Chapter 10
Global Comparison of Student Mental Health

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Abstract Student mental health is vital to the growth of students and there have been continuous efforts made in improving student mental health in China. This chapter aims to introduce the overall Chinese students' mental health condition as well as the relevant practices and policies that support student mental health. Next, the highlighting data section compares the suicide rates and prevalence of psychological problems among Chinese students with other countries. The next section designs 10 indicators tapping on student mental health, campus safety, and school support for student well-being. Scores on these indicators for seven countries were computed, and the results show that Chinese students' mental health condition and support are roughly at the same level as other countries. Parallel to quantitative data, three successful national influential practices and three inspiring stories shed light on how Chinese educators and psychological professionals promote student mental health through various approaches. Finally, the latest research published in high-level Chinese academic journals and the latest leading national policies are reviewed to complement the comprehensive picture of student mental health in China.

Keywords Student Mental Health · Mental Health Service/Psychological Service · Mental Health Education · Psychological Support · School-Family-Community Collaborations

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1 Introduction

Student mental health is closely related to students' concurrent academic and social adjustment, and lifelong development. The current prevalence of psychological problems among students is at an unavoidable status. According to a national-representative survey, the percentage of elementary school students with emotional or behavioral problems is about 15.90% (Cui et al., 2021), and secondary school students about 19% (Cui et al., 2021). For college students, a meta-analysis study based on 560 studies from 2010–2020 indicates that the prevalence of general psychological problems among college students is about 23.50% (Chen et al., 2022a). A more comprehensive description of the meaning and background of these numbers can be found in the highlighting data section.

The overall student mental health condition is a challenging issue in most countries. At the same time, Chinese government has continuously made various efforts including issuing and implementing national policies aiming to improve student mental health conditions. The first policy that tapped into student mental health was issued in 1988, which points out that moral education in elementary and secondary schools should include "cultivating and training student moral sentiment and psychological quality" (Ma, 2019). The formal mental health education for students in China also started in the 1980s (Li & Gao, 2013). In February 1987, Zhejiang University started the first mental health course for college students in the country.

Over the last three decades, practices and governmental policies regarding student mental health promotion are integrated with student moral education (*daode jiaoyu*), well-rounded education (*suzhi jiaoyu*), health education, and mental health issues prevention and intervention. To guide practices, those policies covered various contents, such as defining the goals of mental health education by student learning stages and their internal modules, specifying the mandatory mental health curriculum requirement in higher education, stipulating contents that include mental health and adolescent psychology to be incorporated into the textbooks. Additionally, those policies set up excellent standards for mental health education in elementary and secondary schools, establishing objectives and management norms for the construction of psychological counseling rooms, and calls for building a mental health service model integrating schools, communities, families, media, and medical and health institutions.

The advancement in student mental health promotion practices goes hand in hand with the issuing of national policies on this content. These two complements facilitate each other. A few trends can be identified from the last three decades. First, mental health education has become increasingly important; originally mental health education content was incorporated into other subjects' curricula and later the government policies required specific mental health curriculum be set up at all school levels. Up to the end of 2021, many Chinese local governments at the provincial level provide specific guidelines regarding the mandatory mental health course time at the elementary and secondary school per week, with some even specifying the course syllabus.

A recent national policy calls for a mandatory mental health course set up at all Chinese universities.

Second, formal mental health education was previously considered the main approach to improving student mental health, however, today there is increased emphasis on the inclusion of psychological support to student well-being from teachers and other social institutions is equally emphasized. For example, there are supporting measures to reduce risk factors of mental illness by improving the social media and internet climate such as the *Qinglang* (which literally means "cleansed and uncontaminated") action. In another example that takes place after the piloting stage, all elementary and secondary schools in Shanghai started to implement the advisory system with all-teacher engagement in 2021 (Lin, 2021). Under the advisory system every student is matched with a schoolteacher advisor who can guide him or her to better navigate school life in all aspects. Additionally, family-school-community partnerships regarding student mental health have been emphasized more and more in policy over time (Ma, 2019). Policies facilitate the integration of school efforts in mental health education and support into the societal psychological service system. These latter two lines of practices will be described in more detail in the best practices section of this chapter.

The professional psychological service packages offered to students within schools have received increasing attention and overall service quality has been constantly improving. Based on the *2014 Characteristic School Standards for Mental Health Education in Elementary and secondary schools (Trial)*[1] (Ministry of Education [MOE], 2014), Chinese government has systematically evaluated and selected more than 800 schools with excellence in mental health education and practices. The standards include aspects of school psychology such as setting up specific school policies and management systems on student mental health, adequate financial investment, hiring professional school psychologists, providing counseling services under professional guidelines, as well as family-school-community partnership building in caring for student mental health (*ibid*). Schools with excellence in mental health education served as role models for other schools, and the overall psychological services offered in schools have become more professional and able to cater to more students. Following specific guidelines issued by the government in 2015 (MOE, 2015), more psychological counseling rooms in schools were constructed and group and individual counseling were conducted in many areas in China. In a recent investigation of 19 Chinese national mental health education role model areas, the average psychologist and student ratio is 1: 235 (Huang & Zheng, 2018). The psychological service provided to students also includes active prevention. Mental health screening systems for college freshmen have now been implemented and a four-level risk prevention network (university-department-class-dormitory) were set up in many colleges. These efforts may effectively reduce college students' suicide rates (Yang & Li, 2013).

[1] This standard was included in the *Notice on Implementing the Plan of Striving for Characteristic Schools in Mental Health Education in Elementary and secondary schools* (MOE, 2014).

Finally, in recent five years, policies have been issued to ensure vulnerable groups (e.g., earthquake victims, left-behind children, migrant children) receive adequate care and support and specific issues such as campus bullying are tackled appropriately (Li & Gao, 2013; Ma, 2019). Efforts have been made to implement these policies, and scholars on student mental health also focus on these special groups or issues, aiming to offer better investigation and solutions. A detailed description of the latest research on student mental health will be provided in this chapter.

2 Highlighting Data

This section aims to share the most updated data from reliable sources and rigorous research on mental health education in China. Previously, people overestimated the severity of Chinese students' mental conditions because they drew conclusions based on non-representative samples and viewed the results without contextual understanding. Therefore, when similar data are obtained from other countries or at a global level, comparisons are put into context.

2.1 Suicide Rate in Chinese Youths

About 703,000 people die due to suicide every year in the world (WHO, 2021a). According to WHO's most updated statistics, suicide was the 4th leading cause of death among youth aged 15–19 years globally in 2019 (*ibid*). Suicide rates in China decreased dramatically from 2002–2015 (Jiang et al., 2018). According to the most updated WHO data, China's crude suicide rate per 100,000 in 2019 is 2.22 for older adolescent (15–19 years) and 4.26 for older adolescent and youth (15–24 years), which is lower than the six selected major OECD countries (see Table 1) (WHO, 2021b).

Suicide rate trends vary across times and subgroups. Based on aninvestigation, Chinese college students' suicide rate from 2008–2010 was estimated to be 1.24 per 100,000 students, which in general is much lower than the general population in the same year period (Yang & Li, 2013). To put this data into a global context, the college student suicide rate in the United States (U.S.) during 2004–2009 was about 7.0 per 100,000 students (Schwartz, 2011). The Chinese college students' rates seem to largely decrease over time. A study found that from 1989–1991, the suicide rate of college students in 23 colleges or universities in Nanjing was 16.22 per 100,000 students (Yin et al., 1993). Another survey of 8 colleges or universities in Beijing showed that from 1991 to 1995, the suicide rate of Beijing college students was between 9 and 24 per 100,000 students (Cui et al., 1998).

Although it would be misleading to attribute the decreasing suicide rate solely to better mental health care, as economic, environmental, and social factors also affect the rate (Huang & Saito, 2022). The decrease in suicide rate still indicates a positive

Table 1 Crude suicide rates (per 100,000 population) among older adolescent (aged 15–19 years) and youth (aged 15–24 years) in 2019 in seven countries

Countries	Older Adolescent crude suicide rates (15–19 year-olds)	Youth crude suicide rates (15–24 year-olds)
United Kingdom (U.K.)	1.91	4.94
China	2.22	4.26
France	3.95	4.11
Germany	4.70	5.99
Japan	5.09	12.44
Republic of Korea (ROK)	10.97	14.28
United States (U.S.)	13.92	14.40

Source Adapted from WHO (2021b)

sign in overall mental health improvement. Scholars estimated that mental disorders account for between 47 and 74% of the suicide risk (Bilsen, 2018). Lower rates of mental disorders and psychological distress are closely related to a lower suicide rate (Bridge et al., 2006; Shen et al., 2020; Zhang et al., 2020).

Suicide prevention efforts help account for the lowered suicide rate at Chinese universities. The four-level risk prevention network, namely universities, departments, classes and dormitories, has been established at many Chinese universities (Li & Yang, 2020). This network relies on class mental health committee members, student leaders, or student dormitory heads who pay close attention to challenges students face. College class advisors (*fudaoyuan*)[2] and/or head teachers (*banzhuren*) visit all students in their dormitories monthly. Schools/departments hold regular meetings to discuss students' mental health conditions and provide timely intervention and assistance to students at high risk of suicide (Li & Yang, 2020).

Additionally, since 2004, MOE has deployed a unified mental health census at colleges and universities that are directly affiliated to MOE (Shi et al., 2021). Chinese College Students' Mental Health Screening Scale and the Chinese College Students' Mental Health Network Evaluation System have also been set up under this census system (MOE, 2019). From 2016 to 2019, pilot assessments were carried out. By 2019, nearly 5 million college students had been screened for mental health assessment. These systematic assessments help to identify students at-risk earlier on and take appropriate action in a timely manner, which may also reduce the suicide rate among college students (*ibid*).

[2] College class advisors (*fudaoyuan*) is a specialized college staff position that takes various responsibilities on student affairs, including ideological and political education, guidance and management on student employment after graduation, life advising, etc. (Mi et al., 2015), but they do not work as counselors for mental health education. Usually, there is one class advisor per class at university.

2.2 *Prevalence of Psychological Problems Among Chinese School Children and Adolescents*

Even though the prevalence of psychological problems among Chinese school children and adolescents may seem easy to assess, accurately estimating this number is challenging. China is a country with various provinces and economic development levels. Local epidemiological surveys are conducted in certain areas, but results only represent local conditions, not the whole nation. This situation changed in 2021 when Chinese scholars published the first epidemiological survey based on a national representative sample including 73,992 individuals. This investigation provides a more accurate estimation of this seemingly simple number. Psychological problems include both general behavioral and emotional problems and mental disorders. This study systematically surveyed both conditions.

This nationwide survey applied a two-stage cluster stratified random sampling to identify participants for this study. Five provinces were first selected with a balanced consideration of economic development and geographical location. Within each area, stratified random sampling was used to select schools. A total of 81 elementary schools and 88 middle schools were randomly selected, and students in these schools were invited to participate in the survey.

In the first stage, the Child Behavior Checklist (CBCL) was completed by primary caregivers (usually the parents) and used to screen student mental health/well-being. This survey identified 14,653 high-risk children and adolescents. The estimated prevalence of behavioral and emotional problems was an overall 17.60%, with the older cohort (12–16 years) having a higher prevalence of 19.00% compared to 15.90% for the younger cohort (6–12 years) (Cui et al., 2021). In the second stage, a detailed clinical interview and diagnosis procedure was performed by trained clinicians to reach diagnostic decisions for a subset of participants (all high-risk participants and 5% of low-risk participants). Among them, 13,030 participants were diagnosed with at least one mental disorder. Overall and subgroup prevalence was estimated by employing sampling weights and poststratification weights to match the population distributions. It was estimated that the overall prevalence of one or more mental disorders was 17.50% in children and adolescents aged 6–16 years. Common psychological disorders' prevalence was also estimated and listed as follows: attention deficit hyperactivity disorder (ADHD) 6.40%; anxiety disorders 4.70%; depressive disorders 3.00%; tic disorders 2.50%; substance-related disorders 1.00% (Li et al., 2022). Whereas there was no difference between rural and urban groups, the prevalence of mental disorders was higher in boys, in older age groups, and in more developed areas.

A review based on 41 studies in 27 countries shows the worldwide-pooled prevalence of mental disorders in children and adolescents is 13.40% respectively (Polanczyk et al., 2015). World Health Organization (WHO) also releases 14% worldly prevalence of adolescents' mental disorders based on data from Institute for Health Metrics and Evaluation in 2019 (WHO, 2022). Compared with these data, the prevalence of mental disorders among Chinese children and adolescents seems

Table 2 Prevalence of depression and anxiety in children and adolescents during COVID-19 (2020–2021) across selected regions

Regions	Study N	Depression prevalence (%)	Study N	Anxiety prevalence (%)
China	15	21.60	13	15.90
North America	5	28.40	5	20.70
Europe	3	33.80	4	33.90

Source Adapted from Racine et al. (2021)

to be slightly higher than the global average. This 2015 study was based on surveys conducted at different times, so the comparability is quite limited.

