

DOI: 10.16835/j.cnki.1000-9817.2026225

· 述 评 ·

加强情绪行为问题闭环管理 守护儿童青少年心理健康

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【摘要】 儿童青少年时期是情绪调节与行为控制发展的关键窗口期, 情绪行为问题表现隐匿且类型多样, 涉及内化与外化问题, 并与学业适应、同伴关系和家庭互动相互影响。本研究系统梳理了其影响因素: 家庭教养方式与亲子互动、学校情境与同伴支持、个体特质与自我调节能力, 以及睡眠、体力活动、屏幕暴露等可塑性生活方式与媒体暴露, 并提出针对学校防控压力, 建议构建“筛查-分层干预-转介随访-评估改进”闭环管理机制, 强化家庭-学校协同, 并将睡眠、体力活动与屏幕暴露管理纳入综合干预, 为儿童情绪行为问题的精准防控与学校心理健康服务体系建设提供实操范式。

【关键词】 情绪; 行为; 健康促进; 儿童

【中图分类号】 R 179 B 844.1 G 478 **【文献标识码】** A **【文章编号】** 1000-9817(2026)07-0913-05

Strengthening closed-loop management of emotional and behavioral problems to safeguard the mental health of children and adolescents

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【Abstract】 Children and adolescents represents a critical window for the development of emotion regulation and behavioral control. During the period, emotional and behavioral problems manifest covertly and in diverse forms, encompassing internalizing problems and externalizing problems, which interacts dynamically with academic adaptation, peer relationships, and family interactions. The article systematically identifies the contributing factors, including parenting styles and parent-child interaction, school environment and peer support, individual traits and self-regulation ability, as well as malleable lifestyles such as sleep, physical activity, screen exposure, and media exposure. In response to the pressures of school-based prevention and control, it is recommended to establish a closed-loop management mechanism integrating "screening-stratified intervention-referral and follow-up-evaluation and improvement". Furthermore, synergy among families-schools institutions should be strengthened, with lifestyle factors-including sleep, physical activity, and screen exposure management-incorporated into comprehensive interventions. The framework provides a practical paradigm for the precision prevention and control of emotional and behavioral problems in children, as well as the construction of school-based mental health service systems.

【Keywords】 Emotions; Behavior; Health promotion; Child

近年来, 儿童青少年心理健康工作已上升为重要的公共卫生与社会治理议题^[1]。教育部等 17 部门印发专项行动计划, 要求完善学生心理健康监测预警与早期干预体系^[2]。我国儿童青少年情绪行为问题检出率居高不下, 部分已达到精神障碍诊断阈值, 学校系统面临规模化防控风险与服务供给压力^[3-4]。构建学校场景下可识别、可处置、可转介、可随访的常态化工作机制, 是学校卫生实践亟需破解的核心问题。低龄儿童自述能力有限, 情绪行为问题多以躯体不适、易激惹、回避退缩等形式隐匿表现, 易被误判为态度问题或阶段性波动, 从而错失早期干预窗口^[5]。为此, 有必要从学校卫生视角梳理儿童青少年情绪行为问题的流行特征与风险机制, 结合时代新特征明晰防

控机遇与挑战, 构建全流程闭环治理体系, 为学校端开展常态化、智能化防控工作提供可操作的策略参考。

1 儿童青少年情绪行为问题的流行特征与类型

全球学龄儿童情绪行为问题患病率较高, 可长期影响学业与社会功能发展^[6]。我国流行病学调查显示, 6~16 岁儿童青少年行为与情绪问题检出率为 17.6%, 其中 6~11 岁组为 15.9%, 男生 (18.6%) 高于女生 (16.6%), 且均随年龄增长呈上升趋势^[7]。临床诊断数据显示, 6~12 岁在校儿童精神障碍总患病率为 17.3%, 以注意缺陷多动障碍 (11.9%)、焦虑障碍 (4.6%) 和抽动障碍 (3.4%) 较为常见, 抑郁障碍为

【基金项目】 国家自然科学基金资助项目 (82373595)

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1.8%^[8]。小学阶段高风险人群基数大、临床病例并存,是早期防控的核心阶段,关口前移可降低青春期后干预成本。儿童青少年情绪行为问题可分为内化与外化两类:内化问题以焦虑、抑郁、退缩回避、躯体化为主,隐匿性强、求助延迟,识别难度大;外化问题以注意缺陷、多动冲动、对立违抗为典型特征,易在校园场景中暴露^[9]。两类问题常共现叠加,单一评估易出现偏差,需结合心理发展规律综合判断其功能损害程度^[10]。

本课题组围绕儿童青少年情绪行为问题的多层次影响因素撰写了 3 篇实证研究,对儿童青少年情绪行为、执行功能、体育活动和夜间噪声暴露进行调查^[11-13],以期进一步阐明儿童青少年情绪行为问题的风险谱系及可干预路径,为学校卫生实践提供更精细化证据。

