

Utilization and Stakeholders' Perceptions of Mental Health Service in Middle Schools in  
China: Evidence From a Middle School in Beijing  
by

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Thesis submitted in partial fulfillment of  
the requirements for the degree of  
Master of Science in the Graduate Program  
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2023

ABSTRACT

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## **Abstract**

**Background:** Worldwide, children and adolescents' mental health problems are becoming increasingly serious, and the topics related to these issues are receiving more and more attention. Many countries and organizations are committed to promoting and protecting children's mental health, with the provision of school-based mental health services as an essential part of the process. Since the 1980s, China has also been concerned about students' mental health, and subsequently has issued many relevant policy and guidance documents. Many schools have also provided mental health services. However, currently, there is no national standard or operational model for school psychology and counseling, and no survey of the demand for school mental health services from various stakeholders. Therefore, this study has three aims: 1) to understand current mental health services that the school provides to their students; 2) to explore middle school students' demand for school-based mental health services from different stakeholders; and 3) to investigate the challenges or difficulties that the school face to provide the services.

**Methods:** This study was conducted in a middle school in Beijing. Two questionnaires were collected from 199 students and 145 parents, respectively, and three teachers were interviewed, which included their attitudes toward mental health, knowledge and satisfaction with current in-school mental health services, and expectations and suggestions for such services in the future. Referring to the questionnaires and interview outlines used by previous researchers, the research team created separate student and parent questionnaires. After analyzing the data, the interview outline was modified. For the

student questionnaires, we focused more on the types of problems the students thought they needed counseling for. For the parent questionnaire, a logistics regression was done to see if parents' demographic characteristics had an impact on their attitudes toward school-based mental health services. For the qualitative analysis, we used thematic analysis to check, code, and identify themes in the interview scripts.

**Results:** Currently, this school has dedicated mental health facilities. The school-based mental health services include mandatory mental health classes for Grades 6 and 7, annual psychological assessment since Grade 5 to record in student psychological profile, counseling, and a crisis intervention system. Students can make appointments with counselors through their course selection platform, but only 31 students had taken or were taking the counseling. However, 80.40% of the students believed that people should take counseling when facing mental health problems. All parents and teachers have a positive attitude toward mental health and the services. 64.83% of the parents knew that the school provided counseling for students. 81.91% of students believed that counseling services should provide understanding and support, as well as professional guidance and advice for students, and 53.10% of parents hoped that it could provide professional suggestions and guidance for their children. For the type of counseling problems, more than 50% of the students want to counsel about study-related issues. Only 1/4 of the students expressed the need for referral services to be provided, but all teachers agreed on the need. Challenges to school-based mental health services, teachers said that more and more students would have mental problems due to high social pressure and competition; there is not enough public

education on mental health; and there is a lack of professional mental health teachers and a lack of follow-up training.

**Conclusion:** The school currently provides a relatively comprehensive package of mental health services, but the suggestions and challenges raised by students, parents and teachers should be studied and resolved promptly by the school and relevant departments. Future research should dig deeper into the reasons for the changes in students' mindsets and discussions on the establishing a referral system.

## **Dedication**

I dedicate this thesis to my parents, for their long-term support, trust and encouragement, which allowed me to pursue my passion.

I dedicate it to my grandmother for the meticulous care she gave me when I was a child.

I dedicate it to my boyfriend. During my master's study, I faced many challenges and difficulties, but he was always accompanying me and giving me confidence and encouragement.

Finally, the thesis is dedicated to every child and adolescent, wishing all of them can grow up mentally healthy.

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# 1. Introduction

Nowadays, mental health is one of the critical issues worldwide. Report from United Nations Children’s Fund (UNICEF) stated that mental health is one of the essentials to achieve the Sustainable Development Goals<sup>1</sup>. Under this grand topic, concern and support for the mental health of children and adolescents is a top priority. In response, many countries and organizations have designed strategies and implementation schemes. In 2020, the World Health Organization (WHO) published “Guidelines on mental health promotive and preventive interventions for adolescents”, which offered many recommended interventions to protect mental health and prevent mental disorders<sup>2</sup>. Immediately following, it wrote a manual for educators in 2021, “Mental health in schools: a manual”, that offered directions on how to promote children’s mental health in school settings<sup>3</sup>. In the same year, the US Department of Health and Human Services and the Australian National Mental Health Commission also released an advisory “Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory”, and “National Children’s Mental Health and Wellbeing Strategy” to be a part of Australian national health plan, respectively<sup>4,5</sup>. China issued an “Action Plan for Child and Adolescent Mental Health 2019-2022” (APCAMH) at the end of 2019 as well<sup>6</sup>. After the national-level plan, many provincial and local governments also promulgated relevant policy documents.

## 1.1 *Current Status of Child and Adolescent Mental Health*

### Global data

According to the data provided by the World Health Organization (WHO), 1 in 7 adolescents between the age of 10 and 19 is estimated to have mental health problems

globally, accounting for 14% of the population in this group, and a large number of them are unidentified and untreated for the health conditions<sup>7</sup>. The common impairments that occur in these children are emotional, such as depression and anxiety, and behavioral disorders, like attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD)<sup>7</sup>. In 2015, Doctor Polanczyk et al. conducted a meta-analysis that reviewed 41 studies about the mental health status of children aged 6 to 18 years from 1985 to 2012 in 27 countries, producing a similar result to the WHO's data, the global estimated prevalence of child and adolescent mental health disorders was 13.4%<sup>8</sup>. This analysis also calculated the prevalence of any anxiety disorder, ODD, ADHD, and any depressive disorder, which were 6.5%, 3.6%, 3.4%, and 2.6%, respectively<sup>8</sup>. Moreover, a report indicated that many children's psychological conditions do not reach the level of clinical disorders, but the psychological distress present in them also disrupts their normal life and study, and causes them to lose hope for the future<sup>1</sup>.

In addition, self-injury and suicidal behavior among children and adolescents are becoming increasingly problematic. Currently, suicide has become the fifth leading cause of death among youth aged 10-19 years globally, and it is the third and fourth cause of death for girls and boys aged 15-19 years, respectively<sup>1,7</sup>. Based on data from 66 studies, the global past 12-month prevalence of suicide ideation among children and adolescents was 14.2%, and the prevalence of non-suicidal self-injury was as high as 19.5%<sup>9</sup>. However, worldwide, although children and adolescents' mental health problems are serious and the demand for protecting their mental health is growing, the reality is that the median various countries' government investment in mental health accounts for only 2.1% of all health

care expenditures<sup>1</sup>.

### Chinese data

In China, the current status of children's mental health is not optimistic either. By UNICEF's estimate, China has 271 million children (age≤17), including at least 30 million who suffer from mental health problems, which represents 11.07% of this population group<sup>10,11</sup>. A nationwide study of the prevalence of mental disorders in school children (6-16 years old) conducted between 2014 and 2015 revealed that the prevalence of ADHD, anxiety disorders, ODD, and depressive disorders ranked in the top 4, at 6.4%, 4.7%, 3.6%, and 3.0%, respectively, with the common types of disorders generally consistent with the global data<sup>12</sup>. The prevalence rates of ADHD and depressive disorders in Chinese children were higher than their global counterparts by 3% and 0.4%, respectively, while the prevalence of ODD was basically equal and the anxiety disorders were lower by 1.8%. In terms of self-injury and suicidal behavior, the prevalence of non-suicidal self-injury among Chinese secondary school students was more than one in four (27.4%), and the prevalence of suicidal ideation among students in Grades 5 to 12 was 13%<sup>13,14</sup>. Although the Chinese children's rate of suicidal ideation was slightly lower than the global rate, their rate of non-suicidal self-injury was much higher than the world rate, at 7.9% more.

Furthermore, Chinese children and adolescents have insufficient awareness of mental health based on the requirements of APCAMH. A meta-analysis estimated that the mental health awareness rate of secondary school students was 61%, far below the target of 80% in APCAMH<sup>15</sup>. One of the reasons for this situation is that Chinese secondary school students have academic loads, which cause schools and parents to neglect mental health education, yet this education is an important way to increase the awareness<sup>15</sup>.

In addition, the mental health of children and adolescents has been more severely impacted since the outbreak of the COVID-19 pandemic in 2020. Chinese data indicated that the prevalence of anxiety and depression problems among Chinese kids during the pandemic was 25% and 22%, respectively<sup>16</sup>. Compared with global data, its anxiety condition was slightly higher by 4.5% and depression was lower by 3.2%<sup>16,17</sup>. Another study comparing depression and anxiety among adolescents nationwide (including all 34 provinces) during (first survey) and after (second survey) the initial outbreak in 2020 explored that the prevalence of depression was over 1.5 times higher in the second survey than the first (36.6% vs. 57.0%), and nearly 2 times higher for anxiety (19% vs. 36.7%)<sup>18</sup>. It illustrates how the adverse effects can continue to influence children's mental health after a major disaster if they develop psychological problems without timely intervention or treatment<sup>18</sup>. In other words, the impact of COVID-19 on children's mental health can be long-term.

Overall, mental health problems can be caused by many factors, which may be family, social environment, interpersonal interactions, and so on<sup>7</sup>. The low awareness of mental health among Chinese children also reveals the deficiency of mental health education. Therefore, it is never only the responsibility of parents to promote and protect children's mental health. School, as the place where students spend the majority of time outside of their families, is also an essential section in supporting their mental health. Providing school-based mental health services for students is one of the ways to support them. Moreover, with the critical period of transition from childhood to adolescence, it is more important for middle schools to focus on the mental health of students because they are not

only undergoing cognitive, physical, and social changes, but also learning relevant skills that will enable them to adapt their future roles as adults in society<sup>7,15,19</sup>.

## **1.2 The School-Based Mental Health Services in Various Countries**

The research on school-based mental health services or school psychology is largely conducted in Western countries. By reviewing some literature, the author found that the United States can be regarded as the birthplace of the field of school psychology (including school-based mental health service system)<sup>20,21,22,23,24,25</sup>. Therefore, the author will list major school-based mental health service structures and their operations in several Western countries (England, Canada), led by the United States. Subsequently, the current situation of these services in China will also be described.

### The United States

School-based counseling services and school psychology in their infancy originated in a vocational guidance movement initiated by Jesse B. Davis and Frank Parsons in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries<sup>21,22,23,24,25</sup>. During the period, the United States was in the phase of rapid industrialization, and many young people were facing problems with career orientation and vocational adjustment as they moved from school into society, so many schools began to offer career guidance programs<sup>21,22,25</sup>. From 1898 to 1907, Jesse B. Davis worked as a class counselor at a high school in Detroit, Michigan, and established an educational career guidance center<sup>21</sup>. In 1908, Frank Parsons opened the Vocational Bureau of Boston to provide assistance to young people<sup>21,22</sup>. Since then, Boston schools began assigning more than 100 elementary and secondary school teachers to be career

counselors<sup>21,22</sup>. By 1910, 35 cities had followed Boston's model to develop school guidance classes<sup>21,22,25</sup>. The vocational guidance movement soon attracted psychologists to participate as well and argued that psychometric measures, such as personality tests and aptitude tests, should be the foundation of career guidance<sup>25</sup>.

Another important name for psychological development in schools is Lightner Witmer, known as the "Father of school psychology", who established the world's first child psychology clinic at the University of Pennsylvania in 1896 and founded the first psychoeducational school for mentally retarded and disabled children in 1907. He proposed the approach of "psychoeducation" in the hope of correcting the behavior of these children through education<sup>21,22,25</sup>.

After World War II, in order to enable veterans to return to normal life and improve their mental health, the United States invited many clinical psychologists to join the team to maintain veterans' health and convened the Boulder Conference in 1949. At the conference, the model of Scientist-practitioner was confirmed to be the pattern of training clinical psychologists<sup>21,22,25</sup>. Although this conference focused more on clinical psychology, it laid the cornerstone for the school psychologist credentialing model<sup>21,22,25</sup>.

