A scoping review of school-based mental health nursing interventions for the early identification and management of anxiety and depression among adolescents

Navdeep Singh[*1], Sanya[2], Neha Chahal[3], Rashmi[4], Tejvanti[5]
[*1]*Principal, Indus College of Nursing, Khanda Kheri, Hansi, Haryana, India*
[2]*Clinical instructor and scholar, Indus College of Nursing, Khanda Kheri, Hansi, Haryana, India*
[3-5] *Research Scholar, Indus College of Nursing, Khanda Kheri, Hansi, Haryana, India*

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Abstract:
Anxiety and depression are among the most common mental health problems affecting adolescents and are associated with impaired academic performance, social withdrawal, absenteeism, reduced quality of life, self-harm, and increased suicide risk. Despite the growing burden of adolescent mental health problems, many young people remain unidentified or experience delays in accessing specialized mental health services. Schools provide an accessible and less stigmatizing environment for early identification and intervention, while school nurses are strategically positioned to recognize psychological distress, conduct screening, provide brief supportive interventions, and coordinate referrals. This scoping review aimed to map and synthesize the available evidence on school-based mental health nursing interventions used for the early identification and management of anxiety and depression among adolescents. A scoping review approach was used to examine literature concerning nursing-led and nurse-involved mental health interventions delivered within school settings. The review focused on adolescents and interventions addressing the identification, prevention, or management of anxiety and depressive symptoms. Evidence relating to mental health screening, psychoeducation, cognitive-behavioral strategies, mindfulness, stress management, resilience-building, referral pathways, family engagement, and multidisciplinary collaboration was examined. The extracted evidence was organized according to intervention characteristics and reported outcomes. The reviewed evidence demonstrated that school-based mental health nursing interventions encompass a broad continuum of care, ranging from universal mental health promotion and systematic screening to targeted brief interventions and referral for specialized care. Frequently reported approaches included the use of validated screening instruments, nurse-led psychoeducation, low-intensity cognitive-behavioral techniques, mindfulness and emotional regulation activities, stress-management education, resilience-building programs, and coordinated referral pathways. Across the literature, these interventions were associated with improved early recognition of psychological distress, reductions in anxiety and depressive symptoms, enhanced coping and resilience, improved mental health literacy, and greater help-seeking behavior. However, implementation was influenced by high nursing workloads, limited specialist mental health training, privacy constraints, inconsistent intervention protocols, and variations in school resources. School nurses can play a significant role in the early identification and management of adolescent anxiety and depression by integrating screening, brief evidence-based interventions, mental health education, and coordinated referral within routine school health services. A structured multi-tiered model of care may strengthen the integration of mental health support into educational settings. Further research is needed to standardize nurse-led intervention protocols, evaluate long-term outcomes, and determine how these approaches can be adapted to schools with limited healthcare resources.

Keywords:
School Nursing; Adolescent Mental Health; Anxiety; Depression; Scoping Review; Early Identification; Mental Health Interventions.

1. Introduction:

Adolescence is a critical developmental period characterized by rapid biological maturation, neurological reorganization, identity formation, changing family relationships, increasing peer influence, and growing academic and social demands. Although these transitions are a normal part of development, their convergence can increase vulnerability to psychological distress and the onset of mental health disorders. Anxiety and depression are particularly important because they frequently emerge during adolescence and may adversely affect emotional well-being, academic achievement, interpersonal relationships, and long-term health outcomes. Globally, mental health conditions account for a substantial proportion of the burden of disease among adolescents, highlighting the need for accessible strategies for prevention, early identification, and timely intervention (World Health Organization et al., 2021).

Anxiety disorders in adolescence may present as persistent and excessive worry, physiological hyperarousal, avoidance behavior, social withdrawal, panic symptoms, sleep disturbance, and impaired concentration. Depressive disorders may manifest through persistent sadness or irritability, loss of interest, fatigue, changes in sleep and appetite, feelings of worthlessness, academic decline, and social disengagement. In severe cases, depressive symptoms may be accompanied by non-suicidal self-injury and suicidal ideation. Importantly, adolescents do not always present with clearly recognizable psychiatric symptoms. Emotional distress may instead appear as recurrent headaches, abdominal pain, fatigue, school avoidance, declining academic performance, or repeated visits to the school health office. Consequently, anxiety and depression may remain unidentified when assessment focuses exclusively on physical symptoms or observable behavioral problems (Maughan et al., 2018).