In current studies, the COVID-19 pandemic becomes an inevitable environmental factor with a global scale and large effects on mental health. A 2020–2021 study taking place during the height of the COVID-19 pandemic may shed light on depression and anxiety symptoms of children during this time. (Racine et al., 2021). Racine and colleagues conducted a comprehensive search for studies reporting on child/adolescent depression and anxiety symptoms from January 1, 2020, to February 16, 2021, as well as unpublished studies in PsycArXiv. Based on a strict screening process, a total of 29 studies were included in the meta-analysis, and the prevalence of symptoms at moderate to severe levels in different regions were shown below (*ibid*). The authors compared conditions in East Asia, Europe, and North America. All studies included in the meta-analysis that focused on East Asia used samples from China; the table has been modified to reduce confusion. It should be noted that the existence of depressive or anxiety symptoms is not equivalent to these participants being diagnosed as having major depression or anxiety disorders. Still, the high prevalence of psychological symptoms globally is alarming. Even though student mental health condition in China seems to be roughly in the same range or even better than the global condition under certain situations, it should be noted that China is still a developing country and mental health conditions and its care system in certain areas are less developed. The detailed condition is beyond the scope of this chapter (Table 2).

2.3 Prevalence of Psychological Problems Among Chinese College Students

There is no equivalent study conducted on college students' psychological problems using a national-representative sample and a strict clustered-sampling method as the study introduced above. Two recent studies, however, may be used as a reference to help us better estimate the prevalence. One study was published in May 2022 that conducted a comprehensive literature review from 2010 to 2020 and finally selected 560 studies fitting the inclusion criteria for meta-analysis. This study found that in the past 10 years, detection rates for psychological problems for Chinese college

students from high to low are estimated to be: sleep problems 23.50%, depression 20.80%, self-injury 16.20%, anxiety 13.70%, suicidal ideation 10.08%, somatization 4.50% and suicidal attempt without success 2.70% (Chen et al., 2022a). Another study was conducted in 31 provinces in China with a total of 8,447 college students; the commonly used screening tool CES-D and GAD-7 were used for this investigation. On average, 18.50% of the surveyed college students have tendencies toward depression, 4.20% have tendencies toward high depressive risks, and around 8.40% have tendencies toward anxiety (Wang et al., 2021a). It should be noted in this study that only questionnaires were used, and these prevalence rates cannot be equivalent to psychiatric diagnoses. Results should be interpreted with caution.

From the suicide rate to recent depressive and anxiety symptoms, the condition of Chinese students' mental health seems to be better than the compared countries. The authors in this chapter by no means intend to argue that Chinese students' mental health condition is satisfactory. Huge efforts still need to be made to reduce the suicide rate and prevalence of psychological symptoms and mental disorders among Chinese students. Chinese schools, under the guidance of governmental policies, have made and will continue to make great efforts in improving student mental health. For example, since depression is the mental disorder most closely related to suicide, the government issued a specific policy to guide local governments to explore and carry out comprehensive prevention and treatment of depression. In 2020, the National Health Commission (NHC, 2020) in China organized experts to compile the *Work Plan of Exploring Depression Prevention and Treatment Featured Service* and issued the *Notice on Exploring and Developing Featured Service for the Prevention and Treatment of Depression and Alzheimer's Disease.* In the *Work Plan*, the government established several important goals to reach by 2022. One goal seeks to increase the proportion of students who are equipped with knowledge of depression prevention and treatment to 85%. Another goal seeks to ensure that all high schools and colleges and universities should incorporate depression screening into student annual health examinations, create personal mental health profiles for each student, evaluate students' mental health status, and pay special attention to students with abnormal evaluation results. This policy is very specific and targets depression prevention with concrete steps and measurable outcomes, with the intention of decreasing the overall student depressive levels. Additional details on practices that have already been established and relevant governmental policies can be found in the following sections.

3 Excellence Indicators

3.1 Design

This section intends to design a series of excellence indicators to provide a snapshot of students' mental health conditions. These indicators are not diagnostic, but rather a pulse check that reflects an overview of mental health issues and concerns students face and the support they may receive from the schools. A "whole state approach" is employed to define these indicators, which emphasized that overall mental well-being is not just the lack of mental illness, but rather a combination of a low level of psychological symptoms and a high level of subjective well-being (DiLeo et al., 2022).

The design of the excellence indicators of student mental health is composed of three dimensions: student mental health, campus safety, and school support for student well-being. While the student mental health dimension includes a direct measure of students' overall condition, the dimensions of campus safety and school support measure the environmental factors that have significant impacts on student mental health (Brière et al., 2013; Etopio et al., 2019; Reinke et al., 2011), and therefore are included in the student mental health excellence indices.

Five indicators have been selected for the first dimension. Student mental health, life satisfaction and positive feelings directly show students' well-being, whereas meaning in life and resilience closely contribute to their well-being. Life satisfaction, due to its close link with happiness and healthy habits (Lyubomirsky et al., 2005; Park, 2004), is commonly selected as an indicator of well-being. For example, in OECD's 2019 survey of social and emotional skills focusing on 10- and 15-year-old students, life satisfaction is one of the three indicators to measure student well-being.

Positive psychology's world-famous PERMA model outlines five key components of well-being and they are positive emotions, engagement, relationship, meaning, and accomplishment (Seligman, 2012). Both positive emotions and meaning in life were selected to be key indicators in this chapter. According to the broaden-and-build theory, the experience of positive emotions will help people to broaden their novel thoughts, activities, and relationships, thus further building their personal resources and enhancing their health and fulfillment (Fredrickson, 2001). In a school context, positive affect is positively associated with motivation, self-efficacy, and engagement at school, and indirectly with academic achievement (King et al., 2015; Mega et al., 2014; Pekrun et al., 2002; Weber et al., 2016). Additionally, positive affect has been shown effective in reducing depressive symptoms and anxiety (Taylor et al., 2017). Finding meaning in life and sensing a clear purpose was found to be an important protective factor for adolescents' mental health across various cultural contexts (e.g., Brassai et al., 2011; Brouzos et al., 2016; Ho et al., 2010). For adolescents specifically, they are in a special period of physical and psychosocial changes and identity formation, and a sense of meaning indicates a better understanding of themselves and the world around them (Brassai et al., 2011), which may further contribute to

adolescent psychological well-being (Kroger, 2007). Therefore, meaning in life is selected as one indicator of student mental health.

Regarding resilience, according to social cognitive theory, when students believe that they will succeed in the face of adversity, there is a greater possibility that they will set challenging goals for themselves and work harder and more persistently trying to achieve them (Bandura, 1977; Ozer & Bandura, 1990). In the long term, resilient students are more likely to reach their full potential and career aspirations (Bandura et al., 2001; Wigfield & Eccles, 2000). Contrastively, addictive behaviors bring serious challenges to students' concurrent mental health and long-term development. Addictive behaviors can take many forms such as online gaming, overeating, gambling, and substance use. People who have addictive behaviors often experience a loss of control even though they try to control certain behaviors (Marlatt et al., 1988). Since these behaviors become common nowadays (Deleuze et al., 2015), it is essential to set the low prevalence of addictive behaviors as an indicator of student mental health.

The second dimension focuses on campus safety as it is a key dimension of school climate. Compared to other aspects of school climate, safety is more closely related to student mental health outcomes (Bradshaw et al., 2014). This chapter selects three non-overlapping indicators that are commonly used to indicate campus safety. Featuring power imbalance (Woods & Wolke, 2004), bullying involves unwanted and negative actions in which someone intentionally harms another person (Olweus, 1993). Bullying can be physical, verbal, relational, and even virtual through online platforms and digital devices (Hinduja & Patchin, 2010; Smith et al., 2008). Physically violent and deviant behaviors such as fighting may be more life-threatening and caused by non-bullying-related peer conflicts. Therefore, two separate indicators are formed with one on the low prevalence of non-violent bullying and the other on the low prevalence of physical aggression. Evidence has shown that not-violent bullying can increase the risk of student mental health hazards such as depression and anxiety (Barchia & Bussey, 2010). According to a global survey based on 65 countries, verbal bullying is the most common form of bullying, and its effect on adolescent mental health might be the most negative (Man et al., 2022). *Exposure to p*hysical aggression may also lead to poor mental health such as depressive symptoms (Quiroga et al., 2017). Additionally, the analysis here set an independent indicator on student weapon carrying, as students who are threatened or injured by weapons have higher rates of suicidal ideation and attempts (Wang et al., 2018). This indicator is special as student weapon carrying caused threat or harm to both self and other's physical and psychological safety (Mukherjee et al., 2022).

The third dimension *school support on student well-being* can be shown in various aspects. The overall school climate and teachers' caring and attitudes toward students all matter. Among all the factors, the focus is on school support that has the most direct impact on student mental health in this chapter. The first indicator designed for this dimension is the existence of a mandatory mental health curriculum. Students who do not have official channels to receive mental health education may neither be fully aware of the importance of being mentally healthy nor equipped with adequate mental health literacy. A mandatory mental health curriculum ensures students learn

the necessary psychological knowledge and skills to effectively cope with life challenges and maintain positive mental status. Finally, an adequate ratio of the school psychologist to the student can ensure students receive the needed psychological services.

3.2 *Definitions and Sources*

All the dimensions and indicators and their corresponding relationships are shown in Table 3. The indicator values are meant to reflect the excellency level of student mental health condition or practices, therefore, the higher the values, the better the condition. Compared with traditional psychology that focuses on pathology, positive psychology is a new field (Seligman & Csikszentmihalyi, 2000) that explores positive psychological qualities and states that may promote mental health (Luthans, 2002). This "excellence" focus of designing indicators matches the orientation shift emphasized by positive psychology.

To create comparable student mental health indices across countries, the raw data of PISA 2018 are downloaded and analyzed. The values of each country on life satisfaction, positive emotions, meaning, resilience, low prevalence of non-violent bullying, and low prevalence of physical aggression are from PISA 2018. Students aged 15 participated in PISA 2018 with 76.50% of these students coming from Grade 10, and the rest of the students coming from Grades 7–9 and 11–12. In most countries, Grade 10 is the first year in high school. To ensure data corresponding to students of different countries experiencing similar life transitions are comparable, the data analysis in this chapter includes a subset Grade 10 students to create various scores. For student weapon carrying, mandatory mental health curriculum, and school psychologist and student ratio, additional sources are used. The selection criteria of the data source are that the transformed values would be comparable at the national level.

Table 3 Dimensions and indicators of student mental health

Dimensions	Indicators
Student mental health	Life satisfaction
	Positive feelings
	Meaning in life
	Resilience
	Low prevalence of addictive behaviors
Campus safety	Low prevalence of non-violent school bullying
	Low prevalence of school physical aggression
	Low prevalence of student weapon carrying
School support on student	Mandatory mental health curriculum
	School psychologist and student ratio

Lastly, to compute values for readers to understand them easily, for each indicator, all the raw scores are to be transformed into a score on a scale of zero to 100, with the country on the best condition scoring 100, and the other countries' raw scores calculated proportionately to 100 to the transformed scores.

3.2.1 Student Mental Health

This section discusses five indicators of student mental health: life satisfaction, positive feelings, meaning in life, resilience, and low prevalence of addictive behaviors.

Life Satisfaction. Life satisfaction is "an overall evaluation that an individual makes about his or her perceived quality of life, according to his or her chosen criteria" (Shin & Johnson, 1978). PISA 2018 measures students' life satisfaction by asking students "Overall, how satisfied are you with your life as a whole these days?" Students answered the question on a 10-point scale where zero represents "not at all satisfied" and 10 represents "completely satisfied". This directly shows adolescents' self-perceptions about how satisfied they are with their own current lives.

Positive Feelings. PISA 2018 asks students to report how frequently ("never", "rarely", "sometimes", "always") they feel happy, lively, proud, joyful, cheerful, scared, miserable, afraid, and sad. In the chapter, following the practice of PISA 2018 selecting happy, joyful, and cheerful as the three items to create an indicator of positive feelings, these three item scores are also chosen to form the variable "positive feelings" by taking the average of the three. The responses from "never" to "always" are assigned values 1–4 in sequence. Higher scores indicate higher levels of positive feelings in daily life.

Meaning in Life. This chapter uses PISA 2018's definition of meaning in life as "the extent to which 15-year-olds comprehend, make sense of, or find significance in their lives" (Steger, 2012). PISA 2018 asks students to read the following statements: "My life has clear meaning or purpose"; "I have discovered a satisfactory meaning in life"; and "I have a clear sense of what gives meaning to my life" and then select "strongly disagree", "disagree", "agree", "strongly agree" to indicate how much they agreed with each statement. "Strongly disagree" is assigned value one, whereas strongly agree is assigned value four in PISA 2018.

