

Psychosocial needs of adolescent students and support networks: an integrative literature review

Necessidades psicossociais de adolescentes escolares e redes de apoio: revisão integrativa da literatura

Necesidades psicosociales de los adolescentes escolares y redes de apoyo: una revisión integradora de la literatura

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Abstract

Introduction: Adolescence is a stage marked by intense transformations and the need for comprehensive recognition of physical, mental, and social dimensions. In the school context, these changes are linked to vulnerabilities and the need for continuous support. **Objective:** To identify, in scientific literature, the health needs of adolescent students and to map the support networks related to comprehensive care. **Methods:** An integrative literature review was conducted in the Scopus, Web of Science, PubMed/MEDLINE, SciELO, LILACS, BDENF, BBO, CINAHL, and Cochrane Library databases, covering the period from 2018 to 2023. Original qualitative, quantitative, and mixed-methods studies addressing adolescent students' health needs and support networks were included. **Results:** Thirteen studies were included, mostly qualitative and classified as level 6 evidence. The most frequently identified needs were mental health, family fragility, social vulnerability, and limited access to health services. The main support networks identified were family, teachers, and friends, followed by school and institutional support systems. **Conclusions:** The health needs of adolescent students are multifactorial and depend on integrated support networks. Strengthening intersectoral collaboration between health and education is essential to promote well-being, prevent harm, and consolidate comprehensive care.

Keywords: Social support; Intersectoral collaboration; Education; Health; Adolescent health; Integrality in health.

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Resumo

Introdução: A adolescência é uma etapa marcada por transformações intensas e pela necessidade de reconhecimento integral das dimensões físicas, mentais e sociais. No contexto escolar, essas mudanças se associam a vulnerabilidades e à necessidade de apoio contínuo. **Objetivo:** Identificar na literatura científica as necessidades de saúde de adolescentes escolares e mapear as redes de apoio relacionadas à integralidade do cuidado. **Métodos:** Revisão integrativa da literatura realizada nas bases Scopus, Web of Science, PubMed/MEDLINE, SciELO, LILACS, BDENF, BBO, CINAHL e Cochrane Library, abrangendo o período de 2018 a 2023. Foram incluídos estudos originais, qualitativos, quantitativos ou mistos, sobre necessidades de saúde e redes de apoio de adolescentes escolares. **Resultados:** Foram incluídos 13 estudos, majoritariamente qualitativos e de nível 6 de evidência. As necessidades de saúde mais frequentes relacionaram-se à saúde mental, fragilidade familiar, vulnerabilidade social e dificuldade de acesso a serviços de saúde. As redes de apoio centrais foram família, professores e amigos, seguidas de redes escolares e institucionais. **Conclusões:** As necessidades de saúde de adolescentes escolares são multifatoriais e dependem de redes de apoio integradas. O fortalecimento das ações intersetoriais entre saúde e educação é essencial para promover o bem-estar, prevenir agravos e consolidar práticas de cuidado integral.

Palavras-chave: Apoio social; Colaboração intersetorial; Educação; Saúde; Saúde do adolescente; Integralidade em saúde.

Resumen

Introducción: La adolescencia es una etapa caracterizada por intensas transformaciones y por la necesidad de reconocer integralmente las dimensiones físicas, mentales y sociales. En el contexto escolar, estos cambios se relacionan con vulnerabilidades y con la necesidad de apoyo constante. **Objetivo:** Identificar en la literatura científica las necesidades de salud de los adolescentes escolares y mapear las redes de apoyo vinculadas a la integralidad del cuidado. **Métodos:** Revisión integradora de la literatura realizada en las bases Scopus, Web of Science, PubMed/MEDLINE, SciELO, LILACS, BDENF, BBO, CINAHL y COCHRANE Library, entre 2018 y 2023. Se incluyeron estudios originales, cualitativos, cuantitativos o mixtos sobre necesidades de salud y redes de apoyo de adolescentes escolares. **Resultados:** Se incluyeron 13 estudios, en su mayoría cualitativos y de nivel 6 de evidencia. Las necesidades más frecuentes fueron salud mental, fragilidad familiar, vulnerabilidad social y dificultades de acceso a servicios de salud. Las redes de apoyo más destacadas fueron la familia, los docentes y los amigos, seguidas de redes escolares e institucionales. **Conclusiones:** Las necesidades de salud de los adolescentes escolares son multifactoriales y dependen de redes de apoyo integradas. El fortalecimiento de las acciones intersectoriales entre salud y educación es esencial para promover el bienestar, prevenir daños y consolidar prácticas de atención integral.