During the 20<sup>th</sup> century, the development of school psychology was accompanied by the active establishment of numerous associations and organizations related to it. For example, in 1913, the National Vocational Guidance Association (NVGA) was founded; in the 1940s and 1950s, Division 16 of the American Psychological Association (APA), the School Psychology, was founded; in 1952, the American Personnel and Guidance Association (APGA) was founded and included the American School Counselors

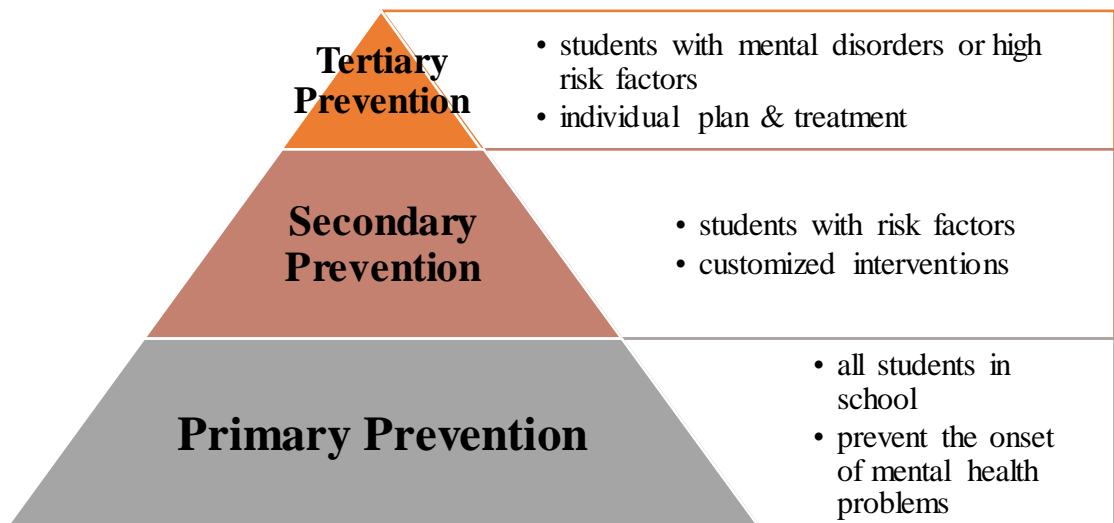
Association (ASCA) as its 5<sup>th</sup> branch; in 1981, APGA established the Council for Accreditation of Counseling and Related Programs (CACREP) to design professional education standards for master and doctoral programs in counseling; and in 1992, APGA changed its name to the American Counseling Association (ACA) as it is known today<sup>21,22,25</sup>.

In the mid to late 20<sup>th</sup> century, laws and rules related to school psychology and related services were also released. In 1975, Public Law 94-142, the Education for All Handicapped Children Act, was passed by the federal government. This Act required educational institutions to provide appropriate, free educational and support services to children with disabilities and emotional problems<sup>20,21,22,26</sup>. Although the emphasis of this Act was on special education, it also prompted the development of school mental health services. In 1984 and 1997, ASCA formulated and adopted the Ethical Standards for School Counselors and the National Standards for School Counseling Programs, respectively, both of which set specific requirements for school counselors and marked the path toward more formalized school-based mental health services<sup>21,24,27</sup>.

Currently, the prevalent strategy for school-based mental health services in U.S. secondary schools follows a three-tiered prevention goal, sometimes called universal prevention programs with secondary and tertiary prevention. This is consistent with the prevention model recommended by the WHO in its Mental Health in Schools—a Manual<sup>3</sup>. The primary prevention is targeted at all students in school to prevent the occurrence of emotional and behavioral problems; secondary prevention focuses on students who have risk factors for developing mental disorders and provides them with more customized

interventions; and tertiary prevention is for students with existing mental disorders or high-risk behaviors and usually provides them with treatment and individual coping programs (Figure 1)<sup>3,26</sup>.

In the United States, school-based health centers (SBHC) are the dominant way to provide mental health services to students. Statistics showed that there were 2924 SBHCs nationwide in 2016-2017<sup>28</sup>. Typically, SBHCs are staffed with medical assistants, physician assistants, nurse practitioners, and licensed social workers or counselors<sup>20,22</sup>. At SBHCs, mental-related services include psychological assessment, mental and substance abuse counseling, therapies, crisis intervention, and case management<sup>20,22,28</sup>. In addition, there are psychologically related health education curriculums starting from kindergarten to Grade 12. The arrangement and design of the curriculum are decided by each state, with no national requirements for it. Statistically, the nation has 36 states that offer it as mandatory and 7 states that make it optional<sup>22</sup>.



**Figure 1 three-tiered prevention**  
*Refer to WHO Mental Health in Schools—a Manual*

## England

In England, school-based mental health services are primarily in the area of counseling<sup>29,30</sup>. Most of its counselors adopt a person-centered or integrative ideology that focuses more on the relational aspect of therapy, with an emphasis on building support, understandable, and credible relationships with students<sup>29,30</sup>. Furthermore, some counselors also use cognitive behavioral therapy, solution-focused therapy, and psychodynamic therapy<sup>30</sup>. The counseling is generally in an individual format<sup>30</sup>. The usual duration of treatment is one semester, but there is no upper limit on the number of sessions required, and each session often takes about 40-60 minutes<sup>30</sup>. Although counseling is the mainstay of school-based mental health services in the UK, it works together with the Child and Adolescent Mental Health Services (CAMHS), a program run by the UK's National Health Service (NHS) that provides referrals for children who present with serious mental health problems<sup>29,31</sup>.

## Canada

Today, a form of school-based mental health services for secondary schools that is widely used in Canada or even internationally was created in 2009, known as the “School-based Pathway to Care” model<sup>32,33</sup>. It utilizes a holistic and coordinated structure, and prior to it, there was no national guiding framework for school-based mental health services in Canada<sup>32,33</sup>. It is holistic and collaborative because the model engages almost all stakeholders—students, teachers, parents, primary care practitioners, and mental health specialists, and strives to build strong alignments among all parties<sup>32</sup>. The purpose of the

model is to help youth deal with mental health issues and reduce stigma by increasing mental health literacy<sup>32</sup>.

In order to achieve the purpose, there are two major sections with several specific implementations: “promoting mental health literacy for students, educators, and parents” and “identifying, preventing, triaging, and intervening in the early stage”<sup>32</sup>. For the first section, the authors cooperated with the Canadian Mental Health Association to compose a “Mental Health & High School Curriculum Guide” (Curriculum Guide) that included a teacher and student study model, respectively, and all of these models could be used by parents<sup>32</sup>. The teacher model focuses on the identification of mental health problems and how to help students in need connect with healthcare professionals; the student model has 6 domains that are stigma reduction, mental health and disorders comprehension, some mental disorders prone to present in adolescence, life experiences with mental illness, ways to seek help and support, as well as the significance of positive mental health<sup>32</sup>.

In the second section, particular trainings will be provided for teachers, student services providers, primary care providers, and mental health professionals<sup>32</sup>. The key point of teacher training is to identify high risk students and refer them to student services providers with more assistance; the student services provider training has 2 main topics, which are psychological assessment, basic interventions, and referrals of students with serious conditions to off-campus healthcare providers; the training for primary care providers would teach them how to diagnose and treat mental disorders; and mental health professionals training focuses on offering the latest knowledge about psychotherapies and pharmacotherapeutic treatments<sup>32</sup>.

## China

According to sources, there is no national, systematic guiding framework for school-based mental health services in China, although a series of policy documents on paying attention to and strengthening mental health and education for children and adolescents since the 1980s<sup>34,35,36</sup>. However, some provincial and municipal schools have established their own mental health service programs. For example, Zhejiang Province was the first to establish primary and secondary school mental health education guidance centers in 2001 and formulated 5-year plans for the development of mental health education; in 2006, the province issued the “Management Measures for the Accreditation of Primary and Secondary School Mental Health Education Teachers in Zhejiang Province”, thus launching an induction certification system for mental health teachers<sup>37</sup>. This system has categorized into A, B, and C levels of certification, and has cultivated the largest team of licensed teachers of mental health education in the country<sup>37</sup>. By the end of 2018, the coverage rate of standardized counseling rooms in Zhejiang primary and secondary schools exceeded 80%<sup>37</sup>.

In addition, a school-based mental health record system has been proposed. This system includes 4 parts, testing and recording, in-depth assessment, intervention and mental health training, and has been piloted in a school in Guangzhou to demonstrate the feasibility of this system<sup>38</sup>. The first part, testing and recording, is for all students to understand their mental health status and continuously monitor its changes; the in-depth assessment is an intensive one-on-one conversation with students who are detected to have

possible mental health problems to assess their specific situation; the intervention part has different implementations to help the whole school and students with mental health problems; and the mental health training covers teachers, parents and students<sup>38</sup>. The training of teachers and parents on mental health helps to increase their awareness and coping skills in this aspect and can be considered a preventive measure; and the training for students tends to help them improve the quality of their mental health and their personalities<sup>38</sup>.

### Referrals

Despite the fact that school-based mental health services operate differently between countries, the importance of referral services is mentioned in the models of the United States, England, and Canada. When the professional competence and skills of in-school mental health workers are unable to meet the needs of students with mental health issues, they should promptly help the students find appropriate psychological professionals outside of school to solve problems<sup>28,29,32,39</sup>. During the referral process, the school-based providers should invite parents to participate: first, they need to understand and agree to the referral, and second, parental support usually leads to better treatment outcomes<sup>28,39</sup>. Further, after referrals, school-based mental health workers should continue to follow up with the referred students and act as mediators between the students and the professionals to ensure the quality of services<sup>28,32,39</sup>. To ensure that referral services are used appropriately and effectively, some scholars suggest developing a referral checklist for on-campus mental health providers that lists each of the key steps in the referral process, so

that the standardized guidance not only allows these providers to better understand and master the procedure, but also enables professionals to know better how they should handle such cases<sup>28,39</sup>.

### **1.3 School-based Mental Health Services Relevant Policy & Document in China**

In China, the country began to emphasize the mental health of children and adolescents in the late 1980s, and since then, numerous policies and documents have been issued in relation to it. The article will review these documents at 3 points of time, from the late 1980s to the late 1990s, from 2000 to 2009, and after the 2010s.

#### Late 1980s—1990s

In December 1988, China issued its first governmental document on mental health in schools, the “Notice on Reforming and Strengthening Moral Education for Primary and Secondary School Students”, which demanded to enhance the comprehensive cultivation and training of students’ moral and mental qualities<sup>35,36</sup>.

In February 1993, the “Platform for Chinese Education Reform and Development” was published, which specified that education should be a way to improve the quality of the citizens, and mentioned that the psychological quality of students was one of the measures of their overall development<sup>35,36</sup>.

In August 1994, the State Council promulgated the “Several Suggestions on Further Strengthening and Improving Moral Education Work in Schools”, which clearly pointed out the specific paths and approaches for moral education to improve students’

psychological quality, ability to bear discouragement, adapt to the environment, and healthy personality, and required that educators should guide students to deal with various problems that arise in their studies and lives through conversations and counseling with them<sup>35,36</sup>. Moreover, in June 1999, the State Council released a normative document, “Decision on Deepening Education Reform and Comprehensively Promoting Quality Education”, which continued to emphasize the strengthening of mental health education<sup>36</sup>. Subsequently, the Ministry of Education also issued “Several Suggestions on Strengthening Mental Health Education in Primary and Secondary Schools” (Several Suggestions 1999), it was the first time to include mental health education in the title of a document, indicating the goal of building a school mental health education system, and making clear requirements for school facilities and teachers related to it, as well as the development of the work<sup>36</sup>.

#### 2000—2009

After entering the 21<sup>st</sup> century, the Ministry of Education and other relevant departments continued their efforts in promoting the mental health of children and adolescents. In August 2002, 3 years after the promulgation of “Several Suggestions (1999)”, the “Platform for Mental Health Education in Primary and Secondary Schools” (Platform for Mental Health) was launched, stipulating the objectives, requirements and implementation details to further guide and regulate the work of mental health education<sup>36</sup>. In the same year, the former Ministry of Labor Forces commissioned the China Mental Health Association to develop and complete a three-tier national certification system for

psychological counselors<sup>40,41</sup>. However, due to the fact that this certification only required passing examinations to obtain licenses and lacked requirements for the clinical experience of the holders, the work on the vocational certification of counselors was stopped at the end of 2017<sup>40,41</sup>.

### After the 2010s

On 26 October 2012, the National People's Congress passed the "Mental Health Law of the People's Republic of China", which took effect on 1 May 2013, symbolizing a further upgrade of the importance the Chinese government placed on mental health, and also that regulatory requirements for related professions would be legally enforceable<sup>42</sup>. In its Chapter 2, Article 16, it is clearly stated that schools should educate students about mental health, have mental health teachers and counselors, and may set up mental health counseling rooms<sup>42</sup>. In late 2012, the Ministry of Education revised the 2002 Platform for Mental Health, asking that mental health educators need to help students establish correct self-awareness, enhance emotional regulation, provide timely counseling even crisis intervention for students with psychological problems, and clarified that schools should be equipped with counseling rooms<sup>43</sup>.

In July 2015, a specific notice on the construction of school-based psychological counseling rooms was printed by the Ministry of Education, "Guideline for the Construction of Psychological Counseling Rooms in Primary and Secondary Schools", with detailed instructions on functional position, essential installation and management norms, and a clear statement that schools should be able to identify and provide timely

referral services when dealing with students suffering from serious mental disorders<sup>44</sup>.