Resilience. Resilience takes many forms. This chapter focuses on self-efficacy, the extent to which individuals believe in their own ability to engage in certain activities and perform specific tasks, especially when facing adverse circumstances (Bandura, 1977). PISA 2018 asked students to report the extent to which they agree ("strongly disagree", "disagree", "agree", "strongly agree") with the following statements about themselves: "I usually manage one way or another"; "I feel proud that I have accomplished things"; "I feel that I can handle many things at a time"; "My belief in myself gets me through hard times"; and "When I'm in a difficult situation, I can usually find my way out of it". The five corresponding item scores are averaged to form

the variable "resilience", with higher scores indicating higher levels of self-efficacy facing adversity.

Low Prevalence of Addictive Behaviors. Addictive behavior is defined as "a repetitive habit pattern that increases the risk of disease and/or associated personal and social problems." (Marlatt et al., 1988). *Due to lack of globally comparable data, this chapter does not compute concrete indicator scores.*

3.2.2 Campus Safety

This section defines the three indicators of campus safety: low prevalence of non-violent bullying, low prevalence of physical aggression, and low prevalence of student weapon carrying.

Low Prevalence of Non-Violent Bullying. Non-violent bullying refers to bullying through verbal expressions or acts of non-direct physical harm. PISA 2018 asks students how often ("never or almost never", "a few times a year", "a few times a month", "once a week or more") during the 12 months prior to the PISA test they experienced the following conditions in school (the question also indicated that "Some experiences can also happen in social media"): "Other students left me out of things on purpose"; "Other students made fun of me"; "I was threatened by other students"; "Other students took away or destroyed things that belong to me"; "I got hit or pushed around by other students"; and "Other students spread nasty rumors about me". To capture the nature of non-violent bullying accurately, items on "left me out of things on purpose" "made fun of me" "took away or destroyed things that belong to me" "spread nasty rumors about me" are averaged to form the variable non-violent bullying.

Low Prevalence of Physical Aggression. The item score from PISA 2018 "I got hit or pushed around by other students" is used as the raw score for the low prevalence of physical aggression.

Low Prevalence of Student Weapon Carrying. Since other countries have strict laws prohibiting the access of weapons and weapon carrying of students, there are rare incidences of students carrying weapons to schools. It is reasonable to assume all the countries except for the U.S. had the best condition and their corresponding scores were set to be 100. As for student weapon carrying in the U.S., the statistics from the most recent U.S. national official report, *Report on Indicators of School Crime and Safety: 2020*, is used. This report was released by an institution under U.S. Department of Education: the National Center for Education Statistics (NCES), Bureau of Justice Statistics and Office of Justice Programs. In this report, about 7% of Grade 9–12 students in the U.S. reported that they had been threatened or injured with a weapon on school property during the last year, which means this type of behavior still affects students' daily lives. The percentage of students in Grade 9–12 who reported carrying a weapon anywhere during the previous 30 days is 13.20% in 2019 (Irwin et al., 2021). Therefore, it is a rough estimation to assign the score by

using 100 minus 13.2 to indicate the low prevalence level of student weapon carrying in the US. In the future, if there are investigations across countries to estimate the student weapon carrying rate, data from such type of investigation should be used.

3.2.3 School Support for Student Well-Being

This section discusses two indicators measuring school support, namely mandatory mental health curriculum and school psychologist student ratio.

Mandatory Mental Health Curriculum. Based on our search for the seven selected countries, three countries (China, Japan, and United Kingdom [U.K.]) have already set out the national policies on mandatory mental health curricula. In China, the policy *Guide of Integrating Life Safety and Health Education into Elementary and secondary school Curriculum* issued in 2021 requires five areas of life safety and health education to be incorporated into the textbooks, of which Area 3 is mental health, and Area 2 contains adolescent psychology (MOE, 2021a). Prior to 2021, most of Chinese provincial governments have already specified mandatory mental health weekly course hour at the elementary and secondary school. Chinese government also requires at least one mandatory mental health course in higher education institutions (HEIs) for college students (MOE, 2021b). For Japan, under the Japanese government's new curriculum guidelines, senior high school students will start to learn prevention and coping methods for mental illness since 2022 (Ojio et al., 2021). In 2019, the U.K. government announced the introduction of a compulsory subject at school called "Relationships, Health and Sex Education" in both elementary and secondary schools. This subject includes two sections: physical health and mental well-being and relationships. This policy is supposed to be effective starting from September 2020. (Department for Education & the Rt Hon Damian Hinds MP, 2019; Mentally Healthy Schools, 2019).

For the U.S. and Germany, due to these two countries' government structure, there are no policies on mandatory mental health curricula at the national level. Three states (New York, Virginia, and Florida) in the U.S. have passed laws that require mental health education either in both elementary and secondary or only in middle schools (Hood, 2019), but there are no mandatory courses at the college level. Even though in some Germany states, there are courses on psychology at secondary schools, these courses are usually elective, fitting the requirement of completing course credits on social studies.[3] Finally, not much information can be found regarding mental health education in the school setting in France and ROK. Through the search for the latest academic papers on this topic, scholars in both countries all showed through surveys that most students had not experienced formal mental health education (Bezard & Rouquette, 2019; Chin et al., 2018).

[3] The first author together with a Germany-Chinese bilingual assistant had done a comprehensive search on the Germany school curriculum and state policies in the following states: Bavaria, Hamburg, Saxony and Berlin. By August 4th, 2022, no mandatory courses on mental health education or related policies can be found.

Based on the aforementioned information, this chapter assigns scores to each country according to the policies on mandatory mental health curriculum. The country with the mandatory mental health curriculum set up in all school stages will be assigned 100. This score is to correspond to whether there are elementary (20), secondary (35), and tertiary (45) mandatory mental health curricula either at the national level or at the average state level. The reason why different education stages have different weights is in correspondence with mental health prevalence and thus the importance of a mandatory mental health curriculum at different educational stages.

School Psychologist Student Ratio. School psychologists are professionals who "collectively provide individual assessment of children who may display cognitive, emotional, social, or behavioral difficulties; develops and implements elementary and secondary intervention programs; consults with teachers, parents and other relevant professionals; engages in program development and evaluation; conducts research; and helps prepare and supervise others" (Jimerson et al., 2007). In some countries, "school psychologist" only refers to a professional with a doctoral degree, but usually in the field and also in this chapter, a broader definition of school psychologist will be used. As long as the professionals provide the psychological services mentioned above, regardless of their education degrees and titles (e.g., counselor, educational psychologist, professional of educational psychology, psychopedagog, psychologist in the schools), they will be referred to as school psychologists.

There is only one available study that explored the school psychologist to student ratio across all countries using a systematic approach in 2008 (Jimerson et al., 2009), which made the comparison between the seven selected countries possible. Based on the raw scores of the ratios provided by the appendix in this study, an equation is applied to transform the raw score into new scores. Since U.S.' 1/1,506 is the maximum school psychologist-to-student ratio achieved among the seven countries, this value is set as the standard that corresponds to 100. The equation is written as $X_{\text{raw score}}/(1/1{,}506) = X_{\text{new score}}/100$ to show the equal ratio between a country's statistics compared to the best condition in reality. This equation after numeric transformation is $X_{\text{new score}} = X_{\text{raw score}} * 150{,}600$.[4] The higher the values, the closer a country's ratio is to the recommended standard.

3.3 Findings

The indicator scores in each dimension are calculated based on the method described above and arranged in the next three tables respectively (Tables 4, 5, and 6). The two indices in the last column of Tables 4 and 5 are calculated based on taking the average of all the corresponding indicators, and when displayed in the table transformed by the approach of setting the highest raw scores into 100.

[4] *Here means multiply in the equation.

Table 4 Scores of the four indicators on student mental health and the overall student mental health score in the seven selected countries

	Life satisfaction	Positive feelings	Meaning in life	Resilience	Student mental health indicator
France	100	99.26	100	95.47	100
Germany	98.7	99.01	97.41	97.78	99.54
U.S	94.56	100	92.68	100	98.10
ROK	89.95	99.02	95.14	96.07	96.32
China	90.97	97.9	96.3	94.98	96.31
U.K	87.31	90.82	90.23	94.19	91.85
Japan	85.88	86.28	92.17	85.11	88.53

Table 5 Scores of the three indicators of campus safety and the overall campus safety score in the seven selected countries

	Low prevalence of non-violent bullying	Low prevalence of physical aggression	Low prevalence of student weapon carrying	Campus safety indicator
ROK	100	100	100	100
China	92.78	96.31	100	96.36
Japan	95.47	93.58	100	96.35
Germany	91.2	96.39	100	95.86
France	91.9	94.39	100	95.43
U.K	87.1	91.02	100	92.71
U.S	88.09	93.24	86.8	89.38

Table 6 Scores of the two indicators of school support on student mental health

	Mandatory mental health curriculum	School psychologist student ratio
U.S	55	100
China	100	37.65
Germany	0	15.88
U.K	55	47.11
Japan	35	36.28
France	0	54.11
ROK	0	0.82

Notes The raw score regarding school psychologists for China was not available in the Jimerson study, therefore, the ratio of 1/4000 required by the recent Chinese national policy was used in the estimation here. The 1/4000 is a safe estimation: the current policy requirement on professional numbers are restricted to school psychologist providing practical psychological services at schools, whereas in the Jimerson study, professionals providing service at the communities or researchers were also counted

3.4 Discussion

For student mental health condition only, situations in the seven countries are not ideal, so all the raw scores are a little further away from the best condition.

Chinese students' mental health conditions seem to be at a similar level as other countries. Compared to life satisfaction and positive feelings, the presence of meaning in life (raw score, not shown directly in the table) is relatively lower for students from all seven countries. Value guidance and life education are closely associated with meaning in life. In the Chinese education system, it is recently emphasized in governmental policies that there should be mandatory life education courses and positive life value guidance infiltrated into the curriculum across various subjects (e.g., MOE, 2021a). These policies may potentially help students increase meaning in life.

Chinese students' campus safety conditions seem to be at a similar level as other countries. Even though the overall condition is good, bullying usually happens to a few individuals more frequently than the other students and causes severe negative consequences to those being bullied. This condition may not be fully reflected in the indicators. This is an area where consistent effort should be made to ensure there are fewer and fewer students being bullied and becoming victim of physical aggression and weapon threat/harm over time.

The conditions of school on student mental health support across the seven countries were far from satisfactory. All the countries have vast gaps between the school psychologist and student ratio and the recommended standard set by professional associations. It should be noted that the most updated recommended ratio number is now 1/500–700 (NASP, 2020). None of the countries are close to this standard. Chinese government has already set up policies on improving student mental health by specifying the recommended ratio is 1/4,000. Additionally, in a recent investigation of 19 Chinese mental health education role model areas which include 7,211,409 elementary and secondary school students in total, the average psychologist and student ratio is 1/235 (Huang & Zheng, 2018), which shows the feasibility of reaching the 1/4,000 in the future.

4 Best Practices

Different approaches have been adopted to promote student mental health education in China. Among these approaches, three types of practices have been widely applied and regarded effective in improving students' mental health, that is, strengthening the school-family-hospital partnerships, creating an advisory system with all teachers engaged in student mental health development, and developing mental health hotlines (e.g., Zhou & Qi, 2022).

4.1 An Integrative Force: School-Family-Hospital Partnership

School-family-hospital partnerships is a well-known ecological practice that supports students' mental health in China. It was reformed from school-family-community collaborations for students' overall development. The collaborations requested three parties (school, family and community) to serve the needs of students' general development and academic performance from different but holistic angles. For example, to promote students' overall development through school-family-community collaborations, schools may provide family education and educational suggestions for parents, invite parents to school, and organize school-family-community social activities through family visits, school and community open days, and social practicums. Family is a crucial support network for individuals in Chinese culture (Xu et al., 2007). Hence, family takes a central role in student mental health support and practices were formed based on this emphasis on family. This becomes one important feature of Chinese mental health education. Hospitals, representative of the community, join in the mental health practice for students with the society's increasing awareness of students' mental health and the implementation of the national policy *Health China 2030* (please see the National Policies section for more information) by NHC.

The mental health institutes in China include mental health hospitals and departments of mental health affiliated with hospitals. Chinese people usually seek help from mental health institutes when they are mentally ill, where they can get medical and psychological counseling services. Though students can get treatment from such hospitals, they may not be the most ideal place for on-time intervention and diagnosis of students because of stigma. Students might be too young to seek help by themselves, which may delay their timing of diagnosis and treatment. Therefore, psychiatrists and psychologists from hospitals get connected with schools and families to spot student warning signs earlier, provide appropriate interventions, and create a psychologically friendly environment for students.

The family-school-hospital partnerships promote students' mental health mainly through, but not limited to the following five activities: mental health education and outreach services on campus, express lanes to professional services, training and support for teachers, family education, and academic teaching in hospitals.

4.1.1 Mental Health Education and Outreach Services on Campus.

Psychiatric and psychological professionals from the hospital enter the school campus to provide in-person mental health education lectures and outreach activities for students, parents, and school teachers. The common topics of lectures are adjustment at school, performance anxiety, parenting styles, etc. The outreach services on campus include mental health disorders screening and campus consultations. Mental health education and outreach services are held regularly on campus, especially at the

beginning and end of the semester or before important exams. Through mental health education and outreach services on campus, students' mental health problems could be recognized and diagnosed early, and then their mental health difficulties could be appropriately treated (You, 2021). Furthermore, as psychiatric and psychological professionals appear regularly on campus, students, parents, and school teachers may experience less stigma and concerns to seek help when they experience mental health difficulties.

