

Difficulties and Improvement Strategies of Mental Health Education for College Students in China

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Abstract: With the intensification of social competition and the deepening of educational reforms, mental health issues among college students in China have become increasingly prominent, which have significantly affected the quality of higher education and social harmony and stability. Based on the current mental health status of Chinese college students and the practice of mental health education in colleges and universities, this paper systematically analyzes the difficulties and bottlenecks in the process of mental health education, including cognitive biases, insufficient resources, and mechanism fragmentation. It also proposes improvement strategies from the perspectives of conceptual innovation, system construction, and resource integration, aiming to provide theoretical reference and practical paths for enhancing the effectiveness of mental health education for college students.

Keywords: College Students; Mental Health Education; Difficulties; Improvement Strategies

1. Introduction

Mental health, as an important component of health, refers to a good state where individuals demonstrate rational cognition, stable emotions, appropriate behaviors, harmonious interpersonal relationships, and adaptability to changes in the process of growth and development [1]. The essence of education is to cultivate people. Strengthening mental health education for college students and cultivating young talents with positive attitudes who can take on social responsibilities is a core task of talent cultivation in colleges and universities. Therefore, in-depth exploration of the practice of mental health education for Chinese college students, constructing a scientific and effective educational system, improving college students' psychological quality, and promoting their

physical and mental harmony have become an indispensable and urgent part of colleges and universities' implementation of the fundamental task of fostering virtue through education.

2. Current Status of Mental Health among College Students in China

At present, the "post-2000s generation" has become the main group on college campuses. Most of these young college students have grown up in a critical historical transition period characterized by rapid economic development, global social changes, and explosive growth of information networking. The complex background of abundant material conditions, diversified values, diversified information sources, popularization of higher education, and intelligent social life not only motivates young college students to strive for growth but also interferes with their ideological and psychological development. College students are in a critical transition period of physical maturity and psychological development. Facing the superimposed impact and challenges of accelerating life rhythm, rising employment pressure, intensified social competition, interpersonal relationship handling, and professional learning, mental health issues show a trend of complication and generalization, which seriously affect their physical and mental health and overall development, becoming the focus of social attention.

2.1 The Incidence of Mental Health Issues among College Students Shows an Upward Trend

According to the Blue Book of National Mental Health Development in China (2023-2024), 20% to 30% of college students have varying degrees of psychological distress [2]. Among them, about 25% of college students often or always felt anxious in the past year, significantly higher than the average level of adults; 15% of college students have varying degrees of depressive

tendencies, manifested as low mood, loss of interest, and self-denial. More than 60% of college students believe that heavy academic burdens and difficult courses have a significant impact on their psychology, such as exam pressure and thesis writing pressure. Interpersonal pressure is also prominent: about 40% of college students encounter difficulties in handling classmate relationships, roommate relationships, and romantic relationships, leading to psychological anxiety and unease. The uncertainty of future career development also brings psychological burdens to college students, with nearly 50% of them feeling confused and worried about their employment prospects after graduation.

Compared with the data in the Blue Book of National Mental Health Development in China (2021-2022) [3], the detection rate of depression risk among college students has increased by 2.3 percentage points, and the anxiety risk has increased by 1.8 percentage points, which to some extent reflects the upward trend in the incidence of mental health issues among college students.

2.2 Mental Health Issues Show a Differentiated Trend among Different College Student Groups

The Blue Book of National Mental Health Development in China (2023-2024) further points out that there are differences in mental health issues among college students of different genders, grades, and majors [2]. Female college students have a higher proportion of mental health issues in emotional management and interpersonal relationships than male students, and they are more prone to self-denial when facing academic pressure and emotional confusion. For example, in terms of depression risk, 18.2% of female students are at risk, significantly higher than 12.7% of male students. Freshmen are prone to psychological fluctuations during the adaptation to college life, which is related to multiple pressures such as confusion in major selection during the identity transition period, adaptation to roommate relationships, and difficulties in independent learning. Relevant data show that the depression risk of lower-grade students (24.6%) is 6.5 percentage points higher than that of higher-grade students (18.1%). Affected by the competition in the traditional elite education model, the anxiety risk of college students in key

universities (28.6%) is significantly higher than that in non-key universities (21.4%).