In the end of 2016, the National Health and Family Planning Commission, together with the National Development and Reform Commission, the Ministry of Education, and a total of 22 departments, jointly issued the "Guidelines on Strengthening Mental Health Services", and in its fourth part - Strengthening Mental Health Services for Priority Populations - targeted recommendations were made for mental health education in all types of schools<sup>45</sup>.

In late 2019, a total of 12 departments, led by the National Health and Wellness Commission, jointly launched the "Health China Action - Mental Health Action Plan for Children and Adolescents (2019-2022)," containing six specific actions: mental health education action, mental health environment creation action, mental health promotion action, mental health care action, mental health service capacity enhancement action, and mental health service system improvement action<sup>6</sup>. These actions all indicate the positive role that schools can play in promoting and protecting children's mental health.

In August 2020, only for depression, the National Health and Wellness Commission released the "Work Plan for Exploring Special Services for the Prevention and Treatment of Depression". The plan requested secondary schools to include depression screening in student physical examinations and establish student mental health profiles, make mental health education as a mandatory course, and achieve a goal of 85% awareness of prevention and treatment among students by the end of 2022<sup>46</sup>.

In July 2021, the Ministry of Education again published a notice on strengthening student mental health management. The notice clarified that primary and secondary schools

need to introduce mental health education classes into the school-based curriculum, to conduct an annual mental health assessment, and re-emphasized the enhancement of cooperation between all levels of schools and mental health medical institutions<sup>47</sup>.

## **1.4 Research Gap**

Although policy recommendations and guidelines for school mental health have been in place in China since the 1980s, the implementation by the government and schools has been far from adequate, and as mentioned earlier, there is currently no national guiding framework for school-based mental health services. Previous research on school-based mental health services has been distributed among the current status of service use, teacher or student perceptions of current services, or the development of school-based mental health services in China. Two studies investigated high school students' use of counseling services; one found that 48.9% of participants had used counseling at least once, but only four participants had used counseling services four or five times<sup>48</sup>; the findings of another study were more pessimistic, with only 5% of participants having used such on-campus services, despite the fact that 26% of participants felt they needed mental health services<sup>49</sup>. There were two studies examining teachers' and school-based mental health practitioners' perceptions of student mental health, service use, and current challenges to services<sup>50,51</sup>. Overall, they agreed that student mental health was important and they would talk to students experiencing such problems, but training and supervision for mental health were inadequate, and some teachers did not have sufficient knowledge of psychology, so they were not sufficiently confident that their methods and interventions were appropriate<sup>50,51</sup>. In 2019, a master's thesis invited middle school

students, parents, and teachers to participate in a survey, but this article was more focused on investigating the current situation of psychological services in middle schools and did not understand the attitudes of these three stakeholders towards mental health and such services<sup>36</sup>. Therefore, the current study seeks to investigate not only the implementation of psychological services in schools from the perspective of these three stakeholders, but also their different perceptions and evaluations of mental health and such services. By integrating the results given by them, we hope to provide a reference for the future development of school-based mental health services in Chinese middle schools.

### **1.5 Research Aims**

The present study has three main aims: 1) to understand current mental health services that the school provides to their students; 2) to explore middle school students' demand for school-based mental health services from different stakeholders; and 3) to investigate the challenges or difficulties that the school face to provide the services.

## **2. Methods**

### ***2.1 Setting and Participants***

The school-based mental health services study took place at a middle school in Haidian District, Beijing, the capital of China. Haidian District is located in northwestern Beijing, with a regional area of 430.77 square kilometers, accounting for about 2.6% of the total area of Beijing. It was officially named in September 1952 and formed the current jurisdiction in January 1963. According to the 7<sup>th</sup> census, the resident population of Haidian District is 3,133,469, accounting for 14.3% of the city's total population<sup>52</sup>.

In Haidian District, there are 17 school districts covering all primary and secondary schools in its region. The middle school in the study belongs to its Wanshou Road School District<sup>53</sup>. The school is a 9-year school established on March 26, 2014, by merging a middle school and a primary school in Haidian District.

The present study included a total of 347 participants, including 199 middle school students, 145 parents, and 3 teachers. On the basis of random sampling and with the coordination and assistance of an administrator at the school, the research team recruited the students and parents. For recruiting the teachers, one of them, who was the mental health teacher, was based on purposive sampling.

## **2.2 Procedures**

All respondents were provided with informed consent before participating in the study. After reading the consent and agreeing to it, the student and parent participants completed questionnaires within 30 minutes through the questionnaire platform, Wenjuanxing. The teachers participated in the qualitative section of the study and were also required to read an informed consent and agree to be interviewed before starting the interviews. The interviews were completed through the Tencent Meeting application and were recorded. The study had 3 interviews, each approximately 1 hour in length.

The collection of the questionnaire from parents was conducted and completed in March and April 2022; the students' part was conducted and completed in October and November 2022; and the interviews from the teachers were conducted and completed in December 2022 and January 2023. For data collection, quantitative data were automatically recorded by the questionnaire system after participants completed the questionnaires; the recording of qualitative interviews was also completed and saved by the meeting software, and the content was transcribed and proofread by the researcher. All study procedures were approved by the Institutional Review Board at Duke Kunshan University (FWA00021580).

## **2.3 Measures**

### **2.3.1 Qualitative measures**

#### Teacher Interviews

The semi-structured interviews focused on exploring the current condition of school-based mental health services for students, teachers' attitudes toward mental health and the services, and the future development of the services. For non-mental health teachers or related staff, there were approximately 10 interview questions that concentrated on whether they knew about the current psychological work and services on campus, the main mental health issues that students have, and how they perceive mental health. For mental health teachers, the 10 questions also preferred to discuss the current availability of software and hardware for school-based mental health services, students' acceptance of these services, and the challenges and difficulties in developing the services. To design the questions for the interview, the research team referred to an interview outline from a master's thesis<sup>54</sup>.

### **2.3.2 Quantitative measures**

#### Student Questionnaire

The semi-open questionnaire was divided into two sections, the first section focused on students' awareness of mental health, their understanding of current mental health services, their ways of coping with psychological distress, and their suggestions for future such services; the second part concentrated on the main domains of mental health counseling that the students considered to be involved. This questionnaire was also based on the questionnaires from Zhang's thesis<sup>54</sup>, as well as the fields that the research team

wanted to know more about.

### Parent Questionnaire

The parent questionnaire referred to the student questionnaire and added questions that might be more concerning from the parent's perspective. This questionnaire was a semi-open survey that mainly investigated their children's current academic and mental health status, their perceptions of children's mental health, their attitudes towards mental health services, whether they were aware of the mental health services at their children's school, and their requirements and expectations for such services.

## **2.4 Analysis**

For qualitative analysis, the method of thematic analysis was used<sup>55</sup>. The recordings of the interviews were transcribed verbatim in Chinese in Word Documents and checked for accuracy by members of the research team. The author then initially coded the data based on the research aims and interview guide. After the coding, the author and the research team reviewed and revised the codes to organize them into different themes. The entire process of analyzing the qualitative data was iterative, as the research team needed to re-read, revise or reduce codes, and identify themes. Finally, the author translated the data into English when she was writing.

For quantitative analysis, the data from the parent questionnaire was analyzed by Stata 17 software, and the student data used the questionnaire platform, Wenjuanxing which included basic analyzing functions, to analyze. The student and parent samples were conducted by descriptive statistics. A logistic regression model was used to explore the associations between parents' demographic characteristics and their perspectives on mental health and school-based related services. In the study, the statistically significant level was 5%.

### **3. Results**

#### **3.1. Teachers' Perspectives on School-Based Mental Health Services**

The study investigated teachers' perceptions of school-based mental health services through qualitative interviews. Three teachers participated in the interviews, one of them was the school's full-time mental health teacher with a background in psychology, and the remaining two were: the 9<sup>th</sup> Grade class teacher (Ban Zhu Ren) who also taught Chinese, and a biology teacher. The mental health teacher and biology teacher were female, and the class teacher was male. The age average of the 3 teachers was 27.67.

In terms of perspective on the mental health of middle school students, two teachers from different disciplines displayed positive attitudes. As the biology teacher stated below:

*"I think (children's mental health) is very important because I believe that only if the children are mentally healthy and positive, then their studies, life, and other aspects can proceed normally and positively."*

The Chinese teacher had a similar view with his explanation.

*"... (Mental health) is especially important because there may be too much pressure on children now. Some children have no place to vent (their emotions), no good ways to communicate, and no way to get effective help, so I think it creates a psychological condition that is difficult for them to change."*

The mental health teacher also said that "thanks to the school" because the school management placed a high priority on mental health with some financial and resources support.

##### **3.1.1 Current School-Based Mental Health Services**

In general, the school's current school-based mental health services are based on the requirements of relevant policy documents from the Ministry of Education, Beijing and the

Haidian District Education Committee. For example, “Platform for Mental Health Education in Primary and Secondary Schools (revised in 2012)”, “Guideline for the Construction of Psychological Counseling Rooms in Primary and Secondary Schools”, and “General Office of the Ministry of Education on strengthening students' mental health Management work notice” issued by the Ministry of Education in 2012, 2015, and 2021, respectively; and the Beijing Municipal Education Commission issued “Notice of Beijing Municipal Education Commission on Strengthening Mental Health Management for Primary and Secondary School Students” in 2021.

The two subject teachers knew that a dedicated mental health service facility was in place for their students. The mental health teacher also introduced the facility.

*“our psychological studio is nearly 200 square meters in size, which includes a resource classroom, 2 counseling rooms, an office, and a group counseling room, with a corridor connecting them, and some corners for reading books...the sand play table, psychological assessment instruments, and sensory equipment for disabled children are all placed in the group counseling room...in addition, we have a designated classroom for mental health classes, which can accommodate about 30-40 students.”*

For the studio staff, the full-time mental health teacher stated that there were 4 teachers in the school, she was the only full-time teacher, another mental health teacher also taught English, and the rest of the 2 were ‘Learning in Regular Class’ teachers. The mental health teacher also explained the definition of disabled children and ‘Learning in Regular Class’ teacher.

*“first of all, the disabled children refer to children who have autism spectrum disorder, attention deficit hyperactivity disorder, or mental retardation... so if they also meet the admission criteria, they are dispersed in different general classes. However, in fact, these children's personal ability and comprehensive aspects are difficult to keep up with the regular, normal learning, so these kinds of children will have special teachers, also known as ‘Learning in Regular Class’ teachers, to provide them with some one-on-one, individualized training classes. For example, these teachers will take the child to read*

*picture books, do sensory training, attention training, etc., which is also arranged for the normal 45-minute class time.”*

Nevertheless, the mental health teacher mentioned that these kinds of children must have a record with the district special education center. If children were not recorded, they would not be eligible for the particular courses.

### Psychological Courses

All 3 participants mentioned that the school required mental health classes for 6<sup>th</sup> and 7<sup>th</sup> Grade students (the school is a 9-year system, students will attend this school through primary and middle school for no particular reason), and other Grade students could select to take elective psychological courses. In these two Grades, students would have the course once a week, and the course would be offered in both the spring and fall semesters. The mental health teacher indicated the course’s design.

*“... (every semester's) course content is different. At the end of each semester, we will prepare the courses and do a lot of teaching research (for next semester). First, we will communicate with the Grade teachers to understand the basic situation of the students,... and then, we will incorporate the demands of the students in the age stage. For example, in the 6<sup>th</sup> Grade, there are already many problems about opposite-sex interaction, emotions and stress regulation. Moreover, probably because of the COVID-19 pandemic, the psychological resilience of adolescents is a little bit weaker. Therefore, during the pandemic, we also talk more information about positive psychology, including how to regulate and imply themselves to be more positive and optimistic. In short, we will do some (course) planning based on the time, the place, and the people.”*

The mental health teacher also expressed that the Ministry of Education issued a policy document, “Mental Health Education Guideline for Primary and Secondary School Students” in 2012, followed by more detailed requirements in various localities, but the enforcement of the document was yet to be proven. Therefore, the teacher said that the

course was currently only a school-based curriculum, with no unified curriculum standard.