Palabras clave: Apoyo social; Colaboración intersectorial; Educación; Salud; Salud del adolescente; Integralidad en salud.

INTRODUCTION

Adolescence corresponds to the period between the ages of 10 and 19, according to the definition adopted by the World Health Organization, and is characterized by intense biological, psychological, and social transformations that influence identity formation, the development of autonomy, and the gradual transition into adulthood.¹ Beyond being a chronological marker of the life cycle, adolescence can be understood as a historically and socially constructed category, the experience of which is shaped by living conditions, family relationships, educational processes, and social inequalities that influence opportunities for development and social protection.²

In the school context, these transformations occur amid expanding social interactions, the shaping of life plans, and the intensification of emotional and relational experiences that permeate adolescents' daily lives.² In this scenario, family conflicts, difficulties with social belonging, academic pressures, and identity-related insecurities constitute relevant dimensions of the adolescent experience, with repercussions on well-being and mental health.³ These conditions highlight that many of the demands experienced during this stage of life manifest as psychosocial needs related to emotional support, the quality of relationships, and social recognition.

Despite the centrality of these dimensions, adolescents' access to health services remains hampered by structural and symbolic barriers associated with socioeconomic inequalities, social stigmatization,

discrimination, and limitations in health literacy.⁴ Furthermore, care models guided by fragmented biomedical approaches tend to prioritize responses focused on treating clinical conditions, often relegating to the background the relational and subjective dimensions that underlie the adolescent experience.⁵

In this context, Primary Health Care plays a strategic role in coordinating care and identifying vulnerabilities that affect adolescents, especially when associated with psychological distress, violence, or weakened social bonds.⁶ The school environment also plays a central role in this process, as it serves as a key setting for socialization, interaction, and the formation of bonds among adolescents.^{7,8}

In Brazil, the creation of the School Health Program represented a significant step forward in the coordination between the health and education sectors, as it recognized the potential of the school environment for developing health promotion and disease prevention initiatives.⁹ However, its implementation varies across territories, reflecting different institutional conditions and capacities for intersectoral coordination between health services and educational institutions.¹⁰ Furthermore, the school can simultaneously be space of care and suffering, insofar as it also reflects social conflicts, processes of exclusion, and violence that impact adolescents' well-being.

In this context, understanding the psychosocial needs of adolescents requires consideration of the social, emotional, and relational determinants that shape the adolescent experience. These needs can be understood as demands arising from interactions among individuals, communities, and social contexts, involving dimensions of protection, recognition, and emotional support.¹¹

The concept of social support thus becomes central to the analysis of these dynamics. Support networks correspond to the web of relationships that connects adolescents to family members, friends, school, health services, and other community actors, serving as fundamental mediators in the provision of care and in responding to psychosocial needs.^{11,12} In the field of Collective Health, this perspective allows for an understanding of care as a relational and territorial process, in which different actors participate in developing responses to the demands experienced by adolescents.

Given this context, the present study aimed to identify the psychosocial needs and support networks of adolescent students in scientific literature.

METHODS

This study is an integrative literature review, a method that enables the collection, synthesis, and critical analysis of the results of theoretical and empirical research on a specific phenomenon, providing a comprehensive understanding of the current state of scientific knowledge.¹³ This methodology was adopted because it allows for the combination of different study designs and facilitates the identification of research gaps regarding the psychosocial needs of adolescent students and the support networks involved in comprehensive care. Furthermore, the integrative review makes it possible to integrate evidence from different methodological approaches, facilitating interpretive analyses of complex phenomena related to Collective Health care, especially when seeking to understand relational and contextual dimensions associated with psychosocial needs during adolescence. The methodological process was conducted according to the steps proposed by Mendes et al.¹³ and Karino and Felli,¹⁴ which are widely used in conducting integrative reviews in nursing. The phases included defining the problem and the research question, establishing eligibility criteria, searching information sources, selecting and extracting studies, and critically analyzing and synthesizing the results. All steps were carried out rigorously and transparently, ensuring reproducibility and methodological consistency.