The consequences of delayed identification can extend beyond immediate emotional distress. Persistent anxiety and depression may interfere with educational participation, peer relationships, family functioning, and the development of adaptive coping skills. Untreated internalizing disorders during adolescence may also increase vulnerability to recurrent mental illness, substance misuse, functional impairment, self-harm, and suicidal behavior later in life (Thapar et al., 2012). Early identification is therefore essential, particularly during the period when symptoms are emerging but have not yet progressed to severe or chronic psychiatric impairment.

Despite the need for early intervention, conventional child and adolescent mental health services frequently face substantial barriers. Limited availability of specialist professionals, long waiting periods, geographical inequalities, financial constraints, transportation difficulties, and stigma may prevent adolescents from receiving timely support. Young people may also hesitate to seek formal psychiatric care because of concerns regarding confidentiality, labeling, parental reactions, or peer judgment. These barriers have increased interest in delivering mental health support within environments that adolescents routinely access, particularly schools. Schools provide a unique setting for population-level mental health promotion and early intervention because they offer sustained access to adolescents across diverse socioeconomic and cultural backgrounds. School-based services can identify students who may not independently seek care and can integrate mental health support with educational and social systems. Within this setting, school nurses occupy a particularly important position at the interface of healthcare and education. Their routine contact with students enables them to recognize subtle changes in physical presentation, emotional functioning, school attendance, and health-seeking behavior. The school health office may also provide a relatively familiar and less stigmatizing point of contact for students experiencing emotional distress (National Association of School Nurses et al., 2020).

The contemporary role of the school nurse extends beyond first aid and management of physical illness. School nurses may contribute to mental health promotion, early risk identification, psychosocial assessment, screening, supportive counselling, psychoeducation, crisis recognition, medication monitoring, family communication, and referral to specialist services. Their clinical training is particularly valuable when anxiety or depression presents through physical symptoms. A nurse can assess possible physiological causes while simultaneously considering psychological distress, thereby supporting more comprehensive and timely identification (Pryjmachuk et al., 2019).

School-based mental health nursing can be conceptualized within a **Multi-Tiered System of Support (MTSS)**. At **Tier 1**, nurses may participate in universal mental health promotion, resilience-building, stress-management education, stigma reduction, and mental health literacy initiatives. At **Tier 2**, students with emerging symptoms or identified risk factors may receive targeted screening, brief supportive counselling, low-intensity cognitive-behavioral strategies, mindfulness-based activities, or structured coping interventions. At **Tier 3**, students with severe symptoms, self-harm risk, suicidal ideation, or complex psychiatric needs

require immediate safety assessment, crisis management, referral, and coordination with specialized mental health services (Weist et al., 2019).

Early identification is a central component of this model. Validated screening instruments can support systematic recognition of adolescents experiencing anxiety or depressive symptoms, including students whose distress may not be visible to teachers or family members. Screening, however, should not function as an isolated activity. Positive findings must be connected to clinical assessment, risk stratification, appropriate intervention, and clearly established referral pathways. School nurses can contribute to this process by combining psychometric screening with clinical judgment and knowledge of the student's physical, psychosocial, and educational context.

Beyond identification, school nurses may also contribute directly to the management of mild-to-moderate psychological distress. The literature describes a range of school-based approaches, including psychoeducation, brief cognitive-behavioral techniques, behavioral activation, mindfulness, emotional regulation training, stress management, resilience-building, peer-support activities, and family engagement. These interventions are particularly relevant where specialist mental health resources are limited and where early, low-intensity support may prevent symptom escalation. Collaboration with teachers, counselors, psychologists, social workers, families, and community mental health professionals further strengthens continuity of care.