In the course, students would talk about their troubles and try to solve their problems, and teachers were able to identify problems that students might be having and report to the Grade level when needed. In general, the teachers thought the courses were effective. However, the teachers still considered the courses to be improved. For example, the biology teacher worried that some students would hide their negative emotions, so the ways to detect such situations needed to be discussed. The class teacher also explained his point of view as below:

*“... this class doesn't include in the high school entrance examination, so it may not be taken that seriously...sometimes, students don't pay attention well...and the class hours are also few. So, the (course) effect may be limited, but it is somewhat effective.”*

### Mental Health Counseling

Each of the 3 participants indicated that their school provide counseling services for students, and both subject teachers expressed their acceptance of the services. For example, the biology teacher said as follows:

*“...I think it is great to have a place to be able to treat students' mental conditions.”*

The mental health teacher also gave an introduction and explanation of the counseling she usually used, Solution-Focused Brief Therapy and Narrative Therapy, when counseling students, and the reasons for their use.

*“First, in primary and secondary schools, psychoanalysis is not commonly used nowadays because it digs a lot deeper (reasons beyond problems or performances) and requires a longer treatment cycle, which cannot be solved in a single, short period of time. Based on the characteristics in the reality of the situation, the times that students can come (to the counseling room) are unstable and their time is very limited...we need to improve our counseling effectiveness, so our starting point is the Solution-Focused Brief Therapy, which is a post-modern solution therapy. Another one is narrative therapy. Then,*

*personally, I am a little more humanistic...we also integrate some small exercises of positive psychology...in short, in primary and secondary schools, we are results-oriented, oriented to students' confusion and problems."*

The mental health teacher also introduced that students could make an appointment for counseling through their course selection platform, which had an appointment system. In the system, students needed to complete a form that could be seen by counselors in the background of the platform, and then the counselors would contact the students. In addition, sometimes, teachers or parents would recommend students to get counseling.

#### Mental Health Assessment and Student Mental Health Profile

For the mental health assessment and student mental health profile, the class teacher and mental health teacher both indicated that the district education committee would require to organize an annual assessment and put the results into the profile, but the biology teacher did not know about these two. The mental health teacher introduced the assessment and the profile in more detail.

*"The (policy) document said that the school is expected to have 'one folder for one person, one profile for one lifetime' (yi ren yi ce, yi sheng yi dang an)...in Haidian District, the populations for this assessment are Grades 5-9...currently, the district education committee has it in November and December every year. The assessment is also voluntary, and students can only take it if they are given informed consent and their parents agree to take it...this assessment helps us to understand the level of mental health of our students better, although the validity of the questionnaire is limited, but it can be a reference at least...currently, our school has a 90% participation rate, which is already relatively high because we have met with other schools and learned that some schools' participation rate was low."*

The class teacher expressed that they would have a meeting to discuss the results of the assessment every year, and a feedback form would need to be filled out by class teachers

like him to include in the students' mental health profiles.

*"...after the assessment questions are done, some data will be provided, that is, the students may have some mental health problems. The school and the Grade pay much attention to this and will invite us to a meeting every time to publish the psychological data, and then focus on students who may have problems...then, we will also communicate with some parents about their children's problems...we will write down some of the feedback on the situation in a form, and I remember that we will submit it every year."*

However, the class teacher also admitted that some students would complete the assessment blindly, which could affect the validity of the assessment. The mental health teacher was worried that the profiles were at risk of being discontinued because they were currently kept at the school level.

*"The profile is more like a school-based one now. it has not become like an academic record (xue ji): for example, if he (a student) leaves, his academic record is carried away, and our mental health record is carried away with it. At the moment, it does not have done it. And sometimes, to be fair, from a parent's point of view, my kid had experiences at your school that were not pleasant, and I do not want him to go to a new school and carry these around with him. I do not want the new school to know the past of my kid, sometimes they may want to start a new life."*

### Crisis Intervention System

During the interview with the mental health teacher, she mentioned that the school possessed a crisis intervention system. according to her, having this system is a uniform, mandatory requirement for all schools by the educational authorities. Regarding the structure of the system, she explained below:

*"The highest responsible person is definitely the school president, followed by the head of the moral education department, then maybe the professional mental health teachers, the security department, and finally the grade level directors and class teachers."*

The mental health teacher also referred to a relationship between the mental health assessment and the crisis system: if some students were considered high risk after the

assessment, they would need to be reported to the crisis system. She's explanation of the meaning of high-risk population was:

*"...self-harming intentions, suicidal behavior and so on, we will mark such people as high-risk population, then we have to report to the crisis system."*

As for the effectiveness and responsiveness of the crisis system, the mental health teacher concluded that it was generally satisfactory.

*"There have been several crisis situations before. We contacted parents in time and received their support, and the overall effect is quite good."*

### **3.1.2 Current Students' Psychological-Related Main Issues**

#### Students Aspect

The interviews with the 3 teachers revealed that the main psychological problem of current middle school students was emotional regulation. The causes of emotional problems that all 3 teachers mentioned were: family relationships, and academic stress or study weariness.

*"The kid in my class who is self-injuring...one day, his mother called me to say that the father had stopped talking to the mother, which made this mother particularly depressed as well, (so) this family atmosphere also hurt the child, and he did not know where to get help. Then, there is another one who is not going to school right now. When this kid was in primary school, because the knowledge was relatively simple, his score could still get 80 or 90. However, when he entered middle school, he always only got a little more than 10, which he could not accept it."*

A keyword mentioned by both subject teachers was inferiority feelings. The biology teacher said:

*"...inferiority feelings, and such children feel that they are nothing, and they view their future in a negative way..."*

Moreover, another problem mentioned by both the mental health teacher and the biology

teacher was interpersonal and opposite-sex interactions. For male and female interactions, the biology teacher stated that some students would put all their energy into it and become excessively tangled. In addition, the class teacher indicated that some of the students he met lacked responsibility, resisted communication with others, lacked trust in others, or were addicted to a virtual subculture—a two-dimensional world (“er ci yuan” culture), including anime, comics, games and novels. For all of these problems, the 3 teachers also pointed out that these should also be the priorities in the counseling process.

#### Parents and Society Aspect

The 3 teachers pointed out that regarding students’ mental health, parents’ and society’s attitudes toward mental health were also important besides the problems that the children may have. They said that some parents did not accept that their children had mental health problems and often neglected the health of their children’s mental growth. For example, the biology teacher provided her opinion.

*“...if children had no mental health-related problems when they were younger, but they suddenly have problems in middle school, I think it may not be easy for parents to accept and find out. They may ignore their children’s mental health growth in their daily interactions. Some families, for example, are not very positive and may have frequent quarrels between parents, so they may neglect their children’s mental health education. They also do not know what kind of hurt they will bring to their children.”*

At a societal level, these teachers considered that people still focused more on children’s grades rather than their mental health. Moreover, this also demonstrated the insufficiency of relevant public education.

*“Current parents, especially in Haidian (district)...they still care more about their children’s academic performance, but actually, mental health is more important.”*

*“...now, parents are also very anxious (about their children’s academics). The current society is also prematurely diverting, 50/50 diverting, (with half of the children have to) go*

*to vocational high school. In fact, for their age stage, self-esteem is very strong...furthermore, everyone thinks that a good child is good at studying, (other) children want to play with such (children), and teachers are willing to lick such children. This leads, I think, to a more serious comparison between peers. And then the atmosphere in society also seems to be that being good at studying is particularly excellent, so it causes many children who actually have a lot of other aspects of strengths to be not able to exploit. Their self-confidence cannot reflect through other directions.”*

The mental health teacher also conveyed her attitude:

*“...the aspect of mental health, (if) done well is peaceful, (but if) done wrong will be a big accident. Therefore, the risk and difficulty of this work is not seen by most people, or only a small part of individuals saw it. Thus, the awareness (of mental health) is really need to promote gradually and continually, or, I would like to say the power of public education. Yes, the power of mental health awareness education, it is possible to arouse the concern of some people. We do not say that its importance now, because if there is no concern, then it is impossible to talk about the importance.”*

### **3.1.3 Future School-Based Mental Health Services**

#### The Function of Mental Health Counseling

For the future development of mental health on campus, the 2 subject teachers first expressed their understanding of the role of counseling. They both talked about the fact that students should be given a direction to try to solve their problems and methods of how to solve them through counseling. The biology teacher also stated that counseling should be able to help students identify whether their thoughts or behaviors were not positive and needed to be adjusted. In addition, the class teacher emphasized that counseling should enable a change toward a better direction for students as quickly as possible.

*“It is better to give them feedback in a short period of time because if they do not get feedback after a long period of counseling, they may lose trust. They are very anxious.”*

#### The Challenge and difficulty

All 3 teachers expressed their views on the challenges and difficulties of developing

mental health services. First, both subject teachers agreed that there was a lot of competition and pressure in society nowadays, which could affect children's moods and lead to an increasing number of children with mental health problems. Like the class teacher's opinion that had been referred to above, students were competing with each other because everyone, adults and children alike, were overly concerned with grades. As the biology teacher stated:

*"I think the biggest challenge is that there are more and more children with mental health problems nowadays. This is the impact of all aspects of society, family, and school. They are products of the time, which give these children some negative emotions, and this is the challenge of psychological work."*

Another challenge was that many people were still prejudiced about mental health and did not know enough about psychological-related work because of the current inadequacy of mental health popularization and promotion. In terms of counseling, the 2 teachers shared that many children were reluctant to receive counseling because they did not realize that they might have mental health problems or they did not recognize that counseling could help them. Furthermore, since students had strong self-esteem, sometimes, they were worried that they would be discriminated against if they got counseling and other classmates knew about it.

*"On the one hand, I think, they do not feel that they are sick. They think this status is ok, they are right, and there also is no teacher or family member to remind them...tell them, you (may) need a mental health intervention. On the other hand, it is probably the self-esteem of children. Their self-esteem is quite strong. They will think that if they go to counseling, is it different from other students? Is it not normal? Am I sick? Will other classmates look down on me?"*

Besides, the mental health teacher also argued that many people did not understand the content of their work as psychological practitioners.

*“...many people think that mental health teachers are very relaxed teachers in schools (because) they do not lead classes and student do not take exams, but, in fact, mental health teachers are more like risk controllers in schools. They have to try connecting many resources to push things forward. One person’s ability is limited, (and) energy is limited, so we need to build more allies. For example, we are currently trying to train parents and non-specialist subject teachers for the larger goal of protecting children’s mental health and improving their study ability.”*

She also considered that some older teachers were not sufficiently receptive to concern for students’ mental health.

*”I think more youthful teachers will be more accepting (of mental health). Older teachers, 40-50 years old teachers...may think: you just talk, what can be solved? You cannot improve grades, so it is not useful. They may think this way, but they will not explicitly disclose it to you. However, you can perceive such an attitude through some details.”*

In response to the difficulties, the mental health teacher also pointed out that the number of mental health teachers and related staff was still rare in the school. In her school, there were more than 2000 students, but she was the only full-time mental health teacher with a background in psychology, and another one who also taught English. However, as mentioned above, their workload was enormous. Therefore, she hoped that there would be more professional mental health teachers in the school in the future.

### The Expectation

When the 3 teachers were asked whether schools should provide referral services for students with high mental health risks, or establish a collaborative model with hospitals that would allow the students to receive timely and effective intervention and treatment, they responded in the affirmative. They believed that it would be a favorable trend. For example, the mental health teacher indicated the following:

*“currently, there is no official level to achieve cooperation between certain schools and certain hospitals, (or) specialty hospitals. However, for instance, there may be some personal relationships with a doctor in a hospital that you know or have a good friendship with. Probably, this would establish a so-called working alliance, but this part is far from enough. Therefore, we still expect that this part can be better promoted in the future, this combination of healthcare and education sections can have a broader way of cooperation.”*

Nevertheless, the 3 teachers also expressed their worries because some parents could not accept that their children might have mental health problems. Therefore, the biology teacher also offered a suggestion.

*“...if a kid is presumed to have a serious mental health problem by a mental health teacher, parents may not be very receptive, they may think: ‘I do not think there is anything wrong with my child, he grew up very healthy’. Thus, I think if it is possible that doctors from partner hospitals can periodically enter the campus and provide some diagnosis for children.”*

Overall, the 3 teachers agreed on the premise that, while general education about mental health can be effectively improved, the mental health of students would be better protected if a cooperative system of schools and hospitals was established.

### **3.2. Students’ Perspectives on School-Based Mental Health Services**

The study included 199 middle school students, the proportion of males was more than 50%, and 47.74% of the sample was females (see Table 1). 77.39% of the participants were in Grade 7, then 16.08% were from Grade 8, and only 6.53% were from Grade 9. Around half of the students’ father (47.74%) and mother (55.28%) had bachelor’s degree, and 67.84% of their family monthly income were over or equal to 8001RMB. According to the study, 13 (6.53%) students confirmed that their parents divorced, and 2 (1.01%) students stated that they were not clear whether their parents divorced. 94.97% of the total students did not take mental health counseling out of

school, and only 10 (5.03%) of them had taken the counseling. Furthermore, most students expressed that their family members/friends did not have counseling (36.68%) or they were not clear about it (40.20%).