4.1.2 Express Lanes to Professional Services

After hospitals officially collaborate with schools, hospitals will provide express lanes for the students at that school. Usually, when Chinese people experience mental health difficulties, they need to spend time finding a mental health institute, scheduling an appointment through online platform several days or weeks before the appointment day or going to the mental health institute very early in the morning to get a same-day appointment scheduled. Moreover, Chinese parents with children who may be diagnosed with mental disorders are hesitant to visit mental health institutes because of stigma and fears, but express lanes reduce these psychological barriers for parents thus enabling students to receive in-time professional help. If students need psychiatric or counseling services, they can receive referrals from their school counselors for hospital-based services without spending time finding a suitable mental health services provider. Psychological and psychiatric professionals are able to communicate with school counselors or school teachers after receiving consent from students and their parents to gather additional information for diagnosis and treatment planning. To better support students while they are at school, online counseling services provided by the hospital might be available for the students at the school counterparts. Some students may be ashamed or forget to take psychiatric medicine at school. In response to this problem, psychiatrists may cooperate with the health teachers at school to help students take medicine on time at school. When students are in crisis (e.g., suicidal or committing self-harming), they can receive services from the hospital without waiting. When there is a crisis at school, the professional counseling staff from the hospital may offer suggestions and support for the school to handle the crisis.

4.1.3 Training and Support for Teachers

Despite the support directly provided for students, the staff from hospitals also provide training and professional support for school teachers and school counselors. On the one hand, school teachers and school counselors can consult with hospital professionals regarding students' problems, which helps them solve work challenges. On the other hand, the staff from hospitals provide training and additional support for them (e.g., teaching mental health education courses) to improve their psychological-related knowledge and skills to decrease their significant work

burden. Some hospitals even provide opportunities for school teachers and school counselors to visit their inpatient and outpatient units, which further enhances their psychological professional knowledge and skills.

4.1.4 Family Education

Family education is an increasingly important focus in Chinese society. Many schools have already started to provide family education or parental training. After the psychiatric and psychological professionals from hospitals joined in the partnerships of family and school, they actively participate in family education and training. Family education usually addresses parent–child relationships, communication skills with children, and early signs of mental health problems. The goal of family education is to improve parents' relationships with their children and awareness of mental health problems, which impact students' mental health and psychological well-being.

4.1.5 Academic Teaching in Hospitals

The above four practices are mainly about how hospitals help school students, teachers, and students' families through the family-school-hospital partnerships. Indeed, the school also provides support for students in hospitals through academic teaching. Many students must stay in hospital for several days concerning their physical and mental health illnesses. Being distant from school, teachers, and their peers may make students feel disconnected and anxious about school and their academic work. With family-school-hospital partnerships, however, school teachers working as volunteers can enter inpatient units to teach and advise those hospitalized students about their academic learning. Being able to keep up with academic learning and communicating with school teachers, students' emotional well-being is stabilized and their adjustment back to school will be easier after they are discharged.

In sum, supporting students' mental health through ecological systems, such as school, family, and community, is a new trend in Chinese Education system to prevent and intervene students' mental health problems. The ecological practice is widely used due to two reasons. On the one hand, Chinese educators are clearly aware that students' psychological well-being cannot develop without a supportive environment. On the other hand, the national policy of "Three-Holistic Education" (*sanquan yuren)* advises cultivating students through all processes, all members, and all directions. Hospitals, a representative of community, take an important and leading role in students' mental health problems prevention and intervention by cooperating with school and family. But hospitals are not the only agency of community contributing to student mental health. More agencies in the community, such as art museums, community centers, are taking or are expected to take actions to partner with school and family to positively cultivate students' psychological development.

4.2 All Teachers Engaged in Students' Mental Health Development

With the implementation of the "Double Reduction" policy, an advisory system with all-teacher engagement to support student mental health development has been developed and piloted in Shanghai elementary and secondary schools from 2021. According to the system, all school teachers are matched with student advisees. The advisory system is developed because many Chinese students are found to experience mental health problems at young ages. The system expects advisors to identify, prevent and solve students' mental health problems through daily communications. If the students encounter mental health problems, the advisors assist students with referrals and access to interventions. Now, the advisory system with all-teacher engagement has been implemented in about 200 elementary and secondary schools in Shanghai. For elementary schools, this system is applied to some grades in need. For middle schools, the system covers all grades. For high schools, the system applies to all students and is integrated with life and career planning.

The duties of schoolteacher advisors include but are not limited to providing personalized suggestions for students' academic learning; supporting students' psychological development and life planning through daily communications and activities; and building connections with families to support students' general development. Many schools have specific requirements for schoolteacher advisors. In Shanghai Qibao High School, one of the earliest schools to implement the advisory system with all-teacher engagement in 1998 and selected as the National Model School for Mental Health Education, school advisors are required to complete six out of ten activities, which are as follows: read a book together with students, discuss research projects at least once with students projects, explore life planning with students, participate in an art activity, have a birthday lunch with students, conduct a family visit, invite students to the advisor's home, participate in students' class activity once, join in students' P.E. activities, and join in students' social activity once. Teachers can choose six activities according to their strengths and preferences, which will create an optimal mentoring relationship. The program is designed to encourage teacher advisors to accompany and care about these students, instead of managing or merely teaching students (Pan, 2021).

The system is also built up according to the philosophy of the "Three-Holistic Education" policy, where everyone contributes to student development. Therefore, the system requires every schoolteacher to be an advisor to several students and assigns every student an advisor. If some teachers are not suitable or qualified to be student advisors, they will receive additional training and assessment for the qualification. To support these teachers in becoming qualified advisors for students, Shanghai Municipal Education Commission published three handbooks of guidelines, addressing student–teacher relationships, family-school communications, and homework design. In addition to the handbooks, the Shanghai Municipal Education Commission also provides training for teachers and encourages districts and schools to initiate trainings.

To further develop teacher advisors' cultivation skills, the schools provide support for these teachers to receive psychological and counseling trainings. Because most school teachers studied Education, they are aware of the dearth of their mental health literacy and psychological skills. Many of these school advisors have attended trainings in school counseling and counseling skills, career and life counseling, and educational psychology. They apply counseling skills of listening, positive regard, and empathy in their daily communications with students and parents. Some of these school advisors have obtained national licenses in counseling and career development.

The advisory system with all-teacher engagement is deemed to be effective for students' psychological development. As surveyed in Shanghai Qibao High School, more than half of students considered the system "very necessary." (Pan, 2021) Students appreciated this system and have received significant advising in the fields of academic learning, moral education, psychological consultation, and career planning. As a student described, the teacher advisor cared about the students' psychological well-being. Once, the student did not perform well academically and started to become socially withdrawn in class. The advisor noticed the student's change and had several conversations with the student. With the advisor's patience, genuineness, and empathy, the student became more open and thoughtful, which made the student feel more confident and more connected with his peers. More importantly, the student became clearer about the future, which increased his motivation for academic learning (Pan, 2016).

During the pandemic, the advisory system with all-teacher engagement took a more important role. When students started to study online rather than in person at school, they were less connected with their peers and teachers in daily interactions. Their teacher advisors provided company and supported their feelings of connectedness. In Shanghai Qibao High School, the teacher advisors organized online support group sessions over the weekend, involving a group of students they advise, to chat about their experiences, concerns, and achievements during the pandemic. Though they were in quarantine, they were not alone (Qibao High School, 2022).

Overall, the practice of an advisory system with all-teacher engagement adds a new layer of support for students to promote their mental health. With the company and guidance of teacher advisors, students are more positive and thoughtful in their life, which also strengthens their resilience and decreases their mental health problems.

4.3 Immediate Tele-Support: Mental Health Hotlines

Mental health hotlines have been important channels for Chinese students to seek help when they experience psychological difficulties and crises. The first mental health hotline was set up over 10 years ago in China. Mental health hotlines are usually hosted by the government, universities, hospitals, and non-profit organizations. Early mental health hotlines in China were initially opened for crisis assessment and intervention. They usually have abundant resources for crisis referrals and

direct connections with local mental health hospitals and counseling centers, which enable them to assist callers to access further support as needed. The hotlines then also provide one-time counseling and consultation services. Mental health hotline services are welcomed by the Chinese people because the services provided by the hotlines are free, accessible, confidential, anonymous, and professional. When people need help, they don't need to spend time finding a counselor or counseling clinics, they can make a call to the mental health hotlines at any time of the day to receive an immediate response and support from counseling professionals without any expenses, transportation time, and risks of being stigmatized.

To ensure professional services, professional psychological counselors and social workers joined to take calls and provide support. Furthermore, they organized experienced psychologists, psychiatrists, and psychological professors to provide training, supervision, consultation, and emotional support for the front-line tele-counselors. Most psychological professionals volunteer to work for these mental health hotlines. The hotlines welcome every person in China to seek help. There are also English-speaking hotlines available for foreigners living in China.

Due to the outbreak of the COVID-19 pandemic, a considerable number of mental health hotlines emerged to support Chinese people's mental health. Most of these hotlines were opened at the beginning of the pandemic and are working till now, such as hotlines hosted by Huazhong Normal University rooted in Wuhan, Hubei. Though many more mental health hotlines and professionals joined in mental health support during the pandemic, the demand for hotline services was tremendous when compared to pre-pandemic levels. To regulate and support the rapid expansion of mental health hotlines, NHC issued *Guidelines for Mental Health Support Hotlines (Trial)* in 2021. In the document, the goals, serving populations, principles, and requirements of the hotline equipment and counselors' credentials are specified. *The Guidelines* also illustrate the recommended framework, questions, and interventions for different types of calls to support the healthy development of the mental health hotlines (NHC, 2021).

To further eliminate student barriers to seeking help, several mental health hotlines for children and adolescents have been set up. The most well-known national adolescents' hotline is the 12,355 hosted by the Chinese Youth League. It was opened in 2005 and intended to provide counseling and legal support for adolescents. This 12355 hotline is also considered an important channel for the Chinese Youth League to hear adolescents' voices and provide corresponding support. Till now, this hotline has already served over ten million people as both a national hotline and being operated by local teams. For example, if an adolescent in Shanghai makes a call to 12,355, he/she will get connected with a local counselor. Counselors' familiarity with local resources enables help seekers to get appropriate resources and referrals. The hotline work team includes psychologists, legal professionals, educators, and media workers. This hotline services are not limited to adolescents, but are also available to their parents and friends. To better meet the increasing needs of adolescents, the 12,355 hotline launched an online platform in 2017. Advantages of using online platform are increased flexibility for both parties in terms of time and space, and decreased fears for adolescents to talk about their concerns with adults, described

by officials from the Chinese Youth League Shanghai Committee. The successful launch of the 12,355 hotline and online platform has made a significant contribution to adolescents' mental health during the pandemic. As reported, 12,355 Shanghai has served about 10,000 people and provided one on one counseling services for about 4,000 people, from March 10th, 2022 to April 21st, 2022, during the COVID-19 outbreak in Shanghai (Xu et al., 2022). Other well-known hotlines include 12,388 by All-China Women's Federation, 962,525 by Shanghai Mental Health Center. A few well-known hotlines and their targeting populations were listed in Appendix A for readers' reference. To note, though some hotlines are set up for students, they are also open to students' parents, teachers, and friends.

Overall, mental health hotlines have been an essential alternative way for students to seek mental health help, especially for those who are not willing to communicate their concerns with their family and school teachers. Students can make calls, or just go to websites and social media to get an immediate response, which expands the supporting channels for students' mental health.

5 Inspiring Stories

Numerous people have contributed to the field of student mental health in China. The development of student mental health relies on the social environment, which involves their family members, teachers, and figures connected through community and society. The following three inspiring stories are selected not only because of these three figures' significant contributions to student mental health promotion but also because of their creative approaches in student mental health promotion.

5.1 Wu Rongjin: Forerunner with Students' Emotional Learning

Wu Rongjin, the Principal of Luwan No.1 Central Elementary School in Shanghai, China, has been devoted to students' emotional development for about 20 years. Wu started her career as a Chinese teacher in 1994. In 2004, she and her colleagues observed that some students in their school had trouble expressing themselves. Those students appeared comparatively selfish, uncaring, impulsive, and lacked resilience when facing challenges (Yang, 2021). Wu and her team were concerned about their students' emotional development. However, it was hard for them to get professional psychologists' help regarding the problem, because positions of school counselors and psychological teachers were not set up in their school 20 years ago. At that time, schools were not required to hire psychological professionals. MOE regulated that school teachers should integrate moral, aesthetic, and emotional cultivation into their daily teaching.