However, the scope and delivery of school-based mental health nursing interventions vary considerably. Differences exist in nursing roles, intervention intensity, screening procedures, professional training, school resources, referral systems, and healthcare infrastructure. High caseloads, insufficient mental health training, limited private space, concerns regarding confidentiality, and inadequate access to specialist referral services may restrict implementation. The available evidence is therefore broad and heterogeneous, making a scoping review appropriate for mapping existing approaches and identifying areas requiring further investigation.

The present scoping review aims to map the existing evidence concerning **school-based mental health nursing interventions for the early identification and management of anxiety and depression among adolescents**. Specifically, it examines the types of nursing interventions reported in school settings, approaches used for early identification and screening, intervention characteristics and reported outcomes, the role of multidisciplinary collaboration, and major barriers and evidence gaps affecting implementation. By synthesizing these areas, the review seeks to clarify the contribution of school nursing to adolescent mental healthcare and inform the development of accessible, structured, and evidence-based school mental health services.

2. Materials and methods:

2.1. Study design:

A scoping review methodology was adopted to systematically map and synthesize the available evidence on school-based mental health nursing interventions for the early identification and management of anxiety and depression among adolescents. A scoping review design was considered appropriate because the available literature encompasses diverse intervention models, screening approaches, study designs, school settings, and outcome measures. Rather than restricting the synthesis to a single intervention or experimental design, this approach enabled a broader examination of the nature, range, and reported outcomes of school-based mental health nursing practices.

2.2. Eligibility criteria:

Studies were considered eligible when they focused on adolescents aged 10–19 years in school settings and examined mental health programmes addressing anxiety, depression, psychological distress, or related emotional outcomes. Eligible interventions included those delivered by nurses or implemented with meaningful nursing involvement or support. Studies conducted in government or private schools and employing quantitative, qualitative, or mixed-methods designs were considered.

The review focused primarily on school-based interventions relevant to the Indian context. Studies were excluded when they did not involve adolescents, were conducted exclusively outside educational settings, did not address mental health identification or intervention, or lacked a relevant nursing or school-health component. Duplicate records and publications without sufficient information relevant to the review objectives were also excluded. These criteria were applied to maintain alignment between the selected literature and the review question.

2.3. Search strategy:

A structured literature search was undertaken to identify relevant evidence concerning school-based mental health nursing and adolescent anxiety and depression. Medical Subject Headings (MeSH), free-text keywords, and Boolean operators such as **AND** and **OR** were used to combine major concepts.

2.4. Study selection:

Study selection was conducted through a sequential screening process. Records identified through the literature search were initially examined for relevance to the review topic. Potentially eligible publications were then assessed against the predefined inclusion and exclusion criteria. Full-text assessment was undertaken for studies considered relevant after initial screening, and only studies meeting the eligibility requirements were included in the final evidence synthesis.

2.5. Data extraction:

Relevant information was systematically extracted from the included literature using a structured approach. The extracted variables included study characteristics, participant characteristics, school setting, intervention type, screening or assessment method, duration and mode of intervention, outcome measures, and major findings.

Particular attention was given to the nature of nursing involvement. Interventions were classified according to whether nurses contributed to mental health screening, psychoeducation, brief psychological support, stress management, resilience-building, referral, follow-up, family engagement, or multidisciplinary coordination. This approach enabled comparison across heterogeneous school mental health programmes.

2.6. Outcome measures:

The primary outcomes of interest were the **early identification of anxiety and depression, mental health screening coverage, referral to appropriate services, and changes in anxiety and depressive symptoms**. These outcomes were selected because they directly reflected the principal clinical functions of early detection and management within school health services.

Secondary outcomes included **school attendance, academic functioning, psychological well-being, mental health literacy, self-esteem, resilience, coping ability, help-seeking behaviour, and awareness among parents and teachers**. These broader outcomes were considered important because school-based mental health interventions may influence educational, psychosocial, and behavioral functioning in addition to symptom severity.

2.7. Data synthesis:

Because of heterogeneity in intervention designs, participant characteristics, assessment tools, and reported outcomes, the evidence was synthesized using **descriptive numerical analysis and thematic narrative synthesis** rather than statistical meta-analysis. The findings were grouped according to major intervention themes, including mental health screening, nurse-led psychoeducation, life-skills education, cognitive-behavioral interventions, mindfulness and stress-management programmes, resilience-building, peer support, teacher and parent engagement, digital mental health approaches, and referral and follow-up systems.