**Table 1. demographics of respondents (Children version)**

Characteristics	Total	
	N=199	%
Children's gender		
Male	104	52.26
Female	95	47.74
Grade		
7	154	77.39
8	32	16.08
9	13	6.53
Father's education level		
≤ associate degree	21	10.55
Bachelor degree	95	47.74
≥ master degree	83	41.71
Mother's education level		
≤ associate degree	34	17.08
Bachelor degree	110	55.28
≥ master degree	55	27.64
Family income per month		
≤ 8000	12	6.03
≥ 8001	135	67.84
Unclear	52	26.13
Whether parents divorce		
Yes	13	6.53
No	184	92.46
Unclear	2	1.01

Whether you ever taken mental health counseling out of school		
Yes	10	5.03
No	189	94.97
Whether family members/friends ever taken mental health counseling		
Yes	46	23.12
No	73	36.68
Unclear	80	40.20

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### **3.2.1 Current School-Based Mental Health Services Program**

Of the 199 students, 177 (88.94%) of them knew that the school provided mental health counseling, 11 (5.53%) of them did not know about the service, and 11 (5.53%) were not clear about it (see Table 2). After placing the 177 students in a subgroup (subgroup 1), 148 (83.62%) of them knew where the counseling room was specifically located in the school, and only 16.38% did not know the location. In subgroup 1, the number of students who were taking or ever taking counseling was 5 (2.82%) and 26 (14.69%), respectively, and the rest of them (82.49%) never took counseling.

Regarding whether the 199 students had learned about psychology courses on campus, 86.93% of them reported they had, and only 26 (13.07%) indicated that they had not. Putting the 173 students who said they had taken the psychology course into a subgroup (subgroup 2) to ask them about their satisfaction with the courses, most of them responded that they were very satisfied (61.27%) or satisfied (29.48%). When they were asked about their satisfaction with the teachers of the courses, most students still said they were very satisfied (68.21%) or satisfied (24.86%). In subgroup 2, 80 (46.24%) students considered the courses were very helpful for their study, life, and other aspects, and 59 (34.10%) commented that the courses were helpful.

In terms of the frequency of teachers' communication with parents about students' mental health, 63 (31.66%) students said that teachers sometimes would communicate with parents, 58 and 47 students reported that teachers never (29.15%) or rarely (23.62%) communicate with parents about the situation and only 15.58% of them thought that teachers often communicate with parents about their mental health.

For mental health assessments, of the 199 students, 136 (68.34%) of them never took the assessments, and 31.66% responded that they had taken the assessments. Moreover, over 50% of the students did not very understand the meaning of student mental health files, 58 (29.15%) students explicitly stated that they did not understand the meaning of the profiles, and only 12 and 26 students believed that they very understood (6.03%) or understood (13.07%) the meaning of the files.

**Table 2. students' understanding and attitude of current school-based mental health program**

Item	Total	
	N=199	%
Whether know the current school-based mental health counseling		
Yes	177	88.94
No	11	5.53
Unclear	11	5.53
Subgroup 1: whether know the location of the counseling (n=177)		
Yes	148	83.62
No	29	16.38
Subgroup 1: whether ever taken the counseling service (n=177)		
Never	146	82.49
Ever taken	26	14.69
Taking now	5	2.82
Whether ever learned about psychology course/knowledge in the school		
Yes	173	86.93
No	26	13.07
Subgroup 2: satisfaction of the course (n=173)		
Very satisfied	106	61.27
Satisfied	51	29.48
Neutral	15	8.67
Not satisfied	1	0.58
Subgroup 2: satisfaction of the course teachers (n=173)		
Very satisfied	118	68.21
Satisfied	43	24.86
Neutral	12	6.94

Subgroup 2: whether the course is helpful for the study, life, etc (n=173)		
Very helpful	80	46.24
Helpful	59	34.10
Neutral	25	14.45
No help	9	5.20
Frequency of teachers communicating with parents about children's mental health		
Often	31	15.58
Sometimes	63	31.66
Rarely	47	23.62
Never	58	29.15
Whether ever taken mental health assessments in the school		
Yes	63	31.66
No	136	68.34
Whether understand the meaning of mental health files		
Very understand	12	6.03
Understand	26	13.07
Not very understand	103	51.76
Not understand	58	29.15

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### 3.2.2 Future School-Based Mental Health Services

Regarding students' perspectives of the future school-based mental health services, there were three aspects: students' attitudes toward mental health, their preferred seeking help ways for mental health, and their expectations for the services.

For the question of whether a person should have counseling if he/she has mental health problems, 80.40% of the students participants answered "Yes", while only 15 and 24 of them chose "No" (7.54%) or were unsure (12.06%) (See Table 3). However, when the main character of the question was changed to whether these students would use counseling services, the proportion of students (63.82%) who chose "Yes" decreased, while the proportion of those (36.18%) who explicitly said "No" increased. Putting the students who chose "Yes" (n=127) into a subgroup to ask them about their reasons for being willing to go to counseling (subgroup 3), the top 5 reasons were: hoping to solve their mental health problems (67.72%), feeling happier (57.48%), expecting to talk with someone (48.82%), believing the counseling would have a positive outcome (34.65%), and knowing more about mental health counseling (26.77%). Putting the rest of the students who chose "No" (n=72) into a subgroup to ask them about their reasons for refusing counseling (subgroup 4), the top five reasons were: thinking counseling was not necessary (65.28%), solving the problems by themselves (38.89%), seeking help from others rather than counselors (34.72%), did not know how to seek help (18.06%), and did not want to go because many classmates did not go (16.67%).

Concerning the ways to seek help when suffering from mental health problems, 66.83% of participants would choose to communicate with their classmates or friends, followed by

65.33% of them would go to their parents, then 57.29% of them would self-adjust, 41.71% of them would seek help from teachers. Only 23.12% of them would go to see counselors or school mental health teachers, although some participants would seek help from multiple parties simultaneously.

For the format of school-based mental health counseling, most students (68.34%) wanted to have face-to-face offline counseling, 57.29% of them wanted online counseling, 60 students (30.15%) chose telephone counseling, and 45 of them (22.61%) chose counseling via E-mail. The students had three major expectations for help from on-campus counseling services: 81.91% of them desired understanding and support, 56.78% looked for professional suggestions and guidance, and 35.68% wanted to know if they had mental disorders. As to whether the school should link up with healthcare institutions to provide students with referral services for mental health, most students reported that they were not sure (41.71%) or did not need to (31.66%), and only 26.63% of them thought that the school should have such services.

**Table 3. students' attitude, seeking help ways for mental health, and expectations for future school-based mental health services**

Item	Total	
	N=199	%
<i>Students' attitude for mental health</i>		
Whether should take mental health counseling if having mental health problems		
Yes	160	80.40
No	15	7.54
Not sure	24	12.06
Whether you will take school-based mental health counseling if having mental health problems		
Yes	127	63.82
No	72	36.18
Subgroup 3: reasons to take the mental health counseling (can choose $\geq 1$ ) (n=127)		
Solve the mental health problems	86	67.72
Know more about mental health counseling	34	26.77
Feel more happy	73	57.48
Want to talk with someone	62	48.82
Believe taking the counseling will have positive outcome	44	34.65
Trust the counselors	27	21.26
Other-hope the counselors can help to find solutions	1	0.79
Other-nothing	3	2.36
Subgroup 4: reasons to not take the mental health counseling (can choose $\geq 1$ ) (n=72)		
worry classmates/friends know	6	8.33
Don't want to go because many classmates don't go	12	16.67
Feel lose face to seeking help	4	5.56
worry about spending time and money	11	15.28

Worry the effect of taking the counseling is not good	4	5.56
Don't trust counselors	5	6.94
Worry the condition of counseling room	1	1.39
Can solve the problems by myself	28	38.89
Can seek help from other rather than counselors	25	34.72
The counseling is not necessary	47	65.28
Don't know how to seek help	13	18.06
Other-go to psychiatric hospital	1	1.39
Other-don't have mental health problems	2	2.78
<i>Seeking help ways for mental health</i>		
Seeking help ways when you have mental health problem (can choose $\geq 1$ )		
Myself	114	57.29
Classmate/friend	133	66.83
Teachers	83	41.71
Parents	130	65.33
Counselors/school's mental health teacher	46	23.12
Other-online friend	1	0.50
Other-no problem/don't seek	4	2.01
<i>Expectation for future school-based mental health services</i>		
School-based mental health counseling ways (can choose $\geq 1$ )		
Online	114	57.29
Offline (face-to-face)	136	68.34
E-mail	45	22.61
telephone	60	30.15
Other-WeChat	1	0.50
Other-accept all ways	1	0.50

Other-don't need	6	3.02
Which kind of help that school-based mental health services should provide (can choose $\geq 1$ )		
Understanding & support	163	81.91
Professional suggestions & guidance	113	56.78
Whether have mental disorders	71	35.68
Other-solve the mental health problems	2	1.01
Other-don't need	9	4.52
Whether the school should provide referral service for mental health		
Yes	53	26.63
No	63	31.66
Not sure	83	41.71

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### **3.2.3 Students' Concerns About Counseling Content**

In response to the survey on counseling content, the students' demand for 18 issues exceeded 25%. Among them, 4 issues with 50% or more demand were: ways to improve study motivation (54.27%), problems with study and exam anxiety (52.26%), ways to change carelessness (52.26%), and problems about self-management (50.26%) (see Table 4). Counseling demand was 40% or higher in 3 issues: self-motivation and development of self-potential (48.75%), study-related emotional management (41.71%), and ways to be friendly with classmates (41.71%). For the counseling content, the students' level of demand was 30% or more in 7 issues: communication with parents (38.69%), self-evaluation (37.69%), adapting to the current study life and environment (37.69%), the impact of high social pressure and intense competition on mental health (36.18%), whether parental education was reasonable (35.68%), methods to reduce aversion to studying (32.66%), and ways to be friendly with teachers (30.15%). There were 4 issues with 25% or more demand for counseling: career choice (29.15%), achievement (26.13%), behavioral impulse (25.63%), and responsibility (25.12%).

**Table 4. students' concerns about counseling content**

Items	Total	
	N=199	%
Counseling on how to be friendly with teachers		
Not need	84	42.21
Unclear	55	27.64
Need	60	30.15
Counseling on how to be friendly with classmates		
Not need	76	38.19
Unclear	40	20.10
Need	83	41.71
Counseling for study-related emotional management issues		
Not need	66	33.16
Unclear	50	25.13
Need	83	41.71
Counseling about self-motivation and exploration of self-potential		
Not need	63	31.66
Unclear	39	19.6
Need	97	48.75
Counseling about self-management		
Not need	58	29.14
Unclear	41	20.60
Need	100	50.26
Counseling about self-evaluation		
Not need	72	36.18
Unclear	52	26.13

Need	75	37.69
Counseling on how to change carelessness		
Not need	52	26.13
Unclear	43	21.61
Need	104	52.26
Counseling about career choices		
Not need	80	40.20
Unclear	61	30.65
Need	58	29.15
Counseling on how to adapt to the current study life and environment		
Not need	89	44.72
Unclear	35	17.59
Need	75	37.69
Counseling on how to communicate with parents		
Not need	84	42.21
Unclear	38	19.10
Need	77	38.69
Counseling on whether the educating style of parents is reasonable		
Not need	86	43.22
Unclear	42	21.10
Need	71	35.68
Counseling on methods to increase study motivation		
Not need	56	28.14
Unclear	35	17.59
Need	108	54.27
Counseling about anxiety related to studying and exams		
Not need	57	28.64
Unclear	38	19.10
Need	104	52.26

Counseling on ways to reduce aversion to study		
Not need	92	46.23
Unclear	42	21.11
Need	65	32.66
Counseling on behavioral impulses		
Not need	107	53.77
Unclear	41	20.60
Need	51	25.63
Counseling about responsibility		
Not need	102	51.26
Unclear	47	23.62
Need	50	25.12
Counseling on sense of achievement		
Not need	104	52.26
Unclear	43	21.61
Need	52	26.13
Counseling on the impact of high social stress and competition on mental health		
Not need	90	45.23
Unclear	37	18.59
Need	72	36.18

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### ***3.3. Parents' Perspectives on School-Based Mental Health Services***

The study included 145 parents of middle school students, over 70% of the respondents were mothers (n=106) (see Table 5). Also, more than 80% of these respondents' children were in Grade 8 (n=117). 55.86% of the participants had a monthly household income equal to or higher than 20001 RMB, and only 5 households were below or equal to 7000 RMB. 53.10% of the respondents reported that they got a bachelor's degree, and 36 of them (24.83%) had a master's degree or higher. The majority of these participants were in the nuclear family structure (70.34%), which means they were with their unmarried children, followed by the stem family (21.38%), who were with their unmarried children and their parents. In nearly half of these participants' families, mothers were responsible for their children's education (47.59%), and parents shared the responsibility in about 35% of the families. 53.10% of the respondents were dissatisfied with their children's study status and efforts. When asked how they would react if their children were experiencing psychological problems, the majority of parents indicated that they would give more understanding and support (83.45%), as well as, 23 parents who said they would take their children to see psychologists or get counseling, but only 1 parent would not care. Of these participants, when asked to assess whether their children had experienced mental health problems recently, more than half of the parents responded "Yes" (51.03%), while another 49 and 22 parents said "No" (33.79%) and "Not sure" (15.17%), respectively.