It is worth noting that the incidence of mental health issues among college students who actively participate in sports is much lower than that among non-exercisers. The depression risk of students who exercise at least 3 times a week is 41.7% lower than that of non-exercisers, and the group with normal Body Mass Index (BMI) has the lowest risks of depression and anxiety. Sleep quality also significantly affects college students' mental health: the depression risk of those with sleep disturbances is 2.8 times that of those with good sleep. Obtaining peer care can effectively reduce the incidence of mental health issues: for each additional unit of emotional care such as academic help and emotional companionship, the depression risk decreases by 8.3% and 11.2% respectively.

2.3 Virtual Social Networks Exacerbate Mental Health Issues among College Students

With the popularization of the mobile Internet, college students spend more than 6 hours online per day, among which 42.7% have the behavior of "excessive use of social media". The convenience of virtual social interaction leads to the degradation of real interpersonal communication skills: 38.2% of students report feeling "nervous or at a loss during offline communication", which further triggers loneliness, self-identity crisis, and other mental health issues [4].

The Blue Book of National Mental Health Development in China (2023-2024) points out that high-intensity use of short videos is significantly correlated with depression and anxiety risks, and the depression risk gradually increases with the increase of usage time [2]. Data show that college students spend an average of 179.9 minutes per day using short videos, and the depression risk of the group using short videos for more than 4 hours reaches 29.3%, which is 2.3 times that of moderate users. Among them, students with rural household registration and poor family economic conditions have a higher intensity of use, and their depression risk is 12.7 percentage points higher than that of urban students. This correlation reflects, to a certain extent, the negative impact of long-term short video use on sleep or learning energy, as well as the substitution effect of virtual social networks on real interpersonal relationships, which

exacerbates the occurrence of mental health issues among college students.

3. Current Status of Mental Health Education for College Students in China

The mental health of college students is not only an individual issue but also a strategic project related to national development and social stability. In May 2023, the Ministry of Education and 16 other departments issued the Special Action Plan for Comprehensively Strengthening and Improving Students' Mental Health Work in the New Era (2023-2025), pointing out that promoting students' physical and mental health and all-round development is a major issue concerned by the country, people, and society. In recent years, Chinese colleges and universities have gradually increased their emphasis on mental health education for college students. Adhering to the concept of health first, colleges and universities have effectively placed mental health work in a more prominent position, and initially formed a full-process framework of "prevention-intervention-referral". However, there are still many deficiencies in practice.

3.1 The Coverage of Mental Health Education Has Expanded, but the Depth of Education Is Insufficient

At present, most colleges and universities across the country have offered compulsory or elective courses on mental health education for college students and regularly carry out publicity activities to popularizing mental health knowledge, such as the "5·25 Mental Health Month". However, the teaching content of the courses is mostly focused on theoretical popularization, lacking pertinence and attractiveness. For example, modules such as research pressure adjustment for graduate students and psychological counseling for career planning of graduating students are obviously insufficient. The forms of mental health knowledge publicity activities are relatively single, mostly in the form of lectures and poster promotions, with relatively weak interactive, experiential, and immersive education and publicity.

3.2 The Mental Health Service System Has Been Initially Established, but Resource Allocation Is Uneven

Colleges and universities across the country have basically implemented the requirements of

the Ministry of Education, established a mental health education and consulting service system, and equipped with necessary full-time teachers for mental health education. However, the allocation of full-time teachers is uneven: most undergraduate colleges can allocate full-time teachers for mental health education and consulting services according to the teacher-student ratio of 1:4000, but the allocation rate in higher vocational colleges is less than 70%. There are also large differences in the investment of mental health education funds among different colleges and universities: colleges and universities in economically developed areas have an annual mental health education fund of more than 500,000 yuan, while some colleges and universities in central and western regions have an annual investment of less than 100,000 yuan, resulting in difficulties in ensuring professional services such as group counseling and crisis intervention [5].

3.3 A Multi-party Collaboration Mechanism Has Initially Taken Shape, but the Linkage Is Weak

Some colleges and universities have tried to absorb social forces to participate in constructing a "family-school-community" collaborative mental health support service network, improved the "school-college-class-dormitory" four-level psychological crisis early warning network, and set up class psychological committee members and dormitory psychological liaison officers [6]. However, the training mechanism for psychological committee members and liaison officers is lacking, and the guidance is insufficient, resulting in their limited ability to carry out mental health support services. The referral channel with mental health institutions is not smooth: less than one-third of colleges and universities have established stable cooperative relationships with local medical institutions, making it difficult for students with severe psychological crises to receive timely and effective diagnosis and treatment [5].