This thematic approach enabled the review to map the breadth of existing interventions while identifying common patterns in their implementation and outcomes.

3. Analysis:

The reviewed evidence demonstrated that school-based mental health interventions for adolescents encompass a broad continuum ranging from universal mental health promotion to targeted psychological intervention and referral for specialized care. The interventions differed in their structure, duration, intensity, professional involvement, and outcome measures; however, several consistent themes emerged.

3.1. Early identification and mental health screening

Early identification represented a central component of school-based mental health care. The evidence indicated that systematic screening can identify adolescents experiencing anxiety or depressive symptoms who may otherwise remain undetected, particularly those whose distress presents through somatic complaints, social withdrawal, declining academic performance, or repeated school absence.

Commonly reported screening instruments included the **Patient Health Questionnaire modified for Adolescents (PHQ-A)** for depressive symptoms, the **Generalized Anxiety Disorder-7 (GAD-7)** for anxiety symptoms, the **Strengths and Difficulties Questionnaire (SDQ)** for broader emotional and behavioral

difficulties, and the **Screen for Child Anxiety Related Emotional Disorders (SCARED)** for multidimensional anxiety assessment. The reviewed literature suggests that brief, validated instruments are particularly suitable for school environments because they can be incorporated into routine health assessments and followed by more detailed clinical evaluation when elevated scores are detected.

Screening was most effective when embedded within a clearly defined pathway rather than used as an isolated assessment. A positive screening result required further clinical assessment, evaluation of severity and safety, and appropriate referral or intervention. The school nurse was frequently positioned as a central professional in this pathway because nursing assessment could integrate psychological symptoms with physical complaints, psychosocial circumstances, and observable changes in school functioning.

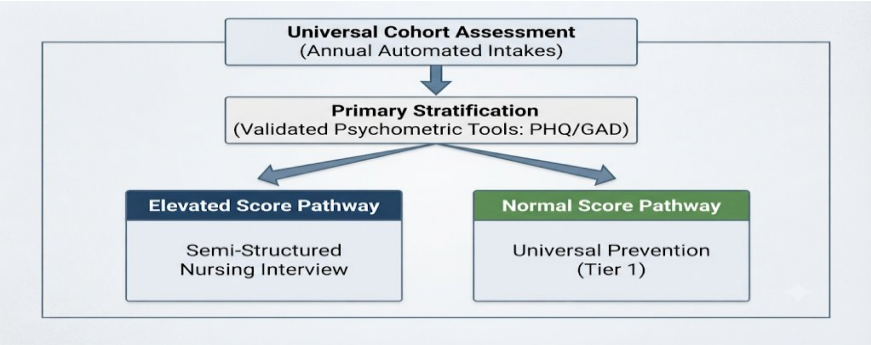

Figure. 1: School-Wide Screening and Tiered Management Pathway

3.2. Major categories of school-based interventions

The interventions identified in the literature could be grouped into four major categories: screening and early identification, psychoeducational and resilience-focused interventions, brief psychological interventions, and coordinated referral and follow-up.

Table. 1: Major School-Based Mental Health Nursing Interventions and Reported Outcomes

Intervention category	Major components	Role of the school nurse	Reported outcomes
Screening and early identification	PHQ-A, GAD-7, SDQ, SCARED and clinical assessment	Screening, risk assessment, triage and referral	Earlier identification and increased access to support
Psychoeducation	Mental health literacy, symptom recognition and help-seeking education	Individual or group education	Improved awareness and reduced stigma
Cognitive-behavioral strategies	Cognitive restructuring, behavioral activation and coping skills	Brief structured sessions and reinforcement	Reduction in anxiety and depressive symptoms
Mindfulness and stress management	Breathing, relaxation, grounding and emotional regulation	Skills training and follow-up	Reduced stress and improved emotional regulation
Resilience and life-skills programmes	Problem-solving, coping and self-esteem development	Group facilitation and health promotion	Improved resilience and psychological well-being
Referral and collaborative care	Family engagement and multidisciplinary coordination	Care coordination and follow-up	Improved continuity and access to specialist care

3.3. psych education and mental health literacy:

Psychoeducation emerged as one of the most feasible nursing interventions within school settings. These programmes provided adolescents with information about anxiety, depression, stress responses, coping strategies, and available sources of support. By helping students recognize emotional symptoms and understand that mental health problems are legitimate health concerns, psychoeducation contributed to improved mental health literacy and reduced stigma.