**Table 5. Demographics of respondents (parents version)**

characteristic	Total	
	N=145	%
Gender		
Male	39	26.90
Female	106	73.10
Child's Grade		
8th	117	80.69
9th	28	19.31
Family income per month (Chinese yuan)		
≤3500	1	0.69
3501-7000	4	2.76
7001-10000	14	9.66
10001-16000	21	14.48
16001-20000	24	16.55
≥20001	81	55.86
Education level		
High school or technical secondary school	10	6.90
Technical college	22	15.17
Undergraduate school	77	53.10
Graduate school or higher	36	24.83
Family structure		
Nuclear family (parents & unmarried children)	102	70.34
Stem family (parents & unmarried children, grandparents)	31	21.38
Joint family (parents & unmarried children, grandparents, one side of parents' married siblings)	3	2.07

Single-parent family	9	6.21
Which family member is responsible for child's education		
Mother	69	47.59
Father	23	15.86
Parents together	51	35.17
grandparents	1	0.69
Self	1	0.69
Satisfaction with child's study status/effort		
Satisfactory	57	39.31
Unsatisfactory	77	53.10
Unclear, no time focus on child	1	0.69
Other	10	6.90
Reaction to child's mental health problem		
Don't care	1	0.69
Give more understanding and support	121	83.45
Bring child to see a psychologist or counseling	23	15.86
Child has mental health problem recently		
Yes	74	51.03
No	49	33.79
Unclear	22	15.17

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### **3.3.1 Parents' Attitudes Toward School-Based Mental Health Services**

The survey found that all of these parents had positive perceptions of children's mental health services and the help of mental health in education, as well as an overwhelming majority of the parents believed that mental health services were very important for children (85.52%), and 76.55% of them also recognized that understanding their children's mental health would be very helpful for education (see Table 6). At least 60% of the respondents were aware of the existence of counseling services and psychological courses at the school, with 4.83% more aware of the counseling services than of the courses.

Regarding the form of counseling, most parents (48.28%) considered offline counseling to be ideal, followed by online and telephone counseling, which accounted for 29.66% and 19.31%, respectively. According to most parents (53.10%), the school-based mental health services should be able to help their children by providing professional suggestions and guidance, while 39.31% of the participants considered that the services should give their children understanding and support.

**Table 6. Parents' attitude toward and understanding of children's mental health and school-based mental health services**

Item	Total	
	N=145	%
Importance of mental health services for children		
Very important	124	85.52
Important	21	14.48
Understanding children's mental health is helpful in educating		
Very helpful	111	76.55
Helpful	34	23.45
Whether know school-based psychological counseling		
Yes	94	64.83
No	11	7.59
Unclear	40	27.59
Whether know children learn psychological knowledge in school		
Yes	87	60.00
No	14	9.66
Unclear	44	30.34
Whether know children taken mental health assessment in school		
Yes	59	40.69
No	25	17.24
Unclear	61	42.07
Frequency of teachers communicating with parents about children's mental health		
Often	26	17.93
Sometimes	67	46.21
Rarely	40	27.59
Never	12	8.28

School-based psychological counseling form		
Online	43	29.66
offline	70	48.28
Email	1	0.69
telephone	28	19.31
Other-WeChat without video/voice call	1	0.69
Other-Online + offline	1	0.69
Which kind of help that school-based mental health services provided		
Understanding & support for children	57	39.31
Professional suggestions & guidance for children	77	53.10
Whether children have mental disorders	9	6.21
Other	2	1.38

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### **3.3.2 Association Between Parents' Demographic Characteristics and Importance of Mental Health**

After doing the test, it was found that there was a significant relationship between the gender of these parents (P-value=0.021), their education level (P-value=0.024), their reaction to children's mental health problems (P-value=0.007), and their perception of the importance of mental health services for children (see Table 7). However, the demographic characteristics of these parents were not significantly related to the perspective that understanding children's mental health would be helpful for education (see Table 8). In the logistic regression analysis, it could be found that the male participants had 66% (95% CI: 3%-88%) lower odds of viewing the importance of mental health services than their female counterparts (see Table 9).

**Table 7. The relationship between some demographic characteristics of parents and the importance of mental health services for children**

Group	Importance of mental health services for children			P-value
	Very important N(%)	Important N(%)	Total N(%)	
	124 (85.52)	21 (14.48)	145 (100.00)	
Parent's gender				
Male	29 (74.36)	10 (25.64)	39 (100.00)	0.021*
Female	95 (89.62)	11 (10.38)	106 (100.00)	
Family income per month				
≤10000	14 (73.68)	5 (26.32)	19 (100.00)	0.484
10001-16000	19 (90.48)	2 (9.52)	21 (100.00)	
16001-20000	21 (87.50)	3 (12.50)	24 (100.00)	
>20001	70 (86.42)	11 (13.58)	81 (100.00)	
Education level				
High/Technical secondary school's degree	6 (60.00)	4 (40.00)	10 (100.00)	0.024*
Associate degree	21 (95.45)	1 (4.55)	22 (100.00)	
Bachelor's degree	69 (89.61)	8 (10.39)	77 (100.00)	
Master's/higher degree	28 (77.78)	8 (22.22)	36 (100.00)	
Family structure				
Nuclear family	87 (85.29)	15 (14.71)	102 (100.00)	0.906
Other family	37 (86.05)	6 (13.95)	43 (100.00)	
Reaction to child's mental health problem				
Don't care	0 (0.00)	1 (100.00)	1 (100.00)	0.007*
More understanding & support	101 (83.47)	20 (16.53)	121 (100.00)	
See psychologist/counselor	23 (100.00)	0 (0.00)	23 (100.00)	

**Table 8. The relationship between some demographic characteristics of parents and the recognition of an understanding of children’s mental health as a help for education**

Group	Understanding children’s mental health is helpful in educating			P-value
	Very helpful N(%)	Helpful N(%)	Total N(%)	
Parent’s gender	111 (76.55)	34 (23.45)	145 (100.00)	
Male	27 (69.23)	12 (30.77)	39 (100.00)	0.207
Female	84 (79.25)	22 (20.75)	106 (100.00)	
Family income per month				
≤10000	14 (73.68)	5 (26.32)	19 (100.00)	0.951
10001-16000	17 (80.95)	4 (19.05)	21 (100.00)	
16001-20000	18 (75.00)	6 (25.00)	24 (100.00)	
>20001	62 (76.54)	19 (23.46)	81 (100.00)	
Education level				
High/Technical secondary school’s degree	7 (70.00)	3 (30.00)	10 (100.00)	0.853
Associate degree	16 (72.73)	6 (27.27)	22 (100.00)	
Bachelor’s degree	60 (77.92)	17 (22.08)	77 (100.00)	
Master’s/higher degree	28 (77.78)	8 (22.22)	36 (100.00)	
Family structure				
Nuclear family	79 (77.45)	23 (22.55)	102 (100.00)	0.694
Other family	32 (74.42)	11 (25.58)	43 (100.00)	
Reaction to child’s mental health problem				
Don’t care	0 (0.00)	1 (100.00)	1 (100.00)	0.220
More understanding & support	92 (76.03)	29 (23.97)	121 (100.00)	
See psychologist/counselor	19 (82.61)	4 (17.39)	23 (100.00)	

**Table 9. logistic regression analysis for the factors associated with the importance of mental health services from parents' perspective**

Group	OR (95% CI)	P-value
Parent's gender		
Male	0.340 (0.124-0.927)	0.035
Female	Reference	
Family income per month		
10001-16000	3.632 (0.565-23.335)	0.174
16001-20000	3.043 (0.571-16.223)	0.192
>20001	3.413 (0.817-14.255)	0.092
≤10000	Reference	
Education level		
Bachelor's degree	1.233 (0.330-4.614)	0.756
Master's/higher degree	0.524 (0.118-2.322)	0.395
≤ Bachelor's degree	Reference	
Family structure		
Nuclear family	0.791 (0.268-2.338)	0.672
Other family	Reference	

## **4. Discussion**

### ***4.1 Summary of Main Findings***

This study had 3 main aims, which were to understand current school-based mental health services provided, to investigate middle school students' demand for the services from different stakeholders and their perceptions of adolescents' mental health, and to explore the difficulties and challenges that the school faced to improve the services in the future. Overall, the majority of students (80.40%), all parents and teachers who participated in the survey, agreed that it was important to focus on mental health and provide school-based mental health services.

Currently, the middle school has a dedicated facility for mental health, which includes counseling rooms and mental health classrooms, as well as equipped with sand tables, psychological measuring instruments, and sensory training equipment for students with ADHD. Through questionnaires to students and parents and interviews with teachers, we learned that the school offers mental health courses for students in grades 6 and 7, which are mandatory and held once a week during the spring and fall semesters; in November or December each year, as required and organized by the District Education Committee, the school also conducts psychological assessments for students of grades 5 to 9, and records the results in the students' mental health files. The mental health teacher also stated that the school has a crisis intervention system in place to deal with emergencies in the school. For students, they can also schedule a counseling appointment and fill out a questionnaire form through the course selection platform when they need it, and counselors will see their appointment request in the background and contact them promptly.

For the ways of counseling, offline, online, and telephone counseling were considered ideal by most participants. Moreover, they believed that giving students understanding and support, and providing professional suggestions and guidance are the functions that counseling should play. In the teachers' opinion, students' most common psychological problems are emotional regulation, interpersonal and opposite-sex interactions, and addiction to the virtual subculture—a two-dimensional world (“er ci yuan” culture), which should also be the focus of counseling. Whereas from the students' survey, over 50% of them wanted counseling for study-related problems, followed by emotional, adaptability, interpersonal, and behavioral problems. For referral services, only 1/4 of the students thought that the school should provide them, but the teachers consensus was that a partnership with hospitals should be established to help students more quickly and effectively. However, they also clarified that there would be many challenges in the process of establishing this mechanism.

The investigation of the difficulties and challenges faced by the school in improving mental health services was mainly through interviews with teachers. First of all, they considered that the high competitive pressure of the present society has caused a lot of negative emotions to students and has led to more and more students developing mental health problems. Under such circumstances, conducting psychological education work effectively and producing positive results is a challenge. Second, teachers indicated that public education on mental health was insufficient, which resulted in many students and parents not knowing enough about psychological problems, not understanding the role that counseling could play, and still having some prejudices about mental health. Furthermore,

the mental health teacher said that some middle-aged teachers doubted the importance of mental health, and some people thought mental health practitioners had an easy job. In addition, the mental health teacher noted that the school currently has a shortage of full-time mental health workers.

## ***4.2 Consistency with Previous Research***

The positive attitudes of most of the students, all parents, and teachers in this current study regarding mental health and school-based mental health services were similar to the results of previous studies<sup>56,57,58</sup>. In particular, the study by Parikh et al. in India, which also investigated all three types of stakeholders, agreed that mental health service provision in schools was needed<sup>58</sup>. India and China have similar national contexts, as they both have large populations, and are both developing countries, so it is probably speculative that their people's awareness of mental health is increasing and they are becoming concerned about children's mental health. In the section of the survey addressing parents' perceptions of the importance of mental health services for their children, gender differences between parents were associated with the importance. Mothers were more likely to view mental health services as important to their children than fathers. Previous Studies have also shown that women are more likely to seek help and use mental health services when psychological conditions emerge<sup>59,60,61</sup>. Although previous studies focused on gender differences and mental health service use, we may also speculate that because women are more likely to seek professional help, they are also more likely to want their children to use mental health services when needed. However, in our study, it is significant to note that maternal participants were much higher than paternal participants, and this difference in proportion

may also lead to bias in the results.

