and prospects of integrating mental health education in Chinese schools. *Frontiers in Public* Health, *13*, 1621170. https:// doi. org/ 10.3389/fpubh.2025.1621170.

[13] Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, *10*, 113. https://doi.org/10.1186/1471-244X-10-113.

[14] Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? *European Child & Adolescent Psychiatry*, *30*, 183-211. https://doi.org/10.1007/s00787-019-01469-4.

[15] Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(1-2), 40-47. https://doi. org/ 10. 1007/s10488-010-0299-7.

[16] American School Counselor Association. (2025). *The school counselor and student mental health*. ASCA.

[17] American School Counselor Association. (2021). *The school* counselor *and multitiered system of supports*. ASCA.

[18] Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, *41*, 327-350. https://doi.org/10.1007/s10464-008-9165-0.

[19] Richter, A., Sjunnestrand, M., Romare Strandh, M., & Hasson, H. (2022). Implementing school-based mental health services: A scoping review. *International Journal of Environmental Research and Public Health*, *19*(6), 3489. https://doi.org/10. 3390/ ijerph19063489.

[20] March, A., Stapley, E., Hayes, D., Town, R., & Deighton, J. (2022). Barriers and facilitators to sustaining school-based mental health and wellbeing interventions: A systematic review. *International Journal of Environmental Research and Public Health*, *19*(6), 3587. https://doi.org/10.3390/ijerph19063587.

[21] Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, *38*(1), 4-23. https: //doi.org/10.1007/s10488-010-0327-7.

[22] Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, *38*(2), 65-76. https://doi.org/10.1007/s10488-010-0319-7.

[23] Damschroder, L. J., Reardon, C. M., Opra Widerquist, M. A., & Lowery, J. (2022). The updated consolidated framework for implementation research based on user feedback. *Implementation Science*, *17*, 75. https://doi.org/10. 1186/ s13012-022-01245-0.