4. Difficulties and Bottlenecks in Mental Health Education for College Students in China

Currently, mental health education for college students in China faces many difficulties and obstacles, rooted in social cognitive biases towards mental health, insufficient optimization

of resource allocation, and the lack of an integrated early warning and intervention mechanism.

4.1 Cognitive Biases Lead to the Concealment of College Students' Mental Health Issues

Chinese college students basically live in a centralized way, with individuals in a shared space, limited privacy, passive social interaction, and high attention from others. This makes students with mental health issues have cognitive biases, and to a certain extent, they have a "sense of stigma". They will reduce others' attention by denying their condition, pretending to recover, reducing social activities, and avoiding collective activities. Relevant surveys show that only 34.6% of those with psychological distress will take the initiative to seek help, and most of them respond by hiding their emotions and avoiding social interaction, which increases the difficulty of early detection and intervention of mental health issues [7]. The sense of stigma not only affects college students' mental health but may also lead to delayed treatment, social withdrawal, reduced adaptability, missed development opportunities, and ultimately hinder their normal return to family and society.

Most colleges and universities equate mental health education with "psychological crisis intervention" and overly focus on "students with mental health issues", which further strengthens the "sense of stigma" of these students. Relevant data show that 80% of the work energy of a college's mental health center is used to deal with extreme incidents, while preventive education and positive psychological cultivation account for less than 20%, which violates the core principle of "developmental education" in mental health [8]. Relevant surveys show that 58.3% of students believe that "going to psychological counseling means having mental illness", and 62.7% of students with mental health issues are worried about being labeled by classmates after seeking help, leading to a low initiative to seek help and the concealment of mental health issues [9].

4.2 The Absence of Service Support System Weakens the Effectiveness of Psychological Assistance

Among the full-time teachers engaged in mental health education in Chinese colleges and universities, the proportion of those with a

doctoral degree in psychology is low, with relevant data showing only 12%. Most of them are part-time counselors or ideological and political workers, lacking systematic clinical psychology training. The service form is mostly face-to-face consultation, which is difficult to meet the needs of post-2000s college students for anonymous and real-time services [10]. This leads to 80% of college students being aware that the school provides free psychological counseling services, but the actual usage rate is only 2.8% [2].

Although colleges and universities have set up special funds for mental health education in accordance with the requirements of the Ministry of Education, surveys show that the investment is seriously insufficient, and only 29% of colleges and universities meet the per-student standard required by the Ministry of Education. The shortage of funds leads to the lag of hardware construction of psychological support services behind students' actual needs. Problems such as outdated psychological assessment systems, inability of online assessment services to bear the visit volume, and insufficient guarantee of group counseling conditions are widespread [11].

4.3 The Fragmentation of Early Warning and Intervention System Leads to the Lag of Effective Psychological Service Supply

Colleges and universities' early warning of students with mental health issues mainly relies on psychological assessment upon enrollment and daily observation reports from psychological committee members and liaison officers. However, the data update of the psychological assessment system is relatively lagging, making it difficult to timely and accurately capture the dynamic psychological changes of college students. Psychological committee members and liaison officers, fearing "leakage of information" or "inaccurate reporting", have an active reporting rate of only 35%, leading to the omission of early risk signals of students with psychological abnormalities [12]. In addition, 75% of parents have "insufficient cognition", "excessive anxiety", or "sense of stigma" towards college students' mental health issues. Some parents refuse to acknowledge that their children have mental health issues, do not cooperate with or even obstruct professional psychological intervention, and 60% of parents are uncooperative with the school's medical

advice [13].

Cooperation between colleges and universities and mental health institutions, community psychological service centers is generally lacking. Even if there is cooperation, it is mostly "temporary docking", lacking institutionalized guarantee mechanisms, resulting in insufficient service accessibility. 41.59% of students consider it difficult to register, and 34.58% of students give up consultation due to long distance to medical institutions. When college students have severe depression or suicidal tendencies, most colleges and universities cannot complete hospital referral conveniently and quickly due to cumbersome procedures and poor communication with family members, delaying the intervention time [12].

5. Improvement Strategies for Mental Health Education for College Students

Based on the current status and bottlenecks of mental health education for college students, strengthening this work must break through a single perspective, strengthen collaborative thinking, and build a full-cycle management and more resilient mental health support network.