The facilities and equipment in the currently investigated school were basically the same as the setup of the school investigated in a previous study<sup>36</sup>, although the current school did not have a dedicated space for students to release their emotions, such as allowing them to vent their bad feelings through hitting and exercising. In terms of professional staffing, the current school had only one full-time mental health teacher, but the school in the previous study did not have ‘Learning in Regular Class’ teachers for disabled children<sup>36</sup>. In Zhou's study, the school required Grade 7 and 8 students to ensure one mental health course per week, and Grade 9 students had one every two weeks, but most Grade 9 students reported that the frequency of the course didn't meet the school's requirements<sup>36</sup>. In contrast, in the school of this study, only 6th and 7th graders were required to take one mental health class per week, and students in other grades were allowed to participate in psychology-related clubs, and the vast majority of students reported having taken this class. Regarding psychological assessments, in recent years, China has begun to emphasize the importance of psychological assessments in detecting the level of students' mental health, and many schools are conducting psychological assessments<sup>36,62,63</sup>. However, in our study, only 31.66% of the students indicated that they had taken psychological assessments, which may be because the Beijing Municipal Education Commission just issued a requirement in September 2021 for all district education commissions to organize psychological assessments in primary and secondary schools<sup>64</sup>. Moreover, according to the interviewed mental health teacher, the Haidian District Education Committee would organize the assessment in November or December each year,

but in 2021 and 2022, it might be hindered by the impact of the COVID-19 pandemic. The survey and interviews of our study found that most students did not understand the content and role of mental health files, with the exception of psychology teachers and classroom teachers who were more knowledgeable about these files, which is consistent with Zhou's findings<sup>36</sup>. In addition, since one of the important purposes for establishing student mental health profile is to preserve the psychological assessment results, the implementation in many primary and secondary schools was started after the Ministry of Education issued the document on strengthening student mental health management in 2021<sup>47</sup>. A survey on the time of establishing the file in 170 primary and secondary schools in Tongliao City showed that 110 schools had established the file by the end of 2021; although one school had established the file in 2013, the number of schools with this file peaked in 2021, accounting for 22.3%<sup>65</sup>. In our study, school mental health services also included a crisis intervention system, and the structure of its principals was largely consistent with previous domestic and international studies<sup>36,66</sup>. However, the establishment of school-based crisis intervention systems in China was much later than in the U.S. A systematic review published in 2021 reviewed school-based crisis intervention programs in the U.S. with the earliest article dating back to 1989, whereas, in China, research-based articles on the establishment of crisis intervention systems in secondary schools appeared in 2008<sup>66,67</sup>.

In terms of on-campus counseling services, most students and all teachers who participated in the survey agreed that counseling was necessary for those experiencing psychological problems. Furthermore, most parents also indicated that if their children needed counseling, they hoped that counseling would provide more understanding, support,

professional advice and guidance. This result is similar to the results of a previous study. In Zhang's study of middle school students, 90% of the students recognized the importance of counseling, but only 54% said they would seek counseling if they were experiencing psychological problems<sup>54</sup>. In contrast, in our study, the students' recognition of counseling decreased by approximately 10%, but the students' willingness to seek counseling on their own increased by 10%. The 14-year difference between the two studies may indicate that students' concern for their own mental health has risen over the years. However, the number of students who have used counseling services in this study remained low, with only 15.58% of student participants having used or being counseled. Compared to the usage results of two previous studies conducted in other cities, the use of counseling in our study was better than theirs, with increases of more than 10% in both cases<sup>36,49</sup>. Nonetheless, compared to the 48.9% usage rate in another study, also conducted in Beijing, the usage rate in the school we studied was still underwhelming<sup>48</sup>. For students who were reluctant to seek counseling, we asked them about their reasons, and the top five reasons were that they did not think they needed counseling, they thought they could solve the problem themselves, they thought they could get help from others, they did not know how to go to counseling, and they were embarrassed to go because few students went. The percentages of different reasons in this result are somewhat different from the previous study, but these reasons are reflected in both studies<sup>54</sup>. The top four reasons in our results may indicate that students do not have sufficient knowledge about mental health and counseling, and the school needs to continue to do proper mental health education. The fifth reason, on the other hand, reveals that stigma about psychological problems still exists, which has been mentioned several

times in previous studies from different countries as one of the main reasons that prevent students from seeking psychological assistance<sup>54,68,69</sup>.

In the current study, students and parents expressed their expectations for the future development of counseling services. Regarding preferred counseling methods, they agreed that in-person individual counseling was ideal, followed by online and telephone. In a previous study, it was also mentioned that individual counseling was the type of counseling that most stakeholders considered appropriate<sup>58</sup>. In terms of the issues that counseling should focus on, the majority of students indicated that they wanted to get help with academic and developmental-related issues, which is consistent with the results of previous studies<sup>48,54</sup>.

In addition, concerning the future enhancement of school-based mental health services, we also asked participants about their need for referral services. 41.71% of the students were unsure about the need for referral services, another one-third thought no and only one-fourth thought yes, probably because students at this age do not understand what referral means and have little exposure to it in their lives. According to the author's search, no previous studies have investigated secondary school students' attitudes toward referrals for psychological problems, and more studies have focused on school psychological staff's attitudes toward referrals and the identification and resolution of problems in the process<sup>28,29,36,39,51</sup>. In our study, teachers also expressed their positive attitudes toward the expectation of establishing a referral model, while also elaborating, as previous studies have found, on possible barriers to the referral model, such as lack of cooperation and understanding from students' parents<sup>28,29,39</sup>.

In the present study, we found that the main challenges and difficulties in enhancing mental health services in the school are that mental health education is not yet widespread enough, a lack of psychological professional practitioners in school, and insufficient psychological-related training, which is consistent with previous studies. For example, several previous studies have mentioned that many parents and teachers, including students themselves, are focused on academic performance and scores, as well as having a bias toward mental health due to a lack of public awareness of mental health<sup>34,35,49,51,57,68,69,70</sup>. Furthermore, surveys have shown that there is a tremendous shortage of school mental health practitioners in China; a study that surveyed the staffing of mental health teachers in 92 primary and secondary schools in Beijing found that the ratio of those teachers to students was roughly 1:1360, more than double the recommended ratio of 1:500-700<sup>70,71</sup>. Also, due to the shortage of professionals, many non-psychological teachers double as mental health teachers, or mental health teachers who are required to do many tasks that are not psychologically related<sup>50</sup>. On the other hand, there is no education and certification system for school mental health counselors in China, and schools do not pay enough attention to staff training, resulting in many teachers not receiving professional training, or continuing education training in psychology, such as skills enhancement<sup>34,35,48,50,51,70,72,73</sup>.

### ***4.3 Implications for policy and practice***

The results of this study indicate that a relatively complete framework for school-based mental health services has been established and is operating in an orderly manner at the school. Overall, all stakeholders are relatively satisfied with the services. Thus, this school's service model may provide a template for the Chinese schools that are planning

to implement school-based psychological services. A previous study has evaluated a similar service system and demonstrated its feasibility and effectiveness in improving student mental distress<sup>38</sup>. Furthermore, mental health education and service resources are even more scarce for schools in rural areas, where many students suffer from more severe mental health problems<sup>74,75,76</sup>. Therefore, they are more urgently in need of an implementable model for mental health education and services. In addition, through the survey, we found that many Chinese people are still prejudiced or not concerned enough about mental health, especially from the interviews with teachers, many of their concerns and suggestions about mental health services are related to the low level of public knowledge in this area. Therefore, it is imperative to effectively implement and continuously strengthen the public's knowledge and awareness of mental health.

Second, through this study, we also learned that although some universities have programs to train counselors, China currently has no national certification for mental health counselors and no training program or certification system for school counselors. Consequently, in order to provide more effective and professional mental health services for students, the government should research and deploy the provision of school counseling programs and a certification system as soon as possible. As suggested in previous articles, the education and certification approach to school counseling in the United States could be a starting point<sup>35,50</sup>. In the United States, school counselors must be licensed to practice; although the requirements for licensure may vary from state to state, the general path is to participate in a school counseling program at an accredited university, complete a certain number of hours of internships in elementary or secondary schools, and take a

comprehensive state or national test<sup>77</sup>. In 1985, CACREP established accreditation standards for the curriculum design of school counseling programs and began accrediting universities for such programs<sup>78</sup>. Although not all states require applicants for licensure to participate in a CACREP-accredited program, more than half of the states include CACREP-accredited programs as a choice for achieving licensure requirements<sup>79</sup>.

#### ***4.4 Implications for further research***

In our study, we found that when students were asked whether other people should have counseling, and whether they would seek counseling when experiencing mental health problems, respectively, there was a significant decrease in the percentage who answered yes. This suggests that people's thoughts and attitudes shift when the role shifts in treating the same issue. Previous studies have illustrated the factors that prevent students from seeking psychological assistance, but there is no research to explore the reasons why role change affects willingness to seek help<sup>80</sup>. Therefore, future research can be conducted on this topic. When the reasons for the change in students' attitudes are clear, psychologists can design more effective solutions to increase their awareness of seeking psychological help.

Moreover, as already mentioned above, it is important to popularize mental health education for the general public, but it requires in-depth research on how such activities can be successfully implemented and achieve the desired effects. For example, mental health practitioners need to understand the ways that people can easily receive the knowledge, the educational approaches that can easily make people change their prejudices, the problems, difficulties and potential solutions that may be encountered in

the process, etc. Thereby, it is clear which areas of support are needed to conduct educational activities.

In addition, future research should lead to in-depth discussions on the establishment of referral services between schools and hospitals. The teachers interviewed in our study agreed that establishing a medical-educational collaboration model is the development orientation of future mental health services. Foreign scholars have conducted many studies on establishing and enhancing referral services<sup>28,29,39</sup>, so domestic scholars should build on their work to conduct more localized research, taking into account the Chinese context.

#### ***4.5 Study strengths and limitations***

The main strength of our study is that we are the first to investigate the attitudes and needs of middle school-based mental health services in China among students, parents, and teachers, a tripartite stakeholder group. However, our study also has some limitations. First, our sample size was not large enough. This study was only conducted in one Beijing middle school. For China, a country with a large land area and cultural differences between the north and the south, our study is not representative. Second, the COVID-19 pandemic disrupted the process of the study. During the data collection period, the school was shut down several times for distance learning, and teachers were not convenient to organize questionnaires for students, so parent questionnaires were sent out first. After the school restarted on-campus teaching, the students were organized to complete the questionnaires. This led to the fact that some of the parents who finished the parent questionnaire were not the parents of the students who finished the student questionnaire, so we were unable to explore whether some of the parents' perceptions and attitudes might influence the students'

perspectives on mental health services. Moreover, because we expected to interview the teachers after the parent and student surveys were completed, the original plan to interview the teachers was delayed and shortened. Finally, we only interviewed three teachers due to time and teachers' work. Third, the proportion of male and female parent participants was not balanced enough, and the ratio of mothers was much higher than fathers. This may lead to bias in the results. Fourth, the parent questionnaire did not cover their attitudes toward the referral service. Fifth, we conducted only a cross-sectional study, so we only knew that most students, parents, and teachers regarded mental health and its services as important, but we could not obtain insight into the factors and reasons related to its importance. In the future, in-depth exploration is needed.

## **5. Conclusion**

Overall, the current study found that most students, parents, and teachers recognized the necessity of school-based mental health services and were satisfied with the current services provided by the school. In addition, they expressed expectations and suggestions for the future development of such services. However, the survey also revealed that students' willingness to receive counseling services and their utilization rate were relatively low, which may be related to the sense of stigma. Interviews with teachers also showed that many parents, students and teachers still focused too much on academic performance and neglected mental health. Therefore, in the future, there is a need to continue strengthening mental health education for the general public. On the other hand, referral services are also the future direction of mental health services in schools, so the next step of research should focus on establishing a cooperative mechanism between schools and hospitals.

# Appendix A. Students' Mental Health Services Needs Questionnaire

## 青少年心理健康服务需求调查问卷

### 一、基本资料统计:

1. 年级: (1) 初中一年级 (2) 初中二年级 (3) 初中三年级

2. 性别: (1) 男性 (2) 女性

3. 父亲受教育程度:

(1) 小学 (2) 初中 (3) 高中 (4) 大专 (5) 大学 (6) 研究生或以上

4. 母亲受教育程度:

(1) 小学 (2) 初中 (3) 高中 (4) 大专 (5) 大学 (6) 研究生或以上

5. 家庭月收入:

(1) 3000 元及以下 (2) 3001-5000 元 (3) 5001-8000 元

(4) 8001 及以上 (5) 不知道

6. 父母是否离异:

(1) 是 (2) 否 (3) 不知道

7. 你认识的人中是否有人曾经接受心理咨询?

(1) 是 (2) 否 (3) 不知道

8. 你是否知道目前所在学校内设有心理咨询机构?