Nurse-led psychoeducation was delivered through individual counselling encounters, small-group sessions, classroom activities, and broader school health programmes. The intervention also supported help-seeking by

teaching adolescents when and how to approach trusted adults or healthcare professionals. Evidence from school-based mental health programmes suggests that strengthening mental health literacy can create a more supportive environment for early disclosure and intervention.

3.4. Cognitive-behavioral and coping-skills interventions:

Cognitive-behavioral approaches were among the most frequently reported structured interventions for anxiety and depressive symptoms. School-based programmes commonly incorporated simplified cognitive-behavioral techniques rather than intensive psychotherapy. These included identifying negative automatic thoughts, cognitive reframing, problem-solving, behavioral activation, gradual exposure to anxiety-provoking situations, and development of personalized coping plans.

The evidence indicates that CBT-based school interventions can reduce symptoms of anxiety and depression while improving emotional coping and resilience (Werner-Seidler et al., 2021; Neil et al., 2009). Within a nursing context, these strategies may be delivered as brief, structured interventions for students with mild-to-moderate symptoms or used to reinforce treatment plans developed by specialist mental health professionals.

The reviewed evidence also suggests that school-based interventions are particularly useful when they are structured, time-limited, developmentally appropriate, and integrated into the academic schedule. Such interventions allow students to receive support without the logistical barriers associated with repeated attendance at external mental health facilities.

3.5. Mindfulness, stress management, and emotional regulation:

Mindfulness and stress-management programmes represented another important category of intervention. These programmes included controlled breathing, relaxation exercises, grounding strategies, present-moment awareness, and emotional regulation skills. Such approaches were designed to help adolescents recognize and regulate physiological and cognitive responses to stress.

Mindfulness-based school interventions were associated with improvements in anxiety, stress management, and emotional regulation (Carsley et al., 2018). Their relatively brief and flexible nature makes them suitable for individual or group delivery within school health programmes. School nurses can reinforce these techniques during follow-up encounters and help students integrate coping strategies into daily academic and social situations.

3.6. Resilience-building and life-skills interventions:

Resilience-focused programmes aimed to strengthen protective psychological capacities before emotional distress progressed to clinically significant anxiety or depression. Common components included problem-solving, communication skills, emotional awareness, adaptive coping, self-esteem development, and social support.

School-based resilience interventions were generally associated with improved coping and psychological well-being and with reductions in emotional distress (Dray et al., 2017). These findings support the inclusion of preventive mental health promotion within routine school health services rather than restricting nursing involvement to students who already meet thresholds for significant psychiatric symptoms.

3.7. Multidisciplinary collaboration and referral:

The reviewed literature consistently emphasized that school nurses should not function as isolated mental health providers. Effective school-based care depended on collaboration among nurses, teachers, counselors, psychologists, social workers, parents, and external mental health professionals. School nurses contributed a distinct clinical perspective by linking physical and psychological assessment, recognizing risk, coordinating referrals, and monitoring students following referral or treatment.

For adolescents with severe depression, self-harm, suicidal ideation, or complex psychiatric needs, immediate escalation to specialist care was essential. The school nurse's role in such cases centered on safety assessment, crisis response, communication with appropriate caregivers and professionals, and continuity of follow-up.

3.8. Overall outcomes:

Across the reviewed evidence, school-based mental health interventions were associated with several favorable outcomes. The most consistently reported benefits included earlier recognition of anxiety and depression, reduction in psychological symptoms, improved coping and emotional regulation, greater resilience, increased mental health literacy, reduced stigma, and improved help-seeking behavior. Some interventions also reported improvements in school participation, social functioning, and psychological well-being.