2 儿童青少年情绪行为困难的主要影响因素及干预靶点

2.1 家庭教养方式与亲子互动 家庭是儿童青少年社会情绪发展的核心近端环境,稳定的情感回应与一致的教养规则可帮助儿童建立安全感,习得基础情绪调节策略^[14]。与之相对,家庭冲突频发、忽视或惩罚性管教、父母心理压力过高,会通过降低亲子互动质量、减少儿童应对资源等路径,显著增加内化与外化问题的发生风险^[15]。家庭风险常呈累积效应,单一不利因素通常不会引发持续性问题,但当照护资源不足与高压期待等因素叠加时,儿童极易出现迁延性情绪与行为困难。亲职支持(家长训练)是有效的可干预手段,核心为正向关注、清晰指令与一致性管教,同时减少体罚与羞辱性沟通、增加积极强化^[16-18]。因此,学校端开展筛查与分层支持时,应将家长指导纳入一体化支持单元,而非仅针对儿童进行辅导,以此保障干预效果的稳定与持续。

2.2 学校情境与同伴关系 学校是学生最重要的日常情境之一,也是情绪行为困难的高频暴露场所。当学业要求过高且缺乏差异化支持时,部分儿童会表现为持续焦虑、回避课堂任务或学业自我效能下降。在此基础上,若课堂管理主要依赖训斥、羞辱或惩罚,容易进一步诱发对抗与冲动反应。相反,清晰可预期的课堂规则、积极的师生互动以及支持性的同伴环境,有助于提升儿童的情绪安全与归属感,从而缓冲家庭与个体层面的既有风险^[19]。需要重点关注的是,同伴排斥与校园欺凌不仅与情绪困扰、攻击行为等困难表现相关^[20],还可能通过睡眠受损、社交支持下降等路径加重功能损害。基于上述特征,学校干预应从“事后处置”转向“常态促进”,在普遍性心理健康教育与正向行为支持的基础上,结合风险筛查与分层支持,

形成可追踪的管理闭环。

2.3 个体特质与自我调节能力 在相似的家庭与学校压力条件下,儿童青少年的情绪与行为反应存在个体差异。这一差异与儿童青少年的气质特征、自我控制能力及执行功能发展水平密切相关^[21]。执行功能是儿童青少年维持注意、抑制冲动并实施目标导向行为的关键认知基础^[22]。若执行功能发展不足,儿童更易在课堂情境中出现注意维持困难、冲动反应增多、规则遵从受损及挫折耐受下降,并进一步引发负性评价与同伴冲突,形成外化问题的自我强化链条。另一方面,较好的执行功能可作为保护因素,使儿童在压力情境下进行自我监控与策略选择,从而减少持续担忧、回避等风险表现^[23]。需要指出的是,自我调节能力并非完全由先天决定,其发展受家庭与学校支持影响,也与睡眠、身体活动等生活方式密切相关,为后续干预提供了可改变的切入点^[24]。

2.4 生活方式与媒体暴露 生活方式因素可塑性突出,是儿童情绪行为风险干预的核心切入点。睡眠作为情绪稳定与注意维持的重要生理基础,睡眠不足或质量下降会直接引发日间困倦、易激惹与注意维持困难,加剧课堂适应与行为管理难度,且睡眠问题与情绪行为困难相互作用,形成持续性负性循环^[25-26]。学校需将作息指导、睡眠卫生教育纳入常规健康管理,联动作业安排、课后活动与家庭监督机制协同推进。规律身体活动可有效调节儿童应激反应,通过改善执行功能与睡眠质量,间接提升其情绪调节能力与行为控制能力^[27]。相较于单纯的体能训练,融入规则、协作与策略要求的活动形式,更能调动认知参与,对抑制控制等执行功能维度的改善效果更优^[28]。学校应保障体育课与课间活动质量,减少久坐行为,为社交退缩、运动参与不足的儿童提供低门槛、可融入的活动机会。屏幕暴露管理需要兼顾时间管控与情境规范,现有证据证实屏幕使用与儿童社会情绪困难存在双向动态关联,屏幕时长增加会加重问题,而情绪行为困境也会促使儿童以屏幕作为回避或自我安抚的方式^[29-30]。当前学业场景模糊了学习与娱乐屏幕使用边界,人工智能(artificial intelligence, AI)算法推荐的碎片化刺激内容进一步加剧屏幕依赖,弱化儿童深度思考与注意控制能力,放大内外化情绪行为困难,大幅提升了防控难度^[31]。因此,屏幕管理不能仅停留在时长倡议,需紧扣时间、情境两大维度,联动睡眠作息、户外活动与亲子互动,搭建家校协同的可执行规则与系统化健康教育,避免单纯限制引发儿童逆反心理。