The guiding research question was structured according to the PICO strategy (Population, Interest, and Context), widely recommended for integrative reviews, in order to ensure conceptual coherence and comprehensiveness in the search. Thus, the population was defined as adolescent students; the interest, as psychosocial needs and support networks; and the context, as the school environment and health services. Based on these elements, the following research question was formulated: What are the psychosocial needs identified among adolescent students, and what support networks have been mobilized to ensure integrated care?

The study included original articles—using qualitative, quantitative, or mixed-methods approaches—published between 2018 and 2023 in Portuguese, English, or Spanish, available in full, and addressing psychosocial needs or support networks focused on adolescents in the school context. Studies were considered eligible if they involved adolescents aged 12 to 18, in accordance with the Statute of the Child and Adolescent, and presented empirical evidence on the physical, mental, social, or cultural dimensions of health.¹⁵ Editorials, theoretical essays, reviews, dissertations, theses, and works that did not address the PICO question were excluded. Duplicates were identified and resolved by comparing databases, with each study counted only once. All included texts were obtained in full from the databases themselves or, when necessary, through the Coordination for the Improvement of Higher Education Personnel (CAPES) Journal Portal, ensuring the integrity and completeness of the sources. It is acknowledged, however, that the age range adopted (12–18 years), in line with Brazilian regulatory standards, may limit the inclusion of studies that use other age definitions for adolescence; this choice should be considered when interpreting the findings.

The search was conducted between November 2024 and March 2025 by two independent reviewers. The following databases were used: Scopus, Web of Science, PubMed/MEDLINE, SciELO, LILACS, BDENF, BBO, CINAHL, and the Cochrane Library, covering both national and international sources. The development of the search strategy was preceded by a careful mapping of controlled and uncontrolled descriptors, based on the MeSH and DeCS vocabularies, combined with the Boolean operators “AND” and “OR.”

The following complete search strategy was used in the PubMed/MEDLINE database, with fields specified to ensure reproducibility and transparency: (“Social Support”[MeSH Terms] OR “Social Support”[Title/Abstract]) AND (“School Health Services”[MeSH Terms] OR “School Health Services”[Title/Abstract]) AND (“Adolescent Health”[MeSH Terms] OR “Adolescent Health”[Title/Abstract]).

In the other databases, the descriptors were adapted according to the specific indexing criteria (title, abstract, or subject). Additionally, a manual search was conducted in the reference lists of the included studies to identify relevant publications not found in the electronic searches. The search strategy focused on core descriptors related to adolescence, health, and social support, which guided the retrieval of studies aligned with the scope of the review, although terms directly related to “health needs” or “needs assessment” were not included. The limitations of the process related to the time frame (2018–2023) and the coverage of certain national databases, justified by the need to include the most recent evidence.¹⁶

Study selection was conducted in three stages: screening of titles and abstracts, full-text review of eligible studies, and consensus among reviewers. The process was conducted independently and in an auditable manner, and disagreements were resolved through discussion. Methodological transparency was ensured through a flowchart (Figure 1), illustrating the phases of study identification, screening, eligibility, and inclusion, in accordance with recommendations for integrative reviews.