As so, she and her team started a course to promote their students' social and emotional learning. There was no existing model they could refer to at that time. Therefore, they developed a course of social-emotional learning from scratch. The course was initially a 15-min talk at noon in class, and then became a formal class addressing conflicts and troubles happening between classmates, such as class bullying and students' test anxiety (Jiang, 2021). This course taught these students coping skills, but more importantly, the class also promoted students' communication skills, caring attitudes, resilience, school adjustment, and positivity.

In addition to the emotional cultivation course for groups, Wu also designed an individualized intervention called the "Emotion Weather Sheet" for students. As a Chinese teacher, she assigned every student to work on their own "Emotion Weather Sheet" for homework in her Chinese class. In this sheet, the students rated their feelings with scores and recorded their feelings and thoughts in weekly journals. Wu would read these journals and respond to each of them on the sheet. One of her former students commented, "I have been using 'Emotion Weather Sheet' to record my feelings for 10 years. It was initially an assignment from Mrs. Wu, but later I persisted in it though Teacher Wu was not my teacher anymore. Writing down events and my corresponding feelings strengthened my awareness and expression of emotions and made my talent in music stand out. Also, through reflecting on my emotions every day, I have been fearless about failures. I became grateful, kind, and chill. The sheet is a treasure in my life." (Gong, 2021).

To further facilitate the students' individualized learning and social-emotional development, Wu led her school to develop cloud classes for students covering topics such as reading, regular subjects, and sports (Yang, 2021). In cloud classes, the students' learning behaviors, such as writing homework with an electronic pen on the pad, would be recorded for analysis. Though some students exhibit similar academic outcomes, their learning paths could be very different. With collected data on learning behaviors, the teachers could set up individualized education plans for their students. Through "Cloud Kitchen" (*Yun Chufang*), students could learn cooking to develop their living skills and responsibility for life. In P.E. class, students' health status such as health rates and fatigue would be monitored by "Cloud Watches". "Cloud Exhibitions" would highlight students' creations shown in other cloud classes (*ibid*). As Wu expected, the technology assisted the teachers to understand their students' talents, areas of growth, and interests. The cloud classes responded to students' individualized needs, which improved the "efficiency of education" and promoted the academic and psychological "growth of students".

Because of her contribution and achievements, Wu was honored by the central government as a Role Model of the Times. Wu is not a psychological professional but a Chinese teacher and school principal, she integrated students' social-emotional education into regular classes and homework. Meanwhile, she responded to students' individualized needs massively and creatively with the use of technology. After all, she was able to successfully promote the students' social-emotional development, academic progress, and psychological growth, because she cares about the students and always thinks about them with patience, love, and creativity.

Wu is an outstanding figure among teachers, but she is not the only teacher who contributes to students' mental health and psychological growth as a non-psychological professional. In China, many school teachers also try to integrate moral, aesthetic, and emotional education into their daily teaching. School teachers in China do not only teach academic knowledge but also think of their students with love and facilitate the students' psychological growth through their everyday teaching and interactions with their students.

5.2 Shi Lingzhi: "Love" Letters Writer

Shi Lingzhi has been a teacher for 33 years. During her career, she takes care of her students' psychological well-being through her genuine love. According to the report (Luo, 2021), Shi started to work at an elementary school in the countryside of Hunan Province in 1989 at the age of 18. While the school was destitute, she overcame living difficulties and was always thinking about how to help students understand knowledge better. Before she taught a Chinese course text about house lizards, she spent one night catching three house lizards and brought them to the class. Her young students were greatly excited. The observation experience helped students better understand that Chinese class. Working for the rural school for 11 years, Shi became more resilient and more empathetic with children. She established a foundation to continue her work for future students.

In 2000, she was assigned to a new school due to her teaching excellence. The new school was located on the margins of the city and taught many students from the countryside. Shi observed that the students from the countryside performed worse in academics than students from the city. She also noticed that many students at her school, especially students from the countryside looked timid, sensitive, and reticent. "I also feel hard when I newly came to this school." She then realized that students from the countryside might be experiencing some adjustment problems. (*ibid*).

"But students' mental health was not emphasized that heavily, compared to now. I wanted to do something for those students." She decided to learn psychology and soon obtained the national license as a psychological counselor. She was the first teacher in her school to really focus on students' mental health education. She set up formal counseling rooms, a mailbox to receive students' letters, and private chat rooms.

During the five years of the mailbox and chat room operation, she received more than 700 letters from students. Through those letters, students expressed their concerns, emotions, and hidden secrets. Every student who put their letter in Mrs. Shi's mailbox would receive a warm and genuine response. In 2004, Shi noticed a girl who transferred from a rural school. The girl stated in the letter that she was "small, dark, and talentless, like an ugly duckling." In her response to that girl, she articulated her appreciation for that girl, "Your handwriting is beautiful, which reflects your devoting attitude towards studying. Your words are touching, which reflects that you have a beautiful heart and excellent writing ability…" That girl responded

by mail to Shi after 13 years, when she completed her study in Germany, "Before meeting you, I only imitated and looked up adults, but never seriously looked at myself. You taught me to appreciate myself so that I can be confident." Shi has kept all the letters from her students and their parents, which fill two of her closets. (*ibid*).

In 2012, Shi resigned from her position as the vice principal and became a Chinese teacher in a new school. She found herself entrenched in administrative work and unable to deal with students' requests efficiently. Being a Chinese teacher allowed her to "just … be a teacher (and) be with students" and to respond to students' requests and help-seeking as soon as possible (*ibid*). After taking her new position, she wrote letters to her students every week, totaling over 1.4 million words. Her students and parents called her letters "love letters". They are not only keys to students' hearts, but also guides for parents. Shi recommended books about family education to parents and guided parents to educate their children. "She always tells us healthy personality development is more important than grades. She also helped us to know our self-growth is the best education for children." A parent commented.

Like what Shi insisted, "Every student is worth being warmly treated, and every student could twinkle like stars." Because of Shi's contribution to students, especially rural students' psychological well-being, she was awarded the 2021 Role Model of Teaching in Hunan Province. Shi like many Chinese teachers guide students with their love and instinct backed up by professional knowledge and appropriate skills. They learn psychology as needed, use their heart to listen to students instead of forcing students to grow upon teachers' expectations, and focus on students' development instead of academic outcomes.

5.3 Cao Peng: Art Nurtures Heart, Art Enlightens Hope[5]

Cao Peng, one of the most distinguished symphony conductors in China, is still actively working on his lifelong career for school students and autistic children at the age of 97, along with his family. From 1955 to 1961, Cao studied symphony conducting at the Moscow State Tchaikovsky Conservatory under the baton of renowned professor Leo Ginsburg. In Moscow, he witnessed how local people enjoy symphonies, which planted a seed in his heart to spread the beauty of Western symphony to Chinese people.

After he came back to China in 1961, Cao became the conductor of the Shanghai Symphony Orchestra. He observed that Chinese workers do not like the symphony because it was far away from Chinese workers' lives. Then he adapted several Chinese pop songs to symphonies, which ignited Chinese workers' passion and appreciation for the symphony. He then realized that music education would be necessary for Chinese children to develop their sense of music, which might add color to their lives. Delegated by Shanghai Municipal Education Commission, he started to partner with K-12 schools, and HEIs to provide music education for students. With students,

[5] This section is based on interviews with Cao Peng's family and students.

he introduced the history and function of the symphony. He invited his orchestra colleagues to teach students musical instruments, build students orchestras, and took the deputy of the conductor of those orchestras. He created opportunities for those student "musicians" to recognize their musical talents and perform symphonies. Cao led his student orchestras to perform in concerts and won uncountable prizes in music competitions and festivals, nationally and internationally. Some famous student orchestras guided by him are the Shanghai Student Symphony Orchestra, and the student symphony orchestras of Shanghai Nanmo Middle School and Shanghai Jiao Tong University. At his late 90 s, he is still the conductor of the Shanghai City Symphony Orchestra.

Some of his students became professional musicians, and some of them view music as core to their life beliefs. Dr. Zhou Yifan, currently a 26-year-old ophthalmologist, started to follow Cao from kindergarten and attends orchestra rehearsals every week through K-12, college, medical school, and even now as a doctor. He is very grateful to Cao. "Mr. Cao is a significant role model for us. Without music or him, I don't know what my life would be… Playing music is not easy. Through my experience with him, I become experienced in overcoming difficulties, which made me never scared in my life… I hope to be as diligent, moral, and devoted as how Mr. Cao is." Guiding those young students to enjoy music, giving them the power to live positively and resiliently, and creating opportunities for those students to build hobbies and reach their potential beyond academics. Through music education, Cao ignited his students' love for music but also provided an untraditional way for school students to identify who they are, to move forward bravely, and therefore to have generally positive psychological well-being. "People who learn music won't be evil because they have pursuits in life." That is what Cao's students resonated with. For Cao's contribution to student development, he was awarded Special Contribution Award for Caring for Adolescent Development by the Shanghai Education Development Foundation in 2018.

Beyond contribution to students through music education, initiated by Master Cao, his family provided tremendous help to autistic children and their families. They started to provide music education for autistic children by setting up "Angel Confidant Salon." Though they are not professionals at autism spectrum disorder (ASD) intervention, their music education has had an unbelievable effect. According to the American Psychiatric Association (APA), one of the core symptoms of ASD is the deficit of social communication and social interaction (APA, 2013). Autistic children appear to be unconnected with people. But after several years of playing instruments in Cao's symphony orchestra, many autistic children increase and improve their communications with people, which enables them to live more functionally in their ordinary life. Stepping outside of music and with the encouragement of the students with autism and their parents, Cao and his family went on to create more levels of resources. They then started the program of Autistic Café ("A café"), where autistic adolescents learned coffee-making skills from professional coffee-making volunteers for free and ran their café with substantial support from Cao and his family. They also provided free daily classes, called "A Class" by Cao and his family, including subjects of Chinese, Mathematics, and Music for autistic children. Many autistic

children transferred to "A Class" because they could not fit into normal or special schools. With their consistent efforts, some of these students did well in entrance exams to college and were admitted to universities as normal high school students. These results had never been imagined by them and their family in the past. Besides, many of them became more independent in their lives, which significantly relieved their family's pressure. Now, Cao and his family launched a new charity foundation in 2021 to respond to the parents' concerns for those Autistic children and adults' future. The foundation will enable the operation of a lifelong program for Autistic children, aimed to help them fit into society and live high-quality lives. Because of Cao's outstanding contribution, he was awarded the prize of 2021 National Role Model.

The above several paragraphs captured some of the contributions that Cao and his Family made to students' mental health and Autistic people's lives. Though he is 97 years old, he and his family are continuing their story with students. At the beginning of their work with students, Cao might just intend to spread the beauty of music to students, but his long-term work apparently promoted students' mental health in an untraditional way. His students are more resilient, connected, and devoted in life through music education and practice, and more importantly, through Cao's role modeling. Cao and his family's persistence in helping students and people with special needs are inspiring and impressive.

6 Latest Research

This section reviews the latest research relevant to student mental health published in high-level Chinese academic journals. Papers published by Chinese scholars in English journals with similar topics will also be discussed. This section provides an analysis on relevant research publications in mental health education in China, to reveal the research focus and interests among Chinese scholars. The purpose of this section is to fill in the gap by providing an analysis of relevant research publications in mental health education in China.

6.1 An Overview of Current Research Focus in Mental Health Education in China

6.1.1 Methods and Sample Features

The purpose of conducting a study on the recently published journal articles is to identify hot topics and central themes among Chinese scholars in the latest research. Therefore, six high-level Chinese journals whose publication scope is partially or entirely on student well-being and school mental health are selected, that is, *Acta*

Psychological Sinica (*Xinli Xuebao*), *Advances in Psychological Science* (*Xinli Kexue Jinzhan*), *Psychological Science* (*Xinli Kexue*), *Chinese Journal of Clinical Psychology* (*Zhongguo Linchuang Xinlixue Zazhi*), *Psychological Development and Education* (*Xinli Fazhan yu Jiaoyu*), and *Chinese Mental Health Journal* (*Zhongguo Xinli Weisheng Zazhi*).

A total of 351 articles on the well-being or mental health of students, teachers, school-age children, and adolescents are found and selected from these six journals (the last issue of 2020 and all issues of 2021). The literature analysis in this section is based on these articles and keywords, which includes 1,529 keywords and 351 articles.

Regarding the sample features, the majority of the 351 articles focus on student populations, whereas only 12 articles focus on teachers. Among the articles on student population, 44 articles focus on elementary school students, 154 on middle school students (97 articles on junior-high schoolers, 52 articles on senior-high schoolers, five articles did not specify), 139 articles on college students, and six articles on post-graduate students. Several articles include cross-sectional analysis, covering students from different stages. Additionally, 23 articles focus on socially disadvantaged populations, including left-behind children (eight), migrant children (five), people with poverty (four), people with disability or special diseases (three), and the LGBT population (three).

6.1.2 Keyword Analysis

Many studies focus on one or more typical psychological problems, including depression or depressive symptoms (53 articles), anxiety (38, with 14 specifically on social anxiety), 21 focusing on aggression and externalizing problems (21), loneliness (11), autisms (9), eating disorder or emotional eating (3). There are also articles on bullying behaviors (28), including campus bullying (16) and cyberbullying (12).

