Research and Practice of Mental Health Education for College Students in Local Colleges Research on Innovation of Teaching Model

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Abstract. Under the application-oriented talent training mode, theoretical and practical exploration is one of the effective parts of college students' mental health education course. The three-dimensional practical teaching mode built by psychological evaluation, group psychological counseling and behavioral training in the course of "College Students' Mental Health Education" is very obvious to the overall effect of the course teaching. This paper puts forward innovative strategies for practical teaching research and training of mental health education in local colleges and universities: strengthen the sense of identity of mental health teaching, combine reality with theory, extend after-class extension within class, so as to improve the teaching effect.

1 COLLEGE STUDENTS' MENTAL HEALTH EDUCATION COURSE INTRODUCTION

As an applied subject course focusing on improving students' mental health literacy, the important teaching mode and content of Psychological Health Education for College Students, which is different from other professional courses, is practical and instructive. As an important connotation of the teaching effect, the experiential teaching of mental health courses focuses on the exploration and innovation of the practical teaching link of college students' mental health course. The purpose of the research is to improve the effect of college students' mental health education, so that college students can better strengthen their mental health literacy in study, life and work, and become socially qualified compre-hensive talents.

To explore the goals, principles, models, procedures and effects of the practical teaching of college students' mental health education, so as to make the teaching develop in depth and promote the reform of teaching concepts. And provide more theoretical basis for it. It is also helpful to improve students' psychological quality and personality, and reduce the incidence of serious psycho-logical problems or diseases. This exploration is not only the requirement of modern education concepts, but also the ultimate goal of optimizing the class-room teaching of mental health education for college students.

2 CURRICULUM BACKGROUND AND DEVELOPMENT TREND

In May 2011, the General Office of the Ministry of Education of the People's Republic of China issued a notice on the Basic Teaching Requirements of Mental Health Education Courses for Students in regular and higher Schools. "The health education course for college students buried in the heart is a public course integrating knowledge teaching, psychological experience and behavioral training", "The course should give full play to the initiative and creativity of teachers and students in teaching", "the teaching method should be combined with theory and experiential teaching, teaching and training. Such as classroom lectures, case analysis, group discussions, psychological tests, group training, situational performances, role-play, experiential activities, etc." The document points out some forms of practical teaching in mental health education. At present, local college students’ mental health education has formed a relatively basic system. What is worth further exploring is how to better complete the teaching task, improve the teaching effect, promote the virtuous cycle of college students' mental health development, and effectively cultivate more healthy high-quality talents for the society, which is worth thinking about.

In addition, in the actual teaching, the mental health level of local college students is at different levels, which determines that our mental health education task is also multi-level. In the three aspects of defect correction (early intervention, problem prevention and development guidance, the optimization of practical teaching) can be effectively carried out in the aspect of...
"problem prevention and development guidance". This is not only helpful to improve students' psychological quality and personality, but also can reduce the incidence of serious psychological problems or diseases. This allows front-line teachers to have more time and energy for development guidance. At the same time, it also lays a foundation for promoting college students' sound personality, improving their mental health knowledge level, and adapting to society and realizing the value of life in the future. Therefore, the good teaching effect of college students' mental health education course is undoubtedly great practical significance to our mental health education. Only by better applying the theory to practice, so that college students can master the knowledge of mental health. It is of great practical significance to carry out the research on the practical teaching of college students' mental health education efficiently.

3 RESEARCH STATUS AND DEVELOPMENT TREND OF MENTAL HEALTH EDUCATION IN CHINA AND THE WEST

Western countries emphasize the concept of holistic and developmental mental health education. In Harvard University, MIT, Stanford University and other first-class American universities, the concept of mental health education requires not only mental health, but also physical health, healthy life attitude and healthy environment. Their mental health education model is based on activities, which involve all aspects of college life. In a sense, the school mental health education in western developed countries has developed into a network system engineering. It has formed an atmosphere in which the whole society cares about mental health education in schools. It is generally believed that there are four kinds of movements that have played a powerful role in promoting the development of mental health education in foreign schools—the movement of psychological testing, the movement of special education, mental health and mental hygienic movement, and the movement of vocational guidance. Secondly, a major trend of mental health education in foreign schools in recent years is to change the traditional mental health service mechanism from focusing on individual intervention to advocating universal prevention. The "Strong Start" course in the United States developed the "Social-emotional Strength and Mental Resilience Scale" based on the advantage evaluation, which effectively combined the evaluation of social-emotional ability with intervention and mental health promotion. America's "Strong Start" curriculum emphasizes the consistency of social cognition, emotion and behavior development. It pays attention to the development of social emotional ability and the experience of the real life world. And the other experiences of mental health education is important to our country. [1]

In China, since 2011, with the strong advocacy and attention of the Ministry of Education, the construction of mental health curriculum system for college students has been gradually improved. At present, as a public compulsory course, it has been included in the traditional college students' education and training program. However, in view of the unique practicability and guidance of mental health education course, the traditional teaching mode based on knowledge teaching can no longer be the basic requirement of the course, expanding of the practical teaching content of psychological experience and behavior training has become the inevitable choice of the teaching reform of mental health education course. At present, the practical teaching of mental health education mainly has three modes:

Firstly, it is the group tutoring model. It usually includes 1 or 2 leaders and several group members. It takes activities as the carrier to achieve the purpose of growth and development of each member through their self-experience and mutual sharing (Xu Bin, 2011; Ouyang Dan, 2009), this model not only requires members to have certain commonality, but also requires leaders to have skill requirements (Liu Aihua, 2013; Lu Yan, 2011; Li Yanniao, 2011).

