

Construction and Implementation of "Online + Offline" Mental Health Service System - Taking E College as an Example

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Abstract: In response to the mental health service needs of students under the background of normalized epidemic prevention and control, an "online + offline" mental health service system is built and implemented with the support of the online platforms. This system improves the level of mental health services on campus by building service platforms, broadening service horizons and integrating educational resources.

1 Introduction

Mental health services are an important pathway to promote students' all-around development as well as a safeguard for maintaining harmony and stability on campus[1]. In the face of closed-loop campus management under the situation of normal epidemic prevention and control, college students who may have problems and troubles in mood, sleep and cognition most need all-around and full-time mental health services [2]. However, according to the mental health service satisfaction survey conducted among the 1,200 students at E College, the traditional offline mental health services, which are monolithic in form and limited in time and space, are unable to meet the diverse mental health service needs of students in the new situation. In order to improve the mental quality of students and build a mental epidemic prevention dam in an all-round way, E College constructs and implements the "online+offline" mental health service system by exploring the potential of online mental health services. This system provides all-round, full-time services covering mental health education, mental health assessment, mental health counseling and consultation as well as mental crisis intervention in a combination of online and offline approaches to inject new cultural momentum into the education of high-quality tech talent for the new era.

2 Connotation

According to positive psychology, the study of positive aspects of psychological factors, humans have potential, malleable spirit power[3]. Under the guidance of positive psychology theory and supported by digital and new media technologies, the "online+offline" mental health service system follows the law of college students' mental development and aims at cultivating the new

generation from the perspective of psychological services. By building service platforms, broadening service horizons and integrating educational resources, the system promotes the autonomy, dimensionality and interactivity of mental health services and propels the integrated development of the "Online+offline Five-sphere Integrated Mental Health Services" covering mental census, consultation and intervention, professional training, knowledge publicity and activity expansion to improve the mental health services for students.

3 Realization Pathway

The "online+offline" mental health service system is realized in the pathway of building the platforms for service autonomy, broadening the horizons for service dimensionality and integrating the educational resources for service interactivity.

3.1 Building the platforms for service autonomy

Constructing an "Internet+" mental health service system is the requirement of "strengthening the construction of Chinese mental health service system" put forward in the report of the 19th CPC National Congress[4]. Responding to the call, we have built new media and digital platforms for mental health services by expanding the three main spaces and enhancing the six functions of online services to promote the autonomy in the means of mental health service.

3.1.1 Expanding the three spaces of online service

With the popularity of the Internet, teenagers are becoming more and more dependent on new media, which has become an important platform of mental self-

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help and mutual assistance for college students [5]. Conforming to this trend, we set up the Wechat official account of "Words from the heart" for the students. It consists of three functional modules that are "the language of the heart", "the appointment of the heart" and "the joy of the heart", to realize the three major functions of mental adjustment strategy, mental consultation appointment and mental health activities. The three functional modules help students identify and deal with bad emotions in a timely manner, obtain simple mental adjustment methods with strong operability at any time to improve their mental "immunity". We have also introduced digital technology into mental health services. Relying on the digital platform of the "Pocket Academy", "mental census", "mental appointment and consultation", "online question answering", "online registration" and other functions are realized. Through the management of mental health data, individual mental health levels are monitored on time and precise treatment and personalized services are provided to improve the effectiveness of mental health services.