For psychological problems related to modern technology, these articles focus on internet addiction (12), and mobile phone addiction or problematic phone use (22). The articles on internet addiction cover various addiction types, including online social media or online social interaction addiction, online gaming addiction, short video addiction, and internet addiction in general. The articles on mobile phone addiction mostly (16 out of 22) focused on college students. This may be due to the fact that college students have less regulation on their phone usage on campus. Additionally, the internet plays a key role in people's daily life, not necessarily a negative factor. There are more than 10 articles studying social media use, online interactions, online reading, and online gaming in a neutral manner, as well as articles conducting online psychological interventions to improve student mental health.

Regarding key interpersonal relationships related to students' well-being and mental health, the family factors seemed to receive the most attention. Reflected from keywords, there are 68 keywords either on parenting (36) or on family factors (32, including family structures, communications, environment, and parents' characteristics). Comparatively, only 32 keywords focus on peers and classmates, and 14

keywords on teachers. This focus on family factors is consistent with Asian values of emphasizing family in one's development (Kim et al., 1999). It should be noticed that teachers' roles are emphasized in the Chinese context as well. However, teachers' supportive behaviors toward students are embedded in teaching behaviors and are currently still mainly captured in educational journals, not in psychology journals.

6.1.3 Comparisons of Research Focus Across Countries

To better identify the features of the latest research done regarding Chinese students' mental health, eight systematic review papers published in the last five years, all the articles published in four high-level psychology journals and three important school psychology journals (see the table for the complete list) are reviewed to identify central themes and hot topics in the world, especially Western countries. These seven journals together are in similar publication scopes as the aforementioned six Chinese journals. It should be noted that school mental health journals in China are mainly written for practical skill sharing (e.g., case reports and counseling technique applications in schools), whereas empirical studies and systematic literature review papers are already covered in the aforementioned seven Chinese journals. However, in Western countries, there are specific school psychology journals that include research on school mental health and student well-being. Therefore, excluding specific school psychology journals to reach a seeming scope match between journals would miss key research, thus, three important school psychology journals are also included (Table 7).

After reviewing these articles in depth, it is evident that the research shares similar major themes. However, articles on the same theme usually cover different

Table 7 Key academic journals in psychology and mental health selected for this section

Journals in Chinse	Journals in English
Acta Psychological Sinica (Xinli Xuebao)	*Psychological Bulletin*
Advances in Psychological Science (Xinli Kexue Jinzhan)	*Psychological Science*
Psychological Science (Xinli Kexue)	
Psychological Development and Education (Xinli Fazhan yu Jiaoyu)	*Developmental Psychology*
Chinese Journal of Clinical Psychology (Zhongguo Linchuang Xinlixue Zazhi)	*Journal of Abnormal Psychology*
Chinese Mental Health Journal (Zhongguo Xinli Weisheng Zazhi)	
	School Psychology Review
	School Psychology
	School Mental Health

Notes The journals arranged in the same row have roughly similar publication scopes

Table 8 Research focus and topics in China and western countries by theme

Themes	China	Western countries
Addictive behaviors	Internet addiction, social media addiction, phone addiction	Substance use, drug addiction
Campus safety	Bully, cyberbully	Bully, gun violence, criminal behaviors, substance use
Special population	Left-behind children, migrant children	Racial and ethnic minority

topics across countries due to societal conditions. A list of central topics and their corresponding themes summarized by the authors were listed in the table below (Table 8).

Similar to scholars from Western countries, scholars in China are also interested in addictive behaviors, campus safety, and social justice issues. However, due to strict law regulations inhibiting using or transaction of addictive drugs, students are seldom involved in substance use and drug addiction. Addictive behaviors among Chinese students mainly take the form of internet addiction. Regarding campus safety, what counts as threatening to students' security and sense of security varies. Cyberbullying started to receive more attention in China as it stands out as a common type of bullying behavior, whereas in Western countries, gun violence, weapon carrying, and substance use seem to be a more obvious threat to campus safety. As for the special population being focused on, each country's focus on social justice is different. China is going through rapid social change and urbanization, and the whole society cares about whether the wealth and benefit distribution is fair between urban and rural, and therefore, left-behind children in rural areas or migrant children coming from rural areas receive more attention, whereas, in the U.S., racial equality is a central focus. To sum up, the latest research in Chinese academia regarding student mental health shares similar themes as other countries but has different "hot" research topics based on the society's situation.

6.2 Latest Research on Internet Addiction

The prevalence of internet addiction among Chinese college students showed an upward trend as the estimated prevalence of internet addiction during 2011–2018 is higher than 2005–2010 (Liu et al., 2021). As indicated by the six high-level Chinese journals, internet addiction has received extensive attention from Chinese academia. To better understand the trend in research and the results achieved by them, the authors conducted an expanded literature search. Core papers[6] on student internet

[6] Core papers in this chapter are defined as papers published in either Science Citation Index (SCI) journals, Chinese Social Sciences Citation Index (CSSCI) journals, or journals belong to "A Guide

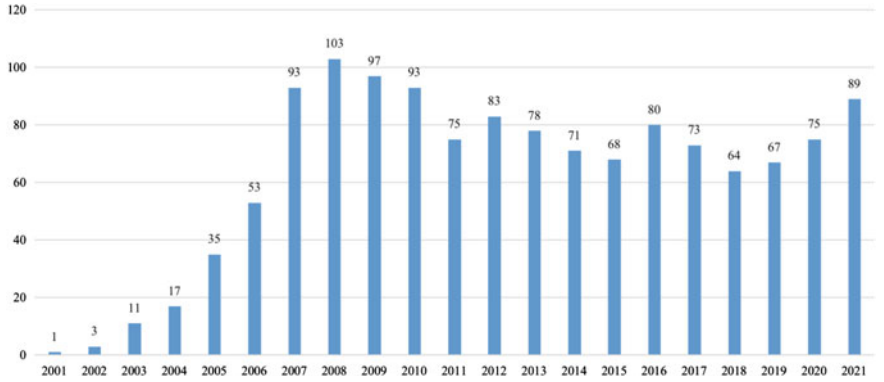

Fig. 1 Number of core papers in each year on students' internet addiction from 2001 to 2021 in CNKI. *Source* Compiled from the count number of papers identified through CNKI search, relevancy check, and duplication removal

addiction are searched from 2001 to 2021 on China National Knowledge Infrastructure (CNKI). A total of 21 key phrases are obtained by pairwise combination: three keywords tapping internet addiction (internet addiction, mobile phone addiction, and social media use), seven keywords tapping students in different education stages (e.g., elementary school students, adolescents, high school students). After removing irrelevant and duplicate records, a total of 1,329 papers from core journals are found on students' internet addiction from 2001 to 2021. The numbers of core paper each year on students' internet addiction from 2001 to 2021 are shown in Fig. 1. As shown in the figure, the number of papers related to students' internet addiction has increased sharply since 2007 and has remained high so far.

Among the 1,329 papers, papers from 2019 to 2021 based on the criteria of being empirical studies or systematic reviews are selected. A total of 204 papers fit the criteria and are sorted into seven categories, as can be seen from Fig. 2, more studies focused on the risk and protective factors of internet addiction.

Regarding the risk factors, alexithymia (Chen & Shao, 2019; Huang & Zhao, 2020; Huang et al., 2021a), loneliness (Huang & Zhao, 2020), self-esteem (Chen & Shao, 2019), social anxiety (Yan et al., 2021), materialistic tendencies (Li, 2021), fear of negative evaluation (Peng et al., 2020), frustration (Dong et al., 2021), stress perception and negative emotions (Zhang et al., 2021a), perceived social exclusion (Xu et al., 2021), perceived stress (Chu et al., 2020), and negative experiences in childhood (Li et al., 2019a; Yue et al., 2020; Zhu et al., 2021) can significantly predict internet addiction. Conversely, mindfulness (Huang & Zhao, 2020), social support (Ling et al., 2021; Zhang et al., 2021a), and family intimacy (Chen & Sun, 2021) can effectively regulate internet addiction. Emotion regulation, self-efficacy (Huang et al., 2021b), self-control, psychological resilience (Huang et al., 2019a),

to the Core Journals of China" (GCJC) from Peking University Library. GCJC is a leading journal evaluation system of academic journals in China.

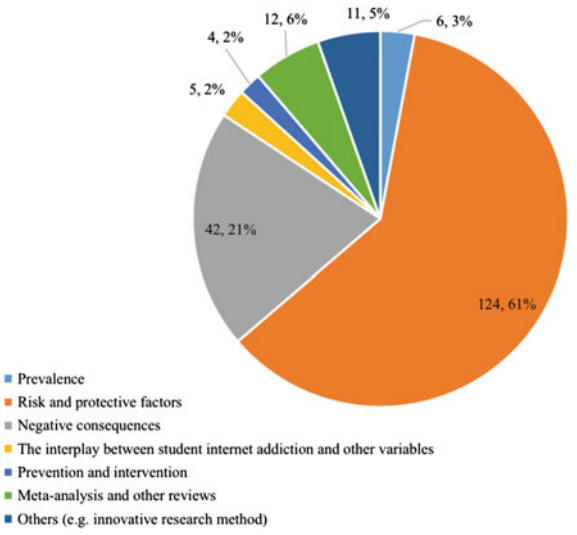

Fig. 2 Number of core papers in each category on students' internet addiction from 2019 to 2021. *Source* Compiled from the count number of each category of empirical studies or systematic review papers identified through CNKI search, relevancy check, duplication removal, and category coding

and clarity of self-concept (Li et al., 2019b) are important protective factors. Family factors are very important in understanding students' internet addiction. Appropriate behavior monitoring, good communication, and warm support from parents (Ma et al., 2021) can significantly improve the symptoms of internet addiction; on the contrary, parental conflict (Deng et al., 2020) and parental neglect (Lin et al., 2021) will worsen the situation. Finally, several studies have found that internet addiction is closely related to sleep (Wang et al., 2021b; Luo & Hu, 2021; Hu et al., 2021), depression (Cui et al., 2021; Hou et al., 2021), and fear of missing out (Zhang et al., 2021b). These comorbidities create vicious cycles that worsen the students' situations.

Many studies focus on the COVID-19 pandemic as an important context in understanding internet addiction. This ongoing pandemic has brought dramatic changes to people's life by largely restricting offline actions and transitioning academic work online. Jiang et al. (2021) show that the internet addiction situation of the first 2,700 college students who returned to school during the pandemic is not optimistic, especially those who dislike exercise, are introverted, and whose family economic situation is damaged. Some scholars pointed out that boredom tendency (An & Ding, 2021) and learning burnout (Wan et al., 2021) can significantly predict internet addiction. Moreover, under COVID-19, college students' internet addiction is accompanied by poor lifestyles, such as sleeping late and getting up late, being sedentary, not exercising, gaining weight, and having negative emotions (Huang et al., 2021c).

From 2019 to 2022, the research on the prevention and treatment of students' internet addiction mainly focused on group cognitive therapy and exercise (Lu et al., 2021; Wen & Chen, 2020). According to a meta-analysis, there are many effective interventions, including cognitive behavior therapy, general psychological intervention, group counseling, and exercise intervention (Wu et al., 2019). In addition to

group counseling and exercise, individualized social norm feedback can also promote adolescents to form a more accurate understanding of the common internet-using norms, so as to effectively reduce their internet time and internet addiction tendency (Huang et al., 2019b).

6.3 *Latest Research on School Bullying Behaviors*

To better understand the trend in research on school bullying behaviors and the results achieved by them, an expanded literature search is conducted. Core papers on bullying published between 2001 and 2021 are searched on CNKI. The keywords "school bullying", "peer bullying", "peer rejection", "cyberbullying adolescents", "peer aggression", "school violence", and "school bullying" are searched with connection by "or". After removing irrelevant and duplicate records, a total of 859 papers from core journals are found on school bullying. Figure 3 shows the number of articles in each year. Following that, the exclusion criteria (non-academic, irrelevant articles, studies on school bullying in other countries) are applied to 859 papers in order to extract empirical studies and systematic review articles, and a total of 255 empirical articles and 18 review and meta-analysis articles are selected. Among these 255 empirical articles and 18 reviews, 134 articles are published from 2019–2021. Figure 4 shows the research types of the 134 articles.