Secondly, it is large-scale experiential teaching model. Through active participation in the experiential situation created by teachers, students gain insights in the experience process of problem solving (Yang Tongyu, 2013; Goofy, 2013). Limited by teachers, teaching materials, class hours and venues, the teaching method has to become increasingly large class teaching, and the effect of activities is not as good as that of small class teaching (Ma Qian guang, 2013; Yin Jun, 2013; Shi Wei, 2012).

Thirdly, it is group experiential teaching mode. Activities are initiated and promoted by teachers, and the time is also decided and controlled by teachers. One teacher is assigned to multiple groups. The students are only the respondents of activities who lacking profound experience (Fang Shuanghu, 2007; Ni Haizhen, 2010)

Therefore, it is necessary to explore innovative group practice teaching mode under the framework of the existing college students' mental health education course Syllabus. We can use the method of questionnaire to investigate students' understanding and attitude before and after the practice course, and then analyze the emotional data of students who have completed the course of this mode to find out the appropriate practice plan of mental health education. Then it evaluates the teaching effect of this mode through students' experiential participation. In this way, we can find out the appropriate practice plan for mental health education for student group. Through various practical teaching activities, the education will be integrated into daily life, so as to a good atmosphere of mental health education. It can imperceptibly improve students' mental quality and the scope of mental health teaching activities. It is helpful to cultivate talents with high mental health literacy for the society.
4 PRACTICE COURSE RESEARCH INNOVATIVE IMPLEMENTATION PLAN AND BASIC CONSTRUCTION

In the process of college students' mental health education and teaching, research and practice teaching mainly focuses on students, adopts diversified research and practice teaching models, and is guided by teachers to create a specific educational environment to trigger students' individual physical and mental development tasks, improve the classroom teaching effect, and effectively cultivate college students who are physically and mentally healthy. In 2011, the Opinions of the Ministry of Education on Vigorously Promoting the Reform of Teacher Education Curriculum emphasized that the training of high-quality professional teachers needs to strengthen the practice link, focus on the training of teachers' education and teaching ability, and improve teachers' practical ability, so as to enhance students' ability to apply theory to real life. It can be seen that practice teaching has its specific significance in college students' mental health education. Students can experience some psychological situations in practice, so that they can better understand the course content.

4.1 Orientation of Course

First of all, the teaching object has a clear subjectivity. The audience group of mental health course is in the late adolescence. Whether it is the individual psychological development characteristics of students, or the training methods and training objectives of students, it has great particularity. The late adolescence is the life stage in which the individual development develops from the contradictory period to the mature period. The course of college students' mental health education can refer to its special psychological thoughts and ideas. Giving consideration to the subjectivity of college freshmen, female (or male) group, poor student group, left-behind children background student group, love student group, graduate group and other special groups. Studying education objectives accurately positioning their development needs can help us better cultivate high-quality college students with more subjective initiative and creativity. Therefore, by understanding the characteristics of students' physical and mental development, carrying forward students' principal position, developing students' initiative, and cultivating students' creativity, all of these can help us to complete the teaching objectives of college students' mental health education and to cultivate students' physical and mental health.

Secondly, the teaching program has clear operability. It is very necessary to carry out unique and specific operable teaching programs according to the research and precise positioning of the education object, which can help us to better train the all-round development of college students. On the premise of fully respecting the autonomy and difference of college students, various practical teaching activities should be carried out in a targeted way, such as selecting scientific psychological guidance topics and operational teaching programs in specific teaching, and selecting course practice content that students are willing to participate in, so as to better combine with students' life, work and environment. Only in this way students can better stimulate their internal drive, encourage them to give full play to their subjective initiative to complete the teaching objectives, and promote their own physical and mental development.

Thirdly, the teaching objectives have clear directionality. Due to the practicability and guidance of mental health education courses, it is necessary to provide feasible guidance and suggestions for college students in the future life. Ultimately, it will help them become healthy, positive and comprehensive talents with certain psychological resilience. Therefore, in the implementation of practical teaching, it is necessary to clarify the specific and representative psychological troubles or psychological problems that college students usually encounter. The ultimate teaching goal is that students can take the methods and means to solve these specific and practical problems, which requires the content of each chapter to be specific, task-based and have clear directionality. When the direction is clear, it can solve students' practical problems and reflect the target value of their courses.

4.2 The construction of mental health education research practice teaching mode

In the teaching process of mental health education for college students, research and practice teaching mainly takes students as the main body, adopts a variety of research and practice teaching mode, and leads to create a specific education environment under the guidance of teachers. And it will trigger the task of students' individual physical and mental development. It will improve the classroom teaching’s effect. It will effectively cultivate students with physical and mental health. In 2011, the Opinions of the Ministry of Education on Vigorously Promoting the Reform of Teacher Education Curriculum emphasized that training