5.1 Create a Positive Orientation and Build an Educational Ecosystem of "Full Participation, Full Process, and All-round"

Update educational concepts, take "positive psychology" as the orientation, shift the focus of mental health education from "problem-solving" to "potential stimulation", and incorporate emotional regulation and pressure management into the curriculum system [14]. By offering courses such as "Positive Psychological Cultivation", "Psychological Resilience Training", and "Maintaining a Happy Mentality", implementing "sports-mental health" linkage projects, and organizing immersive experience activities such as "psychological sitcom performances" and "meditation workshops", attract students with forms they like, stimulate their self-identity, strengthen their "self-efficacy", and improve their psychological resilience.

At the same time, further optimize the construction of the "psychological education" system. Through various educational guidance activities such as offering mental health guidance courses, popularizing mental health knowledge through campus media (official accounts, short video platforms, etc.), and

guiding professional course teachers to integrate psychological adjustment methods into teaching, create a more open culture of understanding and tolerance, reduce labeling, eliminate the "sense of stigma" among college students and parents [15], and form an atmosphere where "everyone cares about students' mental health".

5.2 Improve Identification Mechanisms and Enhance the Effectiveness of Prevention of College Students' Mental Health Issues

Construct an all-round and dynamic identification and early warning mechanism for college students' mental health issues. First, change the traditional freshman enrollment assessment model, establish a regular mental health assessment mechanism carried out every semester, improve the psychological assessment system of "regular assessment-semester follow-up-real-time monitoring", and use AI big data to analyze students' campus consumption, library borrowing, attendance, sports, social interaction and other behavioral indicators to timely identify psychological risk signals. Second, strengthen the regular and professional training of psychological committee members and liaison officers to improve their ability to identify psychological risk signals; establish a "reporting-feedback-protection" linkage assessment and incentive mechanism to enhance their confidence in discovering problems and reporting accurately. Third, set up "parent mental health classes" and "parent schools", organize online psychological knowledge lectures and distribute mental health guidance manuals to help parents improve their ability to identify mental health issues, improve the regular communication channel between "parents and head teachers", and form a home-school linkage early warning mechanism. Promote targeted and personalized psychological intervention. Establish dynamic psychological files for students, match exclusive peer psychological care personnel or psychological counselors according to different types of issues such as academic pressure, interpersonal relationship problems, emotional distress, and self-identity crisis, and formulate "short-term intervention + long-term tracking" plans to reduce the incidence of mental health issues. For students with high-risk issues, adopt a multi-team collaboration model, with peer care personnel, psychological counselors, head teachers, and parents jointly formulating

intervention plans, forming a crisis intervention mechanism of daily life care, dynamic behavior attention, and linked follow-up management to prevent extreme incidents.

5.3 Optimize Resource Allocation and Consolidate the Professional Support System for Mental Health Education

Strengthen support for students' mental health work. First, based on the scale of students and actual needs, increase the investment in mental health education work funds, and form a funding input mechanism with "per-student funds" as the main body and special support funds as a supplement. Second, we should ensure that there are sufficient professional teachers in mental health education, attract social forces to participate, make up for the shortage of resources in colleges and universities, and form a "multi-qualified" mental health work team with high-qualified professional psychological counselors as the core, ideological and political workers as the auxiliary, and psychiatrists and other social workers as the supplement. Third, establish a regular supervision and training mechanism for campus mental health workers to enhance their professional level. Timely optimize and update the psychological assessment system, promote the application of behavioral and emotional monitoring tools and VR psychological intervention devices integrated with AI big data analysis technology, and enhance the capacity of technology-assisted psychological services.

Innovate service supply and reconstruct social support networks. First, actively use AI technology to develop anonymous and real-time psychological counseling platforms to provide 24-hour services for students. Second, jointly build a "school-hospital referral green channel" with medical institutions, clarify the referral process, and solve the problem of students' medical treatment and intervention. Third, introduce social public welfare organizations to supplement counseling services on holidays and at night to ensure that students' mental health issues receive timely support and resolution.

6. Conclusion

Mental health education for college students is a systematic project that needs to break through cognitive barriers, resource bottlenecks, and mechanism obstacles, eliminate structural defects in the service system, and shift from

"passive response" to "active construction". By innovating concepts to create an inclusive environment, improving mechanisms to enhance intervention effectiveness, and optimizing resources to strengthen professional support, an integrated mental health service system of "identification-prevention-development-intervention" can be built to help college students achieve psychological growth and all-round development.

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