As can be seen from Fig. 3, the research on bullying behaviors has increased largely since 2017. Similar to internet addiction, more studies focus on risk and protective factors. Additionally, by reviewing the paper titles, since 2015, scholars have started to target specific populations to form a better understanding of bullying

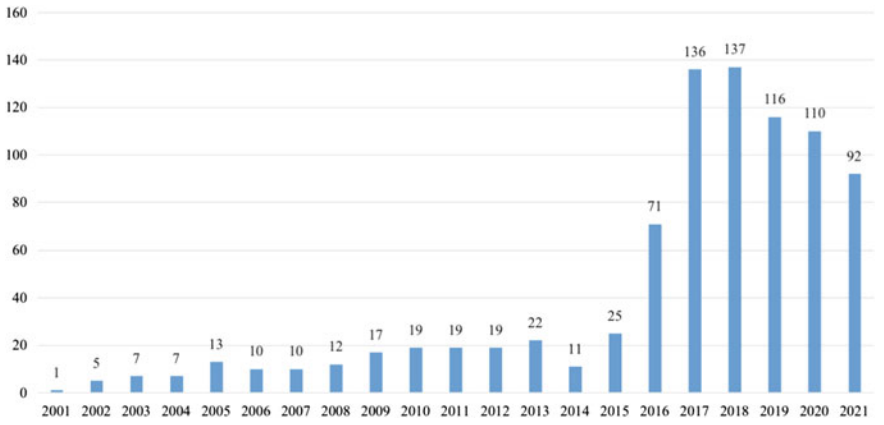

Fig. 3 Number of core papers in each year on school bullying behaviors from 2001 to 2021. *Source* Compiled from the count number of papers identified through search results from CNKI search, relevancy check, and duplication removal

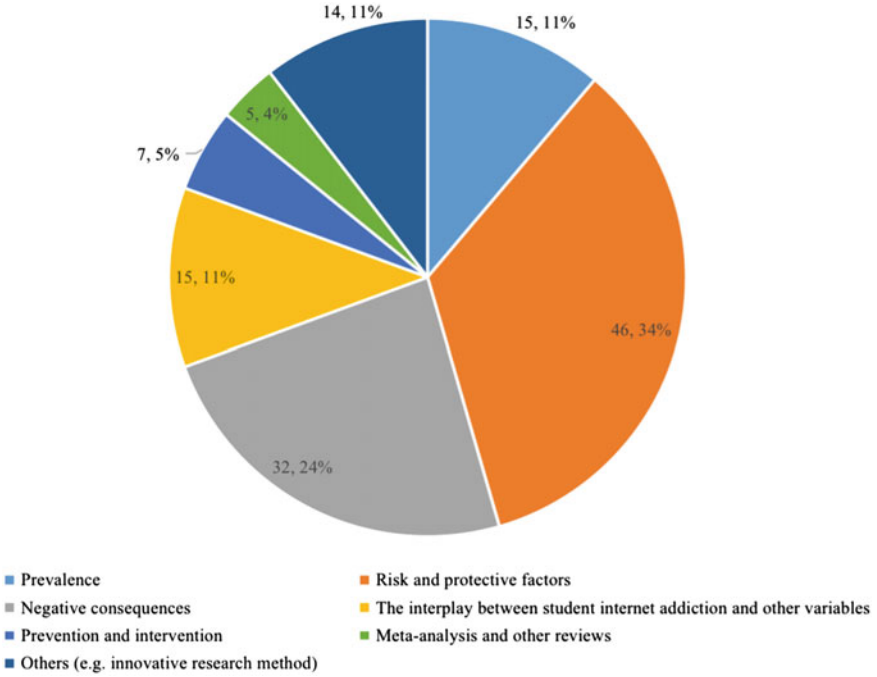

Fig. 4 Number of core papers in each category on school bullying behaviors from 2019 to 2021. *Source* Compiled from the count number of each category of empirical studies or systematic review papers identified through CNKI search, relevancy check, duplication removal, and category coding

according to student subgroups, including sexual minority students, rural boarding students, disabled students, left-behind children, etc.

The studies find that gender, previous violence, condition of romantic partners, and family type are factors influencing violence victimization among college students (Liao et al., 2020). Peers influence aggressive behaviors, and adolescents select friends based on similarities in physical aggression and are influenced by friends to engage in aggressive and bullying behaviors. This effect is more pronounced in middle school (Sun et al., 2019). Peer aggression is significantly and positively associated with aggressive behavior in children and adolescents (Chen et al., 2022b). Boys in elementary schools, middle schools, and high schools with poor academic performance, high academic stress, and negative behavioral habits are more likely to bully others or be bullied, and poor family economic conditions are also a risk factor for being bullied. Low level of parental education is a protective factor against bullying others and low mother's education level is a protective factor against bullying (Zhang & Gu, 2022).

There are also several studies focusing on how to intervene or prevent school bullying. In terms of specific interventions, one study implemented health education, life skills education, and behavioral reinforcement interventions for students

in the intervention group, demonstrating the effectiveness of the above interventions in reducing school violence (Zhang et al., 2015). Another study, adopting an experimental design to investigate the effects of interventions on mental resiliency group counseling, finds that the intervention group of elementary school students have significantly higher levels of mental resilience, and lower levels of state anxiety and bullying (Sang et al., 2019). By examining case studies of social work service projects, the feasibility and effectiveness of bullying prevention under social work services are also demonstrated (Yang, 2020).

6.4 Latest Research on Resilience and Psychological Quality

Among the 351 articles from the six Chinese top-tier journals, some articles focus on positive individual characteristics as protective factors. The most studied concepts are resilience and psychological quality (*xinli suzhi*). Psychological quality is a concept regarding positive personal characteristics developed by Chinese scholars that are widely used in educational settings and beyond. This concept is introduced in the late 1980s to go hand in hand with a national policy promoting well-rounded education (Zhang, et al., 2017). To some extent, this concept has been used interchangeably with resilience in daily language and by some Chinese scholars. Both resilience and psychological quality emphasize personal characteristics that can promote one's positive adaptation facing stress and adversity (Wagnild, 2003; Yu & Zhang, 2007). Since a person with strong psychological quality can internalize external stimuli into stable, derivative, and developmental functions in a creative manner and thus be more adaptive (Zhang & Wang, 2012), Chinese scholars argue that psychological quality is a broader concept than resilience (Zhang, 2003).

Accordingly, there are slight differences in the measurement of the two concepts. Yu and Zhang (2007) measure resilience by adopting the Connor-Davidson Resilience Scale (CD-RISC), which includes three sub-dimensions: tenacity, strength, and focusing on the positive; Hu and Gan (2008) measure resilience in five dimensions: goal focusing, emotional controlling, positive cognition, family support, and interpersonal assistance. As for psychological quality, most scholars in China use the measure developed by Zhang and his colleagues, which includes three sub-dimensions: cognitive quality, personality quality, and adaptation (Hu & Zhang, 2015; Hu et al., 2017; Wu et al., 2017).

Despite these differences, the studies on resilience and psychological quality are similar and complementary to each other. Some scholars even use the terms interchangeably. Over the last 30 years, Chinese researchers have conducted research on resilience or psychological quality among students in all the academic stages and connected it with various student outcomes including mental health, academic achievement, and social adjustment. Research participants tend to be more diversified in the late years and groups with experiences or relative vulnerability received more research attention, such as students with disabilities (Jiang et al., 2022), ethnic minority students (Liao et al., 2019; Zhao et al., 2019), left-behind children (Du &

Zhang, 2021; Luo & Zhou, 2017; Miao et al., 2021), and students who have experienced peer victimization (Wang et al., 2017). Another trend is that more and more researchers have published huge amounts of articles in academic journals in English using the term "psychological suzhi", which indicates scholars' interest in this endogenous concept developed by Chinese scholars.

Generally, resilience and psychological quality serve as independent variables or mediators in quantitative research. For example, resilience can significantly and positively predict the social adjustment of ethnic minority students at pre-college preparatory programs in the Han district (Liao et al., 2019); there is a significant positive correlation between students' perceived school climate and subjective academic achievement, and psychological quality plays a significant mediating role between perceived school climate and subjective and objective academic achievement (Nie et al., 2018); psychological quality partially mediates the relationship between teachers' emotional support and academic achievement (Chen et al., 2018). In addition, there are also empirical studies exploring the factors affecting resilience, for example, Du and Zhang (2021) find that the school type, peer environment, teacher-student relationship, and peer relationship can all have a significant positive impact on the resilience of left-behind children. Liang and his colleagues (2017) explore the development of psychological quality among elementary school students in Grades 3–6 from a developmental perspective.

Many studies focusing on resilience and psychological quality go beyond the educational setting. Factors like family environment and parenting play significant roles in students' development by affecting resilience as a pathway which is eventually reflected in their adjustment outcomes. For example, Cheng et al. (2018) find that psychological quality mediates the relationships between middle school students' family socioeconomic status and academic achievement. Li (2018) find that parenting style influences high school students' academic engagement through the mediating role of resilience. Cheng et al. (2019) find that psychological quality partially mediates between parental involvement and problem behaviors. In addition, researchers in recent years have found that many factors in the family predict resilience and psychological quality. For example, paternal and maternal attachment avoidance negatively predicts the psychological quality of middle school girls through paternal and maternal-child attachment (Pan et al., 2021). Liang et al. (2018) find that family function can predict psychological quality of students in upper elementary schools. In short, the research on resilience and psychological quality together helps identify risk and protective factors, and effective interventions for student mental health problems.

7 National Policies

7.1 Fundamental Policies

The national policies regarding student mental health have gone through three stages: preparation (1978–1999), beginning (2000–2010), and development (2010–present) (Yu & Ju, 2018). In the stage of preparation, support for student mental health was defined as providing mental health education for students. Mental health education has been considered an important aspect of moral education for a long time. In the *Regulations on Moral Education in Elementary and secondary schools (Abolished),* issued in 1998, moral education was emphasized, leading to the assurance of students' healthy development and schoolwork and the cultivation of students' political, ideological, ethical, and psychological qualities (MOE, 1998). The policies administered by NHC put greater emphasis on health education and intervention. *Mental Health Law of the People's Republic of China* (National People's Congress, 2012) regulates the roles of schools and teachers in recognizing and assisting student mental health. Therefore, schools, as the responsible party, are required by MOE to take care of students' psychological growth through psychological activities and daily education.

With the reform of national policies regarding students' mental health in the last three decades, the essential conceptualization of students' mental health experienced changes. At the beginning and growing stages, support for student mental health has been still defined as rooted in education and guidance. Psychological services have been gradually considered as an added form to deliver student mental health support. Support for student mental health is not limited to mental health education at schools, but also be delivered via psychological counseling, consultation, and intervention.

Going through three stages, Chinese national policies regarding student mental health become more systematic, specific, and diverse. In the earlier years, several governmental departments separately issued policies regarding student or child mental health. In recent years, they have issued joint policies about student mental health policies (Yu & Ju, 2018), which increases the efficiency of the system of promoting student mental health. For example, in 2008, 17 ministerial-level units including the Ministry of Health (MOH) and MOE jointly issued the *Guiding Outline for the Development of the National Mental Health Work System (2008–2015)* (MOH et al., 2008), which emphasizes that the school should focus on the implementation of quality education, integrate the student mental health education and prevention of mental and behavioral problems among students into school daily work plan (Li & Gao, 2013). In the next sub-section, more information about recent leading policies will be introduced.

7.2 Recent Policy Highlights

In recent years, MOE and NHC have issued new policies regarding student mental health, which further expands and clarifies methods of student mental health promotion. Compared to previous policies, the updated policies make more concrete and multi-level requirements in their text, which indicates a more comprehensive governmental perspective and approach. Specifically, four measures are articulated in the updated policy of *Notice on Enhancing the Management of Students' Mental Health* (MOE, 2021b) to increase the effectiveness of student mental health support, which are "strengthen source management to fully enhance students' mental health literacy", "strengthen process management to improve levels of early detection and counseling and consultation", "strengthen result management to enhance crisis intervention abilities", and "strengthen support management to enlarge comprehensive support levels."

7.2.1 Strengthening Source Management to Fully Enhance Students' Mental Health Literacy

The goal of source management is to promote students' mental health knowledge, awareness, and coping skills by cultivating their mental health literacy and actively providing specific guidance as needed. To achieve this goal, elementary schools, secondary schools, and HEIs are required to set up required courses of mental health literacy and other forms of mental health education activities, including selective courses and social practices. Schools are also required to integrate mental health education into physical, aesthetic, and labor education to cultivate students' positive psychological traits. Additionally, teachers are to be updated regarding students' mental health status through daily communications and school-family-community partnerships. Students who experience stressful events should be paid extra attention and provided guidance as needed (*ibid*).

7.2.2 Strengthening Process Management to Improve Levels of Early Detection and Counseling and Consultation

This element requires county-level education departments to administer assessments of students' mental health status and track every student's status annually, in collaboration with professional agencies. As required, the county-level education departments should also guide schools to understand and make use of students' psychological assessment results, and create a psychological growth profile for every student. The second focus of process management is to develop networks of early warning and intervention. In HEIs, college class advisors and class teachers collaborate with student leaders to observe if any students experience significant frustration or display abnormalities in daily life. In elementary and secondary schools, teachers should

take care of students through daily communications and school-family partnerships. Third, they suggest HEIs to further build the platform of counseling and psychological services, and open 24/7 mental health support hotlines. The county-level education departments are required to build counseling centers and provide online and in-person counseling for elementary and secondary school students in their local areas and provide training for local schools (*ibid*).

7.2.3 Strengthening Result Management to Enhance Crisis Intervention Abilities

The crisis intervention and management system is advised to build upon family-school-community partnerships. Regarding family-school partnerships, school is suggested to develop intervention and crisis plans with on-campus and off-campus professionals, and administer the plan together with parents. The mental health medical institutes should provide support for elementary and secondary schools and HEIs regarding crisis intervention system building and medical requests. The policy also gives guidelines to schools and HEIs about how to respond to social comments (*ibid*).

7.2.4 Strengthening Support Management to Enlarge Comprehensive Support Levels

The policy regulates the number, qualifications, and continued training of psychological teachers and professionals in elementary and secondary schools, HEIs, and county-level teaching and research institutes. As described, every HEI should have at least two full-time mental health education teachers, and the ratio of mental health educators to students must be no less than 1: 4,000. College class advisors in HEIs are encouraged to study psychology as their second master's degree and are required to receive training in psychology to develop their psychological and counseling skills. Every elementary and secondary school is required to have at least one full-time mental health education teacher. Elementary and secondary school teachers should take training about psychology and mental health as their priorities. More importantly, this section clearly states that county-level education departments, HEIs and elementary and secondary schools should offer space and financial support for counseling and mental health education (*ibid*).

In sum, the *Notice on Enhancing the Management of Students' Mental Health* is currently the leading policy guiding educational institutions in China to support students' mental health and promote their psychological well-being. The *Notice* has several significant changes, compared to former policies. First, the school-family-community partnerships are repeatedly emphasized. Whichever students' psychological cultivation, recognition of warning signs, early intervention, and crisis intervention, school, family, and community are advised to work together to help students in all directions. The second significant change is about assessment and active guidance.

The long-term track of students' mental health well-being and the construction of the network for crisis detection and intervention are firstly officially required. Finally, the required number, qualifications, training, space, and financial support for psychological professionals working in educational institutes are specifically required, which guarantees the implementation of this policy.

The other current leading policy on students' mental health is *Health Action in China: Mental Health Action Plan for Children and Adolescents (2019–2022)* (hereafter *the Action*) issued by NHC and other 11 central agencies in December 2019. In the past, NHC co-developed *Mental Health Law* in 2012 and *Guidelines on Enhancing Mental Health Services* in 2016 for the general population (National Health and Family Planning Commission,[7] et al., 2016). In 2012, NHC issued *Guidelines for Student Mental Health Education* (MOH, 2012), which specified the goals, principles, and methods of student mental health education. *The Action* for children and adolescents is the most recent policy that NHC directly developed for students. Policies in *the Action* are developed from the policy of *Health Action in China (2019–2030)* (NHC, 2019). The goal of *the Action* is to enhance the health and psychological well-being of children and adolescents by creating a positive social environment for children and adolescents' mental health, building school-community-family-media-medical institutes partnerships for mental health services, implementing intervention measures for children and adolescents' psychological behavioral problems and interventions, and providing extra guidance for vulnerable populations (NHC et al., 2019). *The Action* suggests schools build platforms of psychological services and emphasizes that institutes of early education and special education equipped with full-time or part-time mental health education teachers. It regulates that no less than 50% of parent-schools or family education guidance centers should provide mental health education, no less than 60% of second-and above class medical centers should set up outpatient services for children and adolescents, and no less than 30% of children's hospitals should set up psychiatric (psychological) outpatient services. In *the Action*, cities are required to open or connect with mental health hotline services. *The Action* also set a goal that the mental health key knowledge level of children and adolescents should achieve 80% (*ibid*).

The above goals are developed to achieve through six aspects of actions: Mental Health Outreach Action, Mental Health Environment Facilitation Action, Mental Health Promotion Action, Mental Health Care Action, Mental Health Service Abilities Enhancement Plan, and Mental Health Service System Improvement Plan (*ibid*). In terms of Mental Health Outreach Action, media, medical institutes, health departments, and education departments are encouraged to provide physical and mental health education for children and adolescents individually and with collaboration. In the Mental Health Environment Facilitation Action, active detection and intervention are emphasized. It is encouraged to report and intervene if violence, bullying, or abusive behaviors are found. Students' mental health is directly supported through

[7] The current National Health Commission is previously called Ministry of Health, and later National Health and Family Planning Commission.

the Mental Health Promotion Action. This Promotion Action advises schools to facilitate students' effective communications with peers and family members, to guide students to have one hour of exercise every day, and to receive career and life planning education. In the Mental Health Care Plan, additional care should be given to vulnerable populations, such as students before significant entrance exams, students with mental health disabilities, etc. The Mental Health Service Abilities Enhancement Plan focuses on training for teachers, parents, and professionals working for mental health hotlines to improve their working skills. The System Improvement Plan emphasizes the mental health services set up in schools, HEIs, communities, and medical centers (*ibid*).

In *the Action* mentioned above, NHC emphasizes the support for students provided by medical institutes through specific outpatient psychiatric and psychological services for students and partnering schools, communities, medias, and government departments to provide services of mental health literacy and professional consultation. Additionally, mental health hotlines are frequently mentioned in *the Action*, which indicates the essential role of the hotlines in the mental health support measures by NHC. Compared to the policies issued by MOE, policies issued by NHC are concentrated more on holistic health, reflecting its intentions to improve mental health through consistent physical exercises and sleep quality enhancement.

Overall, these two leading policies share some similarities, such as focusing on multiple partnerships, early detection and active intervention, mental health literacy and awareness improvement, minimum requirements on the teacher-student ratio, and continued training for teachers, parents, and professionals. These similarities may reflect the current philosophy under the work that supports students' mental health in China.

7.3 Other National Policies

A few other policies for specific issues and populations have been developed and issued in accordance with the above national policies. For example, in 2008, when some areas in China suffered from the 512 Wenchuan Earthquake, a devastating earthquake measuring 8.0 on the Richter scale, MOE issued a policy to provide psychological consultation and education for elementary and secondary school students in earthquake-stricken areas (MOE, 2008). At approximately the same time in 2008, MOH issued several policies relieving people's suffering from earthquakes, such as the *Notice on the Construction of Mental Health Support Hotline* (MOH, 2008), as the support hotline was one of the main support channels for people suffering from the disaster at that time. For left-behind children in rural areas, NHC issued a series of policies to support their mental health and psychological development, such as setting up counseling services in rural areas (Li & Gao, 2013). Meanwhile, MOE consistently suggests special instructions for rural students' psychological support in their policies (e.g., developing mental health education classes, and providing school counseling services) (Table 9).

Because of the page limit, not all policies are introduced above. Therefore, key national policies regarding students' mental health are grouped and presented in Table 9 for readers' reference.

Table 9 Key national policies on mental health education or promotion

Year	Issued by	Targeted population	Policies
2002	MOE	Students in elementary and secondary schools	*Guiding Outline for Mental Health Education in Elementary and Secondary Schools*
2005	MOE et al	Students in higher education institutes	*Guidelines on Further Strengthening and Improving Mental Health Education for College Students*
2009	MOE	Students in higher education institutes	*Notice on Strengthening Ideological and Political Education in Employment of Students of HEIs*
2012	NHC	All students	*A Guide of Mental Health Education for Students*
2012	MOE	Students in elementary and secondary schools	*Guiding Outline for Mental Health Education in Elementary and Secondary Schools* (revised in 2012)
2014	MOE	Students in elementary and secondary schools	*Notice on Implementing the Plan of Striving for Characteristic Schools in Mental Health Education in Elementary and Secondary Schools*
2014	MOE	Students in vocational schools	*Moral Education Syllabus for Secondary Vocational Schools* (revised in 2014)
2015	MOE	Students in elementary and secondary schools	*Guidelines for the Construction of Psychological Counseling Rooms in Elementary and Secondary schools*
2018	MOE	Students in higher education institutes	*Guiding Outline for Mental Health Education for Students in HEIs*
2019	NHC et al	All students	*Health Action in China: Mental Health Action Plan for Children and Adolescents (2019–2022)*
2020	MOE	Students in high education institutes	*Guidelines of Accelerating the Construction of a System of Ideological and Political Work in Colleges and Universities*
2021	MOE	Students in elementary and secondary schools	*Guide of Integrating Life Safety and Health Education into Elementary and Secondary School Curriculum*
2021	MOE	All students	*Notice on Enhancing the Management of Students' Mental Health*

8 Summary

This chapter introduces student mental health in China from three aspects: quantitively comparing the student mental health status in China and other countries by identifying key data and creating excellence indicators, qualitatively describing practices and inspiring stories to present approaches and actions in the promotion of student mental health, and reviewing national leading policies and latest research trend in China to show the big picture of student mental health.

This chapter first reviews the most prevalent psychological problems among Chinese students by school-stages, and the overall improvement in student mental health promotion practices in the last three decades. In the highlighting data section, comparable data of suicide rates and psychological problems of students in China is searched, summarized, and compared with those of other countries and the global average. It finds that suicide rates in China from 2000 to recent are relatively lower than other countries, and this trend is the same for the depression and anxiety symptoms among children and adolescents during the COVID-19 pandemic. The most recent and comprehensive estimation of psychological problems among Chinese elementary and secondary students is 17.60%. This indicates continuous efforts are still needed to improve student mental health.

To better understand and compare the status quo of China and other representative countries, this chapter designs a series of excellence indicators that provide a snapshot of students' mental health conditions within the three-dimension structure (student mental health, campus safety, and school support for student well-being). The findings show that Chinese students' well-being and campus safety is similar to their counterparts in other countries. Regarding school support, China is among the few countries that issued policies on mandatory mental health curriculum. Yet, in all seven countries, the professional support offered by school psychologists, which is indicated by its ratio with students, is off from the ideal conditions set by professional associations.

The best practices and inspiring stories sections aim to present representative approaches that individuals and organizations are taking to support student mental health in China, which may not be common in other countries. The three best practices highlighted are school-family-hospital partnerships, all teachers engaged in students' mental health development, and mental health hotlines. These practices have been initiated or developed with the guidance of national policies. For example, the first two practices were initiated after the "Three-Holistic Education" policy was announced. All three practices are not traditional mental health interventions, but they benefit student mental health by expanding channels for psychological professionals and educators to better support students, and students have more convenient access to support and guidance. Three outstanding individuals are also selected to be presented in the inspiring stories. It is interesting that none of them are mental health professionals at the beginning, but they have helped students with their love, learning,

patience, and creativity. Even though the role of school psychologist became more emphasized in policies only within the last decade, Chinese educators have already started their efforts in student mental health education and intervention in their creative and unique ways much earlier on. Through student feedback in the above three stories, the integration of mental health education and daily school activities is deemed effective for student mental health promotion.

This chapter also reviews Chinese scholars' efforts in better understanding student mental health problems and identifying effective interventions. Based on the review of Chinese scholars' interests, this chapter selects three heated research topics (internet addiction, school bullying, and resilience/psychological quality) for closer examination. The content and trend of the relevant studies published in Chinese journals are summarized, which indicated that Chinese scholars had made good progress in terms of understanding how these mental health issues develop under various interpersonal factors and contexts, as well as identifying effective interventions among Chinese students.

The national polices section reviews fundamental national policies, recent policy development, and other policies regarding student mental health in China. With the number of policies issued increasing and the content becoming more specific (Ma, 2019), the national policies on student mental health in China become more systematic as a whole (Yu & Ju, 2018). It indicates the government and society's emphasis on student mental health and inner growth (Yu & Ju, 2018). Generally, these policies aim at regulating formal mental health education and professional intervention methods (e.g., equipping schools with school psychologists and counseling rooms) as well as setting up new resources to support student mental health (e.g., advocating integrative force of community and the ecological network around students). This pattern may suggest the Chinese government and scholars' advanced understanding of student mental health.

Even though Chinese students' mental health status is still challenging, many trends reflected in practices and policies are encouraging, such as mental health education being formalized as an essential part of the school curriculum, support for student development becoming increasingly comprehensive and integrated, and psychological services provided to students becoming more professional. Outstanding educators and professionals may play a leading role in further promoting relevant policies and practices. These trends together with the continuous research conducted in this field will keep contributing to improving student mental health in an ever-changing society with increasing uncertainties.

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Appendix A

A list of mental health hotlines in China.

Service targeting populations	Telephone	Organization
Adolescents nationally	12,355	Chinese Youth League of China
Women & children nationally	12,388	All-China Women's Federation
Adolescents in Shanghai	021–61,017,581 021–61,017,555	Shanghai Rainbow Adolescents Development Center
Youth in Beijing	010–64,015,039	China Youth Daily
English-speaking people internationally	400–821-1215	Lifeline Shanghai
Residents in Shenzhen	0755–25,629,459	Shenzhen Mental Health Center
Residents in Hangzhou	0571–85,029,595	Mental Health Center of School of Medicine of Zhejiang University
Residents in Shanghai	962,525	Shanghai Mental Health Center
Residents in China and Chinese people overseas	400–967-8920	Central China Normal University
Residents under COVID stress	400–188-8976	Beijing Normal University

Note This table presents some hotlines targeting students and general populations

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