(1) 是 (请转到第 9、10 题)

(2) 否 (请转到第 11 题)

(3) 不清楚 (请转到第 11 题)

9. 你知道学校的心理辅导室在哪里吗?

(1) 知道 (2) 不知道

10. 你接受过学校提供的心理咨询吗?

(1) 从来没有 (2) 曾经接受过 (3) 正在接受中

11. 你自认为是一个怎样的人呢?

(1) 独立 (2) 依赖 (3) 介于独立和依赖之间

12. 你是否在学校接触过有关心理学的知识呢? ←

(1) 是 (请转到 13-15 题) (2) 否 (请转到 16 题) ←

13. 你对学校提供的心理健康课程 (资源) 是否满意? ←

(1) 很满意 (2) 比较满意 (3) 一般 (4) 不满意 ←

14. 你对学校心理健康老师的水平及能力是否满意? ←

(1) 很满意 (2) 比较满意 (3) 一般 (4) 不满意 ←

15. 你认为学校开展的心理健康教育 (资源) 对你的学习和生活等方面是否有帮助? (1) 很有帮助 (2) 比较有帮助 (3) 一般 (4) 没有帮助 ←

16. 班主任会利用班会组织心理健康方面 (例如: 如何客观看待自己、情绪调节、缓解压力) 的讨论会吗? ←

(1) 经常会 (2) 偶尔会 (3) 基本不会 (4) 从来不会 ←

17. 老师会向你的家长反映关于你的心理健康情况吗? ←

(1) 经常会 (2) 偶尔会 (3) 基本不会 (4) 从来不会 ←

18. 你在学校是否参加过心理健康测试? ←

(1) 是 (几次\_\_\_\_) (2) 否 ←

19. 你知道心理健康档案是什么吗? ←

(1) 很了解 (2) 比较了解 (3) 不太了解 (4) 不了解 ←

20. 你最希望学校能够提供的心理咨询途径是: ←

(1) 线上咨询 (2) 线下咨询 (面谈) (3) E-mail (4) 电话 (5) 其他 (请注明) \_\_\_\_\_ ←

21. 如果你需要心理咨询服务, 你最希望在心理咨询过程中得到什么帮助? ←

(1) 希望被理解与支持 (2) 希望得到专业指导 ←  
(3) 希望确定是否患有心理疾病 (4) 其他 (请注明) \_\_\_\_\_ ←

22. 你认为学校是否需要提供转诊服务? ←

(1) 是 (2) 否 (3) 不确定 ←

23. 你是否在校外接受过心理咨询呢? ←

(1) 是 (2) 否 ←

24. 你认为有心理问题的人有必要接受心理咨询吗? ←

(1)有 (2)没有 (3)不知道 ←

25. 你知道班上有需要心理咨询的同学吗? ←

(1)有 (2)没有 (3)不知道 ←

26. 当你出现心理苦恼时, 你会向谁寻求帮助呢? ←

(1)自己 (2)同学、朋友 (3)老师 (4)家长 ←

(5)心理咨询师或学校的心理老师 (6)其他人(请注明) \_\_\_\_\_ ←

27. 如果遇到心理问题, 你是否会寻求心理咨询? ←

(1)是(转至 28A 题) (2)否(转至 28B 题) ←

28A. 你选择去寻求心理咨询最主要的原因是? ←

(1)想解决心理问题 (2)想了解心理咨询 (3)想让自己更快乐 ←

(4)想找个人倾诉 (5)相信心理咨询会有好的结果 ←

(6)信任心理咨询师或学校的心理老师 (7)其它原因(请补充说明) \_\_\_\_\_ ←

28B. 你选择不寻求心理咨询最主要的原因是? ←

(1)怕被同学、朋友发现 (2)因为很少有同学去, 自己也不好意思去 ←

(2)觉得寻求心理咨询没有面子 (4)怕花费时间和金钱 ←

(5)担心心理咨询效果不好 (6)不信任心理咨询师 ←

(6)担心心理咨询室条件不好 (8)自己完全能够解决自己的心理问题 ←

(9)不需要心理咨询师的帮助, 自己可以寻求其他人的帮助 ←

(10)觉得没有很大必要 (11)不知道怎样去寻求帮助 ←

(12)其它原因(请补充说明) \_\_\_\_\_ ←

29. 你对学校开展心理健康服务有什么建议吗? ←

\_\_\_\_\_ ←

30. 你对学校心理健康服务还有什么关心的吗? ←

\_\_\_\_\_ ←

←

二、问卷项目 指导语:如果您想去寻求心理咨询,并且能够得到满意的心理咨询服务,那么您会咨询的主要内容如下。请按您的实际需要情况,在与您的真实情况最接近的选项上用“√”号表示。(注:1=极不需要;2=不需要;3=不确定;4=需要;5=非常需要。) ←

1. 咨询和老师融洽相处的方法。 【1, 2, 3, 4, 5】 ←
2. 咨询与升学有关情绪管理问题。 【1, 2, 3, 4, 5】 ←
3. 咨询得到老师理解的方法。 【1, 2, 3, 4, 5】 ←
4. 咨询改善老师对我的态度的方法。 【1, 2, 3, 4, 5】 ←
5. 咨询和同学融洽相处的方法。 【1, 2, 3, 4, 5】 ←
6. 咨询有关自我激励、挖掘自我潜能的问题。 【1, 2, 3, 4, 5】 ←
7. 咨询有关自我管理的问题。 【1, 2, 3, 4, 5】 ←
8. 咨询有关自我评价的问题。 【1, 2, 3, 4, 5】 ←
9. 咨询改掉常常会粗心的方法。 【1, 2, 3, 4, 5】 ←
10. 咨询职业选择的问题。 【1, 2, 3, 4, 5】 ←
11. 咨询长期与父母分住的问题。 【1, 2, 3, 4, 5】 ←
12. 咨询适应现在的学习生活、环境的方法。 【1, 2, 3, 4, 5】 ←

13. 咨询和父母沟通交流的方法。	【1, 2, 3, 4,
5】 ←	
14. 咨询父母教育方式是否合理的问题。	【1, 2, 3, 4,
5】 ←	
15. 咨询培养良好学习习惯的方法。	【1, 2, 3, 4,
5】 ←	
16. 咨询提高学习积极性的方法。	【1, 2, 3, 4,
5】 ←	
17. 咨询学习、考试焦虑的问题。	【1, 2, 3, 4,
5】 ←	
18. 咨询改善厌学情绪的方法。	【1, 2, 3, 4,
5】 ←	
19. 咨询偶像崇拜的问题。	【1, 2, 3, 4,
5】 ←	
20. 咨询行为冲动的问题。	【1, 2, 3, 4,
5】 ←	
21. 咨询想自杀的问题。	【1, 2, 3, 4,
5】 ←	
22. 咨询迷恋网络游戏的问题。	【1, 2, 3, 4,
5】 ←	
23. 咨询因父母离婚给自己带来的问题。	【1, 2, 3, 4,
5】 ←	
24. 咨询感觉很郁闷的问题。	【1, 2, 3, 4,
5】 ←	
25. 咨询与异性同学交往不自然的问题。	【1, 2, 3, 4,
5】 ←	
26. 咨询情感及恋爱问题。	【1, 2, 3, 4,
5】 ←	

27. 咨询感觉很孤独的问题。 【1, 2, 3, 4, 5】 ←
28. 咨询感觉抑郁的问题。 【1, 2, 3, 4, 5】 ←
29. 咨询责任感问题。 【1, 2, 3, 4, 5】 ←
30. 咨询成就感问题。 【1, 2, 3, 4, 5】 ←
31. 咨询攀比问题。 【1, 2, 3, 4, 5】 ←
32. 咨询社会压力大、竞争激励对心理的影响。 【1, 2, 3, 4, 5】 ←
33. 咨询拜金主义等社会风气对心理的影响。 【1, 2, 3, 4, 5】 ←
34. 咨询社会上贪污、受贿等腐败问题对心理的影响。 【1, 2, 3, 4, 5】 ←

# Appendix B. Parents Perspectives on Mental Health Services Questionnaire

## 家长调查问卷

1. 您是孩子的  
父亲  
母亲  
爷爷  
奶奶  
外公  
外婆  
其他家属
2. 您孩子所在年级  
初中二年级  
初中三年级
3. 您的家庭月收入（指夫妻双方收入之和）  
3500 元及以下  
3501-7000 元  
7001-10000 元  
10001-16000 元  
16001-20000 元  
20001 元及以上
4. 您的最高学历  
小学及以下  
初中  
高中或中专  
专科  
本科  
研究生及以上
5. 谁主要负责孩子的教育  
孩子的母亲  
孩子的父亲  
父母共同  
（外）祖父母  
其他

6. 孩子的家庭结构类型
- 核心家庭（父母与未婚子女）
  - 主干家庭（一对夫妇与其父母及其未婚子女）
  - 联合家庭（父母与几个已婚子女及孙子女）
  - 单亲家庭
7. 您对于孩子目前的学习状态（努力程度）满意吗？
- 满意，孩子已经尽力了
  - 不满意，还有很多时间没利用到学习上
  - 不清楚，没太多时间关注孩子
  - 其他
8. 如果孩子出现了心理问题，您的反应是：
- 小题大做，怎么那么多事儿，我小时候就没这么多毛病
  - 孩子遇到了心理上的困难，作为家长，我需要多一点理解和支持
  - 先不理他，过一段时间就好了
  - 需要带孩子去看心理医生或心理咨询
9. 您认为心理健康服务在孩子的成长中地位如何？
- 非常重要
  - 比较重要
  - 一般
  - 不太重要
  - 完全不重要
10. 您认为随着孩子的年龄和心理特点的改变，是否会影响到您对他（她）的教育
- 影响很大
  - 有一定影响
  - 一般
  - 影响很小
  - 完全不影响
11. 您对孩子不同年龄阶段心理特点的了解程度
- 很了解
  - 有一定了解
  - 一般
  - 了解很少
  - 完全不了解

---

12. 您认为了解孩子的心理发展规律, 是否对孩子的教育有帮助?

很有帮助

有一定帮助

一般

帮助很少

完全没帮助

←

13. 您觉得您的孩子近期是否遇到心理问题或成长中的烦恼?

是

否

不清楚

←

14. 您是否知道目前孩子所在的学校内设有心理咨询机构?

是

否

不清楚

←

15. 您是否知道孩子在学校接触过有关心理学的知识?

是

否

不清楚

←

16. 您是否知道孩子在学校参加过心理健康测试?

是

否

不清楚

←

17. 老师是否会向您反应关于您孩子的心理健康情况?

经常会

偶尔会

基本不会

从来不会

←

18. 您最希望学校能够提供的心理健康咨询途径是?

线上咨询

当面咨询

邮件沟通

电话沟通

其他(请注明)

←

---

19. 如果学校提供心理健康咨询服务, 您最希望在心理咨询过程中能给您的孩子带来什么帮助?

希望孩子被理解与支持

希望孩子得到专业指导

希望确定孩子是否有心理障碍

其他

## Appendix C. Teachers Interview Outline

### 采访提纲（老师）

1. 您知道学校里设有心理服务咨询机构吗？
2. 您认为校内设心理服务咨询机构有必要吗？
3. 您认为有心理问题的人有必要接受心理咨询吗？
4. 您认为您所教的学生里有需要心理服务咨询的吗？
5. 您认为班上学生在什么情况下需要接受心理咨询？
6. 您认为学生需要接受心理咨询的问题是什么？
7. 您认为心理咨询主要起什么作用？
8. 您认为学生不去寻求心理咨询的主要原因是什么？
9. 您遇到过特殊儿童吗？
10. 您对青少年心理健康的态度？

（9-17 为心理健康老师及校管理层需要回答的问题）

目前，您认为学生们遇到最多的问题是什么呢？

11. 学校有没有组织学生进行心理健康测试？是如何处理测试结果的？
12. 学校有没有为全体学生建立心理健康档案？档案中包含什么内容？
13. 您在日常工作中会使用学生心理健康档案吗？
14. 学校有心理健康课程的计划吗？对课程内容及课时有何安排和规定吗？
15. 您近期有进行专业培训和学习吗？平均多久您会再次进修专业知识？学校为您的培训提供了帮助吗？
16. 学校目前为学生提供了哪些心理服务及咨询的途径呢？心理服务咨询工作开展顺利吗？
17. 学校有危机干预团队吗？组织成员都有谁？
18. 学校有心理危机预警制度吗？能发挥出危机早期干预及预警的作用吗？
19. 学校心理服务咨询机构的专业设备配置如何？使用情况又如何？
20. 您认为学校应该提供所谓的“转诊”服务吗？

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