3.1.2 Strengthening the six functions of online services

With the help of new media and digital platforms, we have developed six functions of online services, including mental consultation appointments, mental health counseling, mental health assessment, mental health profile generation, mental health service promotion and positive psychology cultivation. First, we have opened the "one-touch" online appointment simultaneously in the WeChat official account of "Mental Speech for College Students" and APP of "Pocket Academy". We have also launched a 24-hour helpline for mental support services to help students alleviate mental problems through the two service channels of real-time and non-real-time consultation. In addition, we design functional frameworks, application scenarios, role and authority allocation as well as integrated psychometric assessment resources to realize the uploading of assessment scales, online mental testing, data collection and analysis, etc., so as to improve the psychometric assessment. Moreover, relying on the digital platform of "Pocket Academy", students' information is imported at one time, and mental reports and continuous dynamic electronic mental files containing students' mental evaluation results, mental health benchmark data, consultation records and other materials are generated to strengthen the early warning of each student's mental health. At the same time, we have strengthened mental health education promotion, regularly publicizing our mental health services, appointment methods and other related information with new media platforms to raise awareness among students to actively seek mental support. In addition, guided by the concept of positive psychology, we foster positive mental qualities in our students through emotional communication, behavioral interaction and sharing of knowledge, thoughts and spirits.

3.2 Broadening the horizons for service dimensionality

Guided by the dual goals of mental health education for crisis prevention and development promotion [6], we broaden the service horizons according to the mental development law of students, realize the fundamental transformation from passive service to active service, and promote the dimensionality of service content from serving individuals to serving groups, so as to promote the healthy mental development of young students.

3.2.1 Building the vertical service architecture

According to the research, peer mental counseling in college students' mental health education is helpful to improve the initiative, the coverage and the operability of mental health education [7]. To encourage peer-to-peer mental health counseling, we have established a four-level organizational structure for mental health services, including a Mental Health Development Center, a Mental Health Services Task Force, a Class Committee Member for Mental Health, and a Dormitory Security Information Officer, to ensure full coverage of mental health services with a robust vertical organizational structure. We have further developed standardized courseware on *Mental Counseling Skills during the Epidemic and Responses to Students' Common Mental Problems*, and conducted skills training for all counselors and committee members. In addition, we have compiled *Classroom Mental Health Committee Workbook* to foster student mental backbone's role awareness, crisis identification and early warning capabilities in order to enable early detection, timely intervention and follow-up services for student mental problems.

3.2.2 Creating the horizontal service pattern

We have created a horizontal service pattern covering mental census, mental interview, mental counseling and consultation, mental crisis intervention, group counseling activities and other services to ensure that mental health services are delivered throughout the whole school day. Once students are enrolled, all of them are encouraged to participate in the mental health survey. We then established *Key Group Mapping Information Summary Table* and the *Mental Health Ledger* through daily observations, class committee discussions, one-on-one heart-to-heart talks and other forms of scientific mapping of student mental health conditions. A special psychiatric council is in charge of active intervention and timely psychiatric consultation for key students with mood disorders and disciplinary violations. In addition, we improve the dynamic management mechanism of student mental profile to detect students who may be in a mental crisis and take appropriate interventions based on the level of mental crisis. Moreover, we have conducted online group counseling activities for all students to meet their diverse mental development needs.

3.2.3 Highlighting the key points of mental guidance

Young people, who are in the "jointing and booting stage" of life, most need careful guidance and cultivation [8]. We analyze the characteristics and growth needs of the students' mental development, highlight the key points of mental guidance, and focus on cultivating the students' positive, rational and peaceful mindsets. Special lectures on "Mental Adjustment during the Period of Epidemic Prevention and Control" and "Sunshine Psychology Forum" were held for all students to help them master some necessary mental adjustment skills for developing a sunny mood. At the same time, articles are pushed in a timely manner according to the mental characteristics of the students at different stages to provide mental guidance. For example, we promoted the tweets "How to make mental adjustments after resuming school" "Warm care to those who ride the wind and waves" "Aren't you happy today" respectively in the early, medium and final stages of school days to protect the mental health of students with everlasting mental nourishment.

3.3 Integrating educational resources for service interactivity

We integrate all educational resources through the organic linkage of online with offline, the complementarity of self-help with mutual assistance, the integration of mental services with ideological and political education, as well as the interaction of service methods.