However, the magnitude and consistency of these outcomes varied according to intervention type, duration, professional training, participant characteristics, and availability of follow-up services. The heterogeneity of study designs and outcome measures also limited direct comparison between programmes.

3.8.1. Implementation challenges:

Several barriers affected the implementation of school-based mental health nursing interventions. These included heavy nursing workloads, insufficient specialist mental health training, limited time for counselling, lack of private spaces for confidential discussions, inadequate referral resources, and inconsistent integration of school nurses into multidisciplinary mental health teams.

Resource limitations were particularly important in settings where dedicated school nursing services were unavailable. In such environments, sustainable implementation may require strengthened nursing workforce capacity, standardized screening and referral protocols, continuing mental health education, and closer collaboration between schools and community health services.

Overall, the findings indicate that school-based mental health nursing is most effective when implemented as a **multi-tiered continuum of care** that combines universal prevention, targeted early intervention, and clear pathways to specialized services. The dissertation's analysis similarly organizes the evidence around screening, psychoeducation, life skills, CBT, mindfulness, resilience, peer support, family engagement, digital interventions, and referral systems.

3.8.2. School nurses as frontline providers for early identification:

One of the most important findings of this review is the potential role of school nurses in identifying adolescents whose anxiety or depression may otherwise remain unrecognized. Adolescents frequently present psychological distress through non-specific physical complaints, including headaches, abdominal discomfort, fatigue, sleep disturbance, dizziness, or repeated visits to the school health office. Because school nurses routinely assess such complaints, they are well positioned to recognize patterns that may indicate an underlying mental health problem.

The use of standardized screening instruments can strengthen this clinical role. Tools such as the PHQ-A, GAD-7, SDQ, and SCARED provide structured methods for identifying depressive symptoms, anxiety, and broader emotional or behavioral difficulties. However, screening should not be considered equivalent to diagnosis. Its value depends on the presence of a subsequent pathway for clinical assessment, risk evaluation, intervention, referral, and follow-up. Routine screening without adequate referral capacity may identify unmet need without ensuring that students receive appropriate care.

3.8.3. Effectiveness of brief school-based interventions:

The review identified psychoeducation, cognitive-behavioral strategies, mindfulness, stress management, emotional regulation, resilience-building, and life-skills education as major components of school-based mental health interventions. These approaches are particularly suitable for educational settings because many can be delivered in brief, structured formats without removing students from their normal environment for prolonged periods.

CBT-based interventions were among the most consistently supported approaches. By helping adolescents identify unhelpful thought patterns, increase engagement in positive activities, improve problem-solving, and gradually confront anxiety-provoking situations, CBT-based programmes address mechanisms underlying both anxiety and depression. Previous evidence has shown that school-based interventions incorporating cognitive-behavioral principles can produce reductions in anxiety and depressive symptoms, although the magnitude of benefit may vary according to programme intensity and population characteristics (Werner-Seidler et al., 2021; Neil et al., 2009).

3.8.4. Importance of a multi-tiered model of care:

The findings support the organization of school mental health nursing within a multi-tiered framework. A single intervention cannot meet the diverse mental health needs of an entire adolescent population. Some students require only universal mental health promotion, while others need targeted support or urgent specialist care.

At **Tier 1**, school nurses can contribute to universal mental health literacy, stigma reduction, stress-management education, resilience-building, and promotion of healthy coping behaviors. These interventions reach the broader student population and may create an environment in which emotional difficulties can be discussed more openly.

At **Tier 2**, adolescents with emerging or mild-to-moderate symptoms may receive targeted screening, psychoeducation, brief cognitive-behavioral strategies, mindfulness, emotional regulation training, or structured follow-up. The objective at this level is to prevent symptom progression while improving coping and functioning.

At **Tier 3**, students with severe depression, significant functional impairment, self-harm, suicidal ideation, or complex psychiatric conditions require urgent assessment and specialist mental healthcare. The school nurse's role at this level involves safety assessment, crisis response, referral coordination, communication with appropriate caregivers and professionals, and support for continuity of care.

This tiered model provides a practical framework for matching intervention intensity to student need and avoiding both under-treatment and unnecessary escalation. The original dissertation similarly emphasizes structured Tier 1, Tier 2, and Tier 3 management with coordinated participation from nurses, teachers, parents, counselors, and mental health professionals.