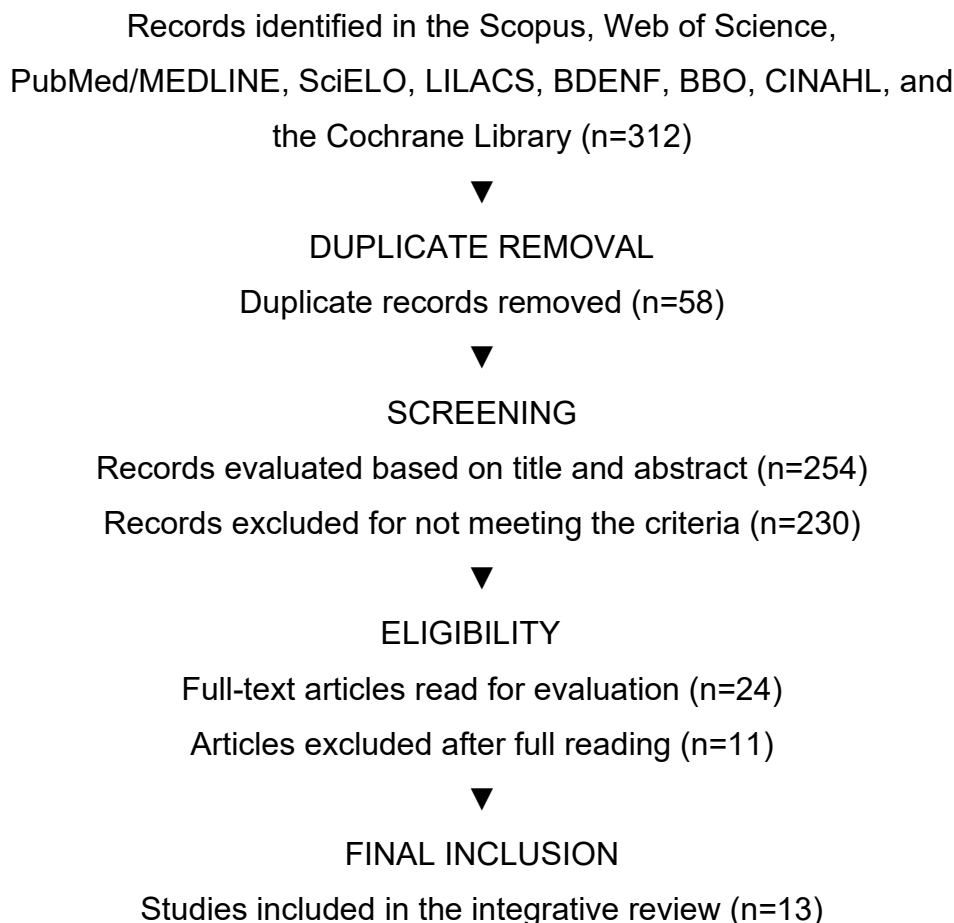


Figure 1. Flowchart for the selection of studies for the integrative review.

Analytical rigor was ensured by categorizing the studies according to the hierarchy of evidence proposed by the Oxford Centre for Evidence-Based Medicine, adapted to descriptive and qualitative study designs.¹⁷

Data were extracted and organized in a Microsoft Excel® spreadsheet, including analytical variables directly related to the review's objectives, such as year of publication, country, methodological design, the main psychosocial needs of adolescent students, and identified support networks. Descriptive variables (authors, title, and journal) were omitted from the analysis tool, as they were already included in the references, ensuring a focus on interpretive dimensions and avoiding informational redundancy.

Next, the information was transformed into dichotomous matrices (presence=1; absence=0), representing the occurrence and co-occurrence between the analytical categories "psychosocial needs" and "support networks." These matrices were processed using UCINET® software, which enabled the calculation of measures of centrality and connection density, allowing for the identification of the most frequent links and relevant structural nodes in the network. Based on these data, graphical representations of the connections were generated in NetDraw®, a tool integrated with UCINET®, which enabled the visualization and relational analysis of the studied elements, highlighting the interdependencies between the types of needs and the social, educational, and institutional support axes identified in the analyzed articles.¹⁸ It is recognized, however, that the transformation of complex analytical categories into dichotomous matrices

involves processes of interpretive simplification, which are inherent in the data systematization strategies used in relational analyses.

Finally, the integrative synthesis was conducted in a narrative and interpretive manner, linking the results of the network analysis with the empirical and theoretical findings of the included studies. This stage allowed the identification convergences, gaps, and practical implications of the findings, emphasizing the interdependence among health, education, and social support as the structural pillars of comprehensive care for adolescent students. The interpretation of the results also considered the sociocultural heterogeneity of adolescence, recognizing that the psychosocial needs and support networks identified reflect distinct social and institutional contexts.

RESULTS

Regarding the publication period, the year 2020 stood out for accounting for 38% (n=5) of the sample studied. Of the 13 selected publications, 38% (n=5) were found in the Scopus database; 22% (n=3) in CINAHL; 16% (n=2) in LILACS; and 8% (n=1) in BDENF, BBO, and PubMed/MEDLINE. Regarding language, 62% (n=8) were in English and 38% in Portuguese (n=5). As for the countries of publication, the majority were from Brazil, accounting for 47% (n=6), followed by the United States with 32% (n=4), Switzerland with 7% (n=1), England with 7% (n=1), and Sweden with 7% (n=1), in addition to studies from Finland (n=1) and Fiji (n=1), as shown in Table 1.

Table 1. Summary of data collection.

Journal	Year	Country	Study Type	Main objective
PLoS ONE	2020	USA	Quantitative	To describe nightmares and their impact on school functioning in war-affected youth. ¹⁹
Int J Environ Res Public Health	2020	Switzerland	Quantitative	To analyze the relationships between family and school life, and adolescents' mental health. ²⁰
Matern Child Health J	2020	USA	Qualitative	To explore intersectoral collaboration in supporting young parents. ²¹
Ciênc Saúde Coletiva	2020	Brazil	Quantitative	To assess attitudes toward weight and family support among adolescents. ²²
Esc Anna Nery	2020	Brazil	Qualitative	To identify teachers' perceptions of suicidal behavior. ²³
Int J Qual Stud Health Well-Being	2021	Fiji	Qualitative	To explore perceptions of well-being and self-care among students. ²⁴
Cad Saúde Pública	2021	Brazil	Quantitative	To estimate obesogenic factors and the influence of parental presence. ²⁵
Rev Ciênc Plural	2021	Brazil	Qualitative	To describe the profile and contexts of pregnant adolescents. ²⁶
Rev Gaúcha Enferm	2022	Brazil	Qualitative	To identify support networks among adolescents with suicidal behavior. ²⁷
Psicol Teor Prat	2022	Brazil	Qualitative	To analyze self-harming behavior and the support networks involved. ²⁸
Health Qual Life Outcomes	2022	England	Quantitative	To assess factors influencing quality of life related to menstrual health. ²⁹
J Sch Nurs	2024	USA	Qualitative	To gather suggestions from adolescents regarding sleep support. ³⁰
Int J Caring Sci	2019	Finland	Quantitative	To examine unmet needs in school health services. ³¹

A higher number of studies was conducted in South America (n=6), all of which were from Brazil. The remaining studies were conducted in North America (the United States, n=4), Europe (Switzerland, England, Sweden, and Finland; n=4), and Oceania (Fiji, n=1).

It should be noted that all studies are original, with 69% (n=9) being qualitative and 31% (n=4) quantitative. Regarding the evidence level, all studies correspond to level 6. This evidence level emerged from the classification of the studies included in the review and corresponds, according to the Oxford Centre for Evidence-Based Medicine, to descriptive, qualitative, or exploratory investigations, which comprise qualitative studies, descriptive observational studies, and interpretive analyses of health phenomena. This set includes the qualitative and descriptive quantitative studies identified in the sample, which investigate dimensions related to experiences, social contexts, and care dynamics during adolescence.

Figure 2 reveals the psychosocial needs of adolescent students identified through a review of the analyzed articles. The needs that emerged as central—cited in eight publications—were related to mental health care, the weakening of family relationships, and the lack of parental support.

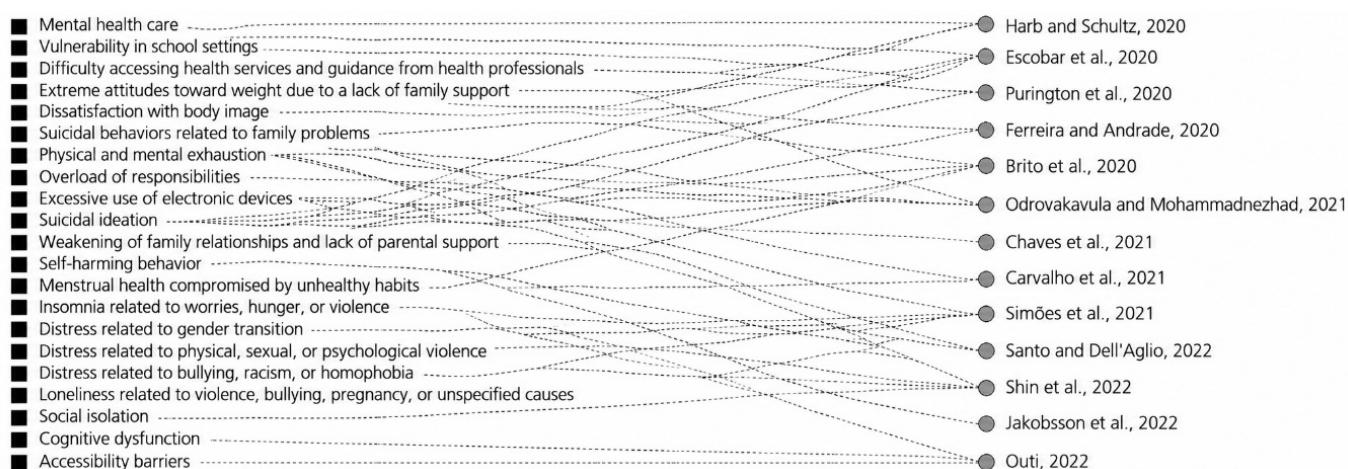


Figure 2. Psychosocial needs of adolescent students.

The needs classified as secondary, mentioned between four and six times, include: school vulnerability, insomnia related to worries, hunger, or violence, and loneliness associated with violence, bullying, pregnancy, or unspecified causes.

Needs considered peripheral, cited in three articles or fewer, include: suicidal ideation, suicidal behaviors related to family problems, an overload of responsibilities, self-harming behavior, social isolation, and difficulty accessing health services and professional counseling.

Needs that emerged in only one study include extreme attitudes toward weight due to a lack of family support, dissatisfaction with body image, physical and mental exhaustion, excessive use of electronic devices, menstrual health compromised by unhealthy habits, distress related to gender transition, physical, sexual, or psychological violence, bullying, racism, or homophobia, cognitive dysfunction, and accessibility barriers.

Figure 3, in turn, helps identify the support networks involved in ensuring comprehensive care for adolescent students. The family emerges as the most frequently cited support network, mentioned in nine different articles. In second place, with four citations each, are teachers, friends, and the mother. Among the peripheral support networks, cited in three or fewer articles, the father, school staff, health professionals, and school services stand out.

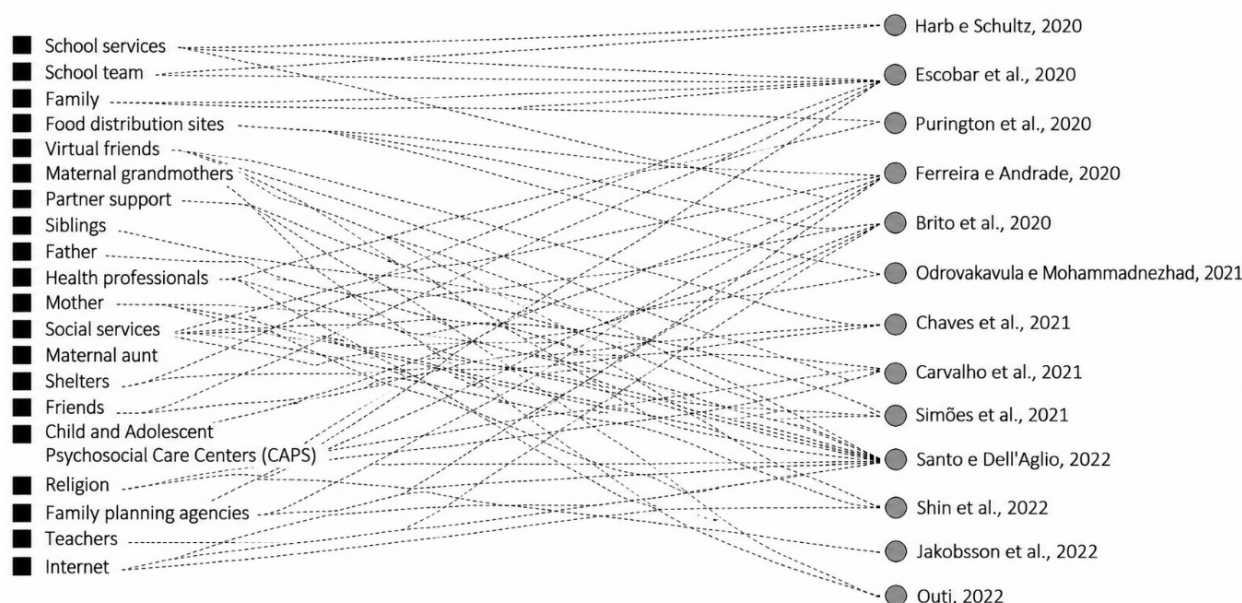


Figure 3. Support networks to ensure comprehensive care for adolescent students.

Finally, support networks cited only once include social services, family planning agencies, food distribution centers and shelters, religion, support from a partner, maternal grandmothers, maternal aunts, online friends, the internet, siblings, and Psychosocial Care Centers (CAPS) for children and adolescents.

DISCUSSION

The psychosocial needs of adolescent students identified in this integrative review constitute a complex and relational phenomenon, formed at the intersection of individual experiences, social relationships, and structural living conditions. The mapping of recent scientific literature on the topic showed that these needs are organized around dimensions that extend beyond the biomedical field and are linked to the social, family, and institutional conditions that shape the experience of adolescence. This perspective aligns with approaches that recognize adolescents as historical and social subjects whose life trajectories are shaped by inequalities and vulnerabilities that influence how they experience suffering, care, and social support.³² In this sense, interpreting psychosocial needs requires considering the social, cultural, and emotional determinants of the health-disease process, as well as the relational contexts in which these experiences occur.³³ Thus, aspects of daily life such as family bonds, school relationships, social security, rest, and a sense of belonging emerge as interdependent elements that shape the adolescent experience.³⁴

Among the various aspects identified in the studies analyzed, needs related to mental and emotional health stand out most prominently. Anxiety, sadness, discouragement, and suicidal ideation appear

repeatedly, associated primarily with weaknesses in family relationships, communication difficulties, and experiences of social vulnerability.^{35,36} These findings indicate that psychological distress among adolescent students should not be interpreted exclusively as an individual experience, but rather as an expression of social and relational processes that influence how adolescents cope with everyday challenges. In this context, the literature indicates that strategies based on skilled listening, supportive care, and the early identification of signs of distress are central components of care practices, especially in everyday settings such as school.^{37,38} The predominance of these needs in the analyzed studies suggests that mental health plays a foundational role in understanding the psychosocial demands of adolescence, intersecting with different dimensions of social and school life.

The analysis of the studies also highlights the presence of psychosocial needs related to school vulnerability, difficulties in accessing services, and exposure to contexts of violence or social instability. These elements reflect the direct influence of social determinants on adolescents' experiences and reveal how structural inequalities manifest in their daily lives.^{39,40} School-related vulnerability, in this context, is not limited to academic performance but involves learning conditions, the quality of relationships established in the educational environment, and opportunities to build life plans.⁴¹ Similarly, difficulties in accessing health services or professional guidance indicate persistent challenges in the organization of public policies aimed at adolescents, highlighting the need for more coordinated intersectoral responses among health, education, and social services.⁴²

Although some psychosocial needs were mentioned less frequently in the analyzed studies—such as issues related to menstrual health, experiences of bullying, and intensive use of digital technologies—this lower frequency of mention should not be interpreted as indicative of lower clinical or social relevance of these experiences. In literature reviews, the visibility of certain phenomena depends on the methodological and analytical frameworks adopted by the included studies and may reflect gaps in scientific research rather than the magnitude of the problem in adolescents' daily lives. In this sense, menstrual health has been discussed as a relevant dimension of dignity and gender equity, associated with access to adequate hygiene, information, and care.^{43,44} Bullying and cyberbullying are equally important risk factors for emotional distress and impaired school relationships, affecting self-esteem, a sense of belonging, and academic performance.^{45,46} Similarly, prolonged use of electronic devices has been associated with sleep disturbances, increased anxiety, and reduced face-to-face interactions, indicating the need for educational strategies that promote more balanced relationships with digital technologies.⁴⁷⁻⁴⁹

With regard to the support networks identified in the literature, it is observed that family, teachers, and friends emerge as central actors in supporting adolescent students. This centrality indicates that these bonds occupy a strategic position within the structure of supportive relationships, exerting greater influence than other forms of social support. The family, in particular, remains a fundamental reference point in building emotional support and mediating caregiving experiences. The literature highlights that family relationships constitute the primary setting for socialization and the learning of bonds, functioning as an important protective factor in situations of vulnerability.⁵⁰ Dialogue between parents and children also emerges as a determining factor in the development of protective behaviors and in building trusting relationships capable of helping adolescents cope with everyday challenges.⁵¹

In addition to the family, teachers and friends play a significant role in the support networks described by the reviewed studies. These bonds act as mediators between different dimensions of social and school life, expanding the possibilities for emotional support and the recognition of situations of distress. Teachers and friends, through their daily interaction with adolescents, can identify behavioral changes and early

signs of vulnerability, thereby helping to mobilize institutional care resources.^{52,53} In this sense, the school serves as a privileged setting for promoting well-being and for linking education and health. However, structural limitations—such as the lack of full-time nursing staff, teacher overload, and insufficient specific training to address psychosocial issues—still restrict the potential of these institutional networks.⁵⁴

Other forms of support appear less frequently in the studies, including social services, psychosocial care centers, religious groups, and interactions mediated by digital environments. Although less central, these settings expand the possibilities for social support and can contribute to fostering a sense of belonging and recognition among adolescents.⁵⁵ At the same time, such spaces can also create ambiguities in support experiences. Virtual environments, for example, can foster expression and sociability, but they can also increase exposure to experiences of symbolic violence or cyberbullying.

Another relevant aspect concerns the methodological profile of the scientific literature analyzed. A predominance of qualitative or descriptive studies was observed, most of which were classified as evidence level 6. This type of study design offers great potential for understanding experiences, perceptions, and social contexts associated with adolescence in school settings, but it also imposes limitations on the ability to generalize findings or establish causal relationships. Thus, the findings of this review should be interpreted as an analytical mapping of the ways in which the literature has addressed psychosocial needs and support networks among adolescent students, rather than as a definitive ranking of the importance of these phenomena.

Finally, it should be noted that the studies included in this review do not directly engage with the concept of intersectionality, even though they address phenomena deeply shaped by social inequalities. Structural markers such as gender, race, social class, and sexuality appear sporadically or implicitly in the analyzed literature, without being employed as analytical categories capable of explaining differences in experiences of distress, access to social support, or the construction of care networks. The absence of this analytical perspective may limit the understanding of the complexity of psychosocial needs during adolescence, since such experiences are shaped by contexts of inequality that intersect simultaneously. The incorporation of intersectional approaches enables an understanding of how different social positions shape trajectories of vulnerability, access to resources, and ways of mobilizing support, contributing to analyses that are more sensitive to the inequalities that permeate the lives of adolescent students.⁵⁶

Thus, psychosocial needs and support networks constitute interdependent dimensions of the adolescent experience in the school environment. While the former express vulnerabilities related to the social, emotional, and institutional conditions that shape adolescents' daily lives, the latter represent the relational resources available to address these challenges. Promoting the holistic well-being of this population requires strengthening linkages between family, school, and health services, expanding spaces for listening, support, and youth participation, and fostering safer, more inclusive, and socially protective environments.

CONCLUSION

The review highlighted that the health needs of adolescent students are complex and extend beyond the clinical context, encompassing psychological, emotional, social, and cultural issues. Adolescence is a period of transition marked by various changes that affect not only physical development but also mental and emotional. Consequently, psychosocial needs arise in an interconnected manner, related to social support, emotional care, and living conditions, which reinforces the importance of a comprehensive approach that is sensitive to these specificities.

Support networks, both formal and informal, play a crucial role in providing support to adolescents, contributing to their resilience and helping them cope with the challenges unique to this stage. The family emerges as the primary source of support, followed by teachers, friends, and health professionals, forming a support system that has the potential to reduce vulnerabilities and strengthen adolescents' skills. The school setting also plays a key role, enabling the creation of welcoming and safe environments for the development of health promotion and prevention programs.

It is observed, however, that the lack of integration among the different sectors involved and the shortage of public policies targeted at adolescents limit the reach of these support networks. A focus on the school and family environments, along with intersectoral policies and strategies that include health promotion, contributes to more effective care and the prevention of conditions that affect adolescents' well-being and development.

Among the study's limitations, the scarcity of quantitative data and longitudinal studies addressing the effectiveness of support networks in adolescent health stands out. Furthermore, the reliance on studies using qualitative methods may limit the generalizability of the findings, highlighting the need for further research to assess the impact of support networks and specific interventions for adolescents in diverse socioeconomic and cultural contexts.

CONFLICT OF INTEREST

None to declare.

AUTHORS' CONTRIBUTION

TFS: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Writing – Original Draft, Writing – Review & Editing. NSM: Formal Analysis, Investigation, Writing – Original Draft, Writing – Review & Editing. LAP: Formal Analysis, Investigation, Writing – Original Draft, Writing – Review & Editing. BSM: Formal Analysis, Investigation, Writing – Original Draft, Writing – Review & Editing. JMR: Formal Analysis, Investigation, Writing – Original Draft, Writing – Review & Editing.

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