3 构建“筛查-分层干预-转介随访-评估改进”闭环管理

3.1 标准化筛查与多源复核 建议将量表等标准化

工具作为儿童青少年常规筛查手段,形成“基线评估-定期复测-重点复核”的工作流程:一年级入学后 1~2 个月完成基线评估,每学年复测 1 次;对临界或异常结果者,8~12 周内结合教师反馈、简短访谈,同步整合睡眠、体力活动、屏幕使用及校园适应等健康要素完成多源复核,综合判断风险等级与支持需求^[32]。依托 AI 技术与本土化常模,开发适配低龄儿童的智能筛查系统,实现数据统计与风险分级自动化。筛查仅用于风险识别与分层支持,不得替代临床诊断。向家长反馈时应以功能困难描述为核心,聚焦学习与生活影响及实操支持建议,避免标签化界定。学校需建立数据管理与隐私保护制度,明确责任主体、信息权限、转介指征与随访节点,保障全流程可追踪。

3.2 分层支持与干预实施 学校干预采用普遍覆盖-重点支持-规范转介分层模式,构建梯度化连续支持体系。面向全体学生,将情绪识别、规则遵从、同伴合作、冲突解决等社会情绪能力融入日常教学与班级管理,落实清晰一致的规则执行,减少训斥、羞辱等惩罚性做法。依托 AI 辅助教学平台提供课程资源与教师培训,保障实施质量与一致性。针对筛查临界或存在持续适应困难的学生,开展情绪调节、社交技能、执行功能等短程小组干预,强化技能练习与情境迁移。同步开展亲职指导,借助 AI 家庭指导平台提升家长正向关注与一致性管教能力,形成家校协同支持。对筛查异常且伴随明显功能受损、存在安全风险的学生,由心理教师联合班主任、校医开展风险沟通,启动规范转介并制定校内支持方案,督促监护人陪同就医;转介后建立信息回传与随访机制,明确返校后的支持措施与监测频次。

3.3 将生活方式干预纳入学校卫生常态管理 生活方式与儿童注意维持、情绪稳定及课堂适应高度相关,学校干预应从“倡议式提醒”转向“常态化管理”。将睡眠、体力活动、屏幕使用纳入学校卫生与班级日常工作:通过优化作业安排、到校时间与课后活动配置,为儿童充足睡眠提供结构性保障,建立简捷高效的家校反馈机制,及时将白天困倦、易激惹、注意涣散等课堂表现与作息问题关联并整改。保障体育课与课间体力活动质量,减少久坐,提升体力活动的包容性与参与度,以体力活动作为儿童应激调节、改善执行功能的重要载体。屏幕使用实行“时间-情境-内容”综合管控,依托家校协同的智慧管理平台为家长提供科学监测与个性化建议,推动家庭落实卧室无屏、睡前减屏、学习娱乐分时段等可执行规则,以户外活动、阅读、同伴交往替代过度屏幕使用,避免单纯限制引发逆反反应。睡眠、体力活动、屏幕暴露三者存在显著联动效应,需一体化同步推进,方可形成稳定、可持续的干预成效。

3.4 规范转介与连续照护 闭环治理的核心在于明晰责任链条、以评估驱动持续改进^[33]。学校需建立稳定的协同机制:班主任负责日常观察与家校沟通,心理教师承担筛查解释、二级支持与随访,校医参与健康风险评估并协助转介,必要时对接社区心理服务与医疗机构,对重点学生实行“一人一档”,明确责任人、支持措施与随访节点,避免管理脱落。搭建家庭-学校-校医数字化协同平台,实现筛查、干预、转介信息实时共享,保障高风险儿童全流程可追踪。规范转介流程,以功能损害与安全风险为核心开展沟通转诊,建立医疗回传与随访机制,明确返校后支持、减负与监测要求,确保医校衔接连续。评估采用精简可行的指标体系,以筛查覆盖率、复核/转介/随访率为过程指标,以症状改善、缺勤与违纪频次变化为结果指标,按学期复盘优化,形成执行质量的持续改进闭环。

儿童情绪行为问题检出率高、表现隐匿、类型多样,识别与干预滞后易导致风险在学业与同伴压力下固化累积。学校应坚持关口前移,建立筛查复核-分层支持-规范转介-随访评估的闭环管理体系,以数字技术赋能防控全流程,在隐私保护与去标签化前提下强化家庭-学校协同。同时把睡眠、体力活动与屏幕使用管理纳入综合干预,优化校园支持环境。未来需完善本土筛查常模与数字技术应用规范,提升服务供给与质量评估水平,推动可复制的校园心理健康促进模式落实,切实守护儿童心理健康发展。

利益冲突声明 所有作者声明无利益冲突。

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收稿日期:2026-04-08 修回日期:2026-06-14 本文编辑:王苗苗

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收稿日期:2026-02-04 修回日期:2026-03-11 本文编辑:顾璇