3.8.5. Multidisciplinary and family collaboration:

Adolescent mental health is influenced by interactions among individual, family, school, peer, and community factors. Consequently, effective school-based intervention requires collaboration beyond the school health office. The reviewed evidence indicates that school nurses can serve as an important link between students, teachers, families, school counselors, psychologists, and community healthcare providers.

3.8.6. Implications for the Indian school health context:

The potential value of school-based mental health nursing may be particularly important in India, where access to specialized child and adolescent mental health services remains uneven. Schools provide an opportunity to extend mental health support to adolescents who might otherwise face geographical, financial, social, or stigma-related barriers to formal psychiatric care.

However, implementation requires adaptation to local realities. Many schools do not have a dedicated full-time school nurse, and existing health personnel may have substantial workloads. Consequently, large-scale implementation should prioritize interventions that are feasible, brief, culturally appropriate, and supported by clear referral pathways.

The findings suggest that school mental health services should not depend exclusively on specialist psychiatrists or psychologists. Nurses with appropriate training can contribute to screening, psychoeducation, basic psychosocial support, risk recognition, and care coordination while working within clearly defined professional boundaries. This task-sharing approach may expand access without replacing the need for specialist care in complex or severe cases.

3.8.7. Barriers to Implementation:

Despite the potential benefits, several barriers may limit the effectiveness of school-based mental health nursing programmes. Heavy caseloads and competing physical health responsibilities can restrict the time available for mental health assessment and follow-up. Limited specialist training may reduce confidence in recognizing psychiatric symptoms or responding to complex presentations. Lack of private consultation spaces may also compromise confidentiality and discourage adolescents from discussing sensitive concerns.

3.8.8. Implications for school nursing practice:

The findings have important implications for the development of school mental health services. School nurses should be prepared to recognize both psychological and somatic presentations of anxiety and depression and to use validated screening instruments when clinically appropriate. Mental health assessment should become an integrated component of school health practice rather than being separated from physical healthcare.

Nursing education and continuing professional development should strengthen competencies in adolescent mental health assessment, therapeutic communication, suicide-risk recognition, brief psychological interventions, confidentiality, crisis management, and referral coordination. Training should also clarify professional boundaries so that nurses can provide evidence-based early support while recognizing situations requiring specialist assessment.

Schools should establish standardized protocols describing the steps to be followed after a positive mental health screen. These protocols should define risk categories, immediate safety procedures, referral pathways, parental involvement, documentation requirements, and follow-up responsibilities. The review also supports closer collaboration among school nurses, teachers, counselors, psychologists, families, and community mental health services.

3.8.9. Strengths and limitations:

A major strength of this scoping review is its broad examination of school-based mental health nursing across multiple intervention categories, including screening, psychoeducation, cognitive-behavioral strategies, mindfulness, resilience-building, multidisciplinary care, and referral. The review therefore provides a comprehensive overview of how nursing may contribute across different levels of adolescent mental healthcare.

However, several limitations should be acknowledged. The included evidence was heterogeneous in relation to study design, intervention duration, participant characteristics, outcome measures, and level of nursing involvement. This heterogeneity limited direct comparison between interventions and prevented quantitative pooling of outcomes. The review also focused primarily on evidence relevant to school-based and Indian contexts, which may limit generalizability to healthcare and educational systems with substantially different resources.

4. Conclusion:

This scoping review indicates that school-based mental health nursing interventions have considerable potential to strengthen the early identification and management of anxiety and depression among adolescents. School nurses occupy a strategic position within educational settings because they can recognize psychological distress, conduct structured screening, provide psychoeducation and brief supportive interventions, identify safety risks, and coordinate referral to specialized services.

Validated screening instruments such as the PHQ-A, GAD-7, SDQ, and SCARED can support early recognition when used within a comprehensive clinical pathway. Psychoeducation, cognitive-behavioral strategies, mindfulness, stress management, resilience-building, and collaborative care represent important intervention approaches that may improve emotional well-being, coping, mental health literacy, and help-seeking behavior.

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