3.3.1 The organic linkage of online with offline

Mental health consultation services are offered in a combination of in-person and online consultation. For students who are found to have a mental disorder during an online consultation, they are advised to go to a consultation room for a further face-to-face interview. At the same time, we have integrated the functions of new media platforms to occupy the mainstream offline+online position. We carry out offline mental health activities such as "Becoming Your 'Guardian Angel'" and "Opening Day of Mental Health Development Center", which are fully publicized and displayed online. The online and offline organic linkage helps to innovate the content and form of mental health services and improve the timeliness and radiation of mental health services.

3.3.2 The complementarity of self-service with mutual assistance

New media and digital platforms have provided efficient and convenient pathways to carry out self-help and mutual-aid mental health education [9]. In order to solve the contradiction between the growing demand of students for mental knowledge and the limited nature of mental health courses, we developed micro course videos such as "Seeking Emotions and Facing Flow", "Cloud Relaxation" and "How to make the mental adjustment after returning to school?" and played them on the new media platform, so that students could use their fragmented time to obtain knowledge and achieve self-help mental health education. At the same time, we focused on giving play to the role of peer groups in mental mutual assistance and organized the activities like "Becoming Your 'Guardian Angel'" among students. With such activities, students are encouraged to comfort, encourage and support each other as far as they can, by spreading warmth in mutual assistance.

3.3.3 The integration of mental service with ideological and political education

We promote the integration of mental service with ideological and political education, for "the fundamental task and value pursuit of mental health education and ideological and political education in colleges and universities are consistent in both adhering to the student-based concept" [10]. Guided by Xi Jinping's Thought on Socialism with Chinese Characteristics for a New Era, the mental health service aims to foster sound personalities, resilience and high-mindedness by enhancing ideological and political education and cultivating students through virtue. We have organized activities with the support of new media platforms to heighten the positive internal strength of students. For example, after the outbreak of the epidemic, we held the micro-essay competition "Walking Together on the Road of the Epidemic with the Soul Blooming" and the mental micro-film competition of "Heroes of the Epidemic in My Mind" to guide students to shoulder the burden, gather strength and strive for the realization of the great rejuvenation of the Chinese nation.

4 Implementation Achievements

One year after the implementation of the "Online + Offline" Mental Health Service System, we compared the scores of SCL-90 of students in 2021 and 2022, and made statistical analysis with SPSS. The results show that the factor scores for the symptoms of students in 2022 are significantly lower than those in 2021, as shown in Table 1.

Table1. Descriptive Statistics

Items	Year	Sample size	Means	Standard deviation	Standard error
Somatization	2021	2927	1.5645	.36761	.00679
	2022	2908	1.1214	.28430	.00527
Obsessive compulsive	2021	2927	1.535	.6317	.0117
	2022	2908	1.334	.4843	.0090
Interpersonal sensitivity	2021	2927	1.4032	.59966	.01108
	2022	2908	1.1990	.37242	.00691
Depression	2021	2927	1.3205	.53855	.00995
	2022	2908	1.1745	.37072	.00687
Anxiety	2021	2927	1.311	.5143	.0095
	2022	2908	1.159	.3306	.0061
Hostility	2021	2927	1.2874	.52151	.00964
	2022	2908	1.1541	.34585	.00641
Photic anxiety	2021	2927	1.27	.499	.009
	2022	2908	1.15	.348	.006
Paranoid ideation	2021	2927	1.28	.493	.009
	2022	2908	1.15	.343	.006
Psychoticism	2021	2927	1.268	.4699	.0087
	2022	2908	1.132	.3107	.0058
Additional items	2021	2927	1.3039	.49117	.00908
	2022	2908	1.1763	.35293	.00654
Total score	2021	2927	123.14	41.455	.766
	2022	2908	106.06	28.666	.532
Average total score	2021	2927	1.3694	.45994	.00850
	2022	2908	1.1784	.31851	.00591

5 Conclusion

The construction and implementation of the "online + offline" mental health service system has created a new situation of mental health education by optimizing the means, content and methods of mental health services. With the rapid development of the times, the mental demands of students are constantly changing. And we will move with the times to improve the mental health services system and lay a solid mental foundation for the healthy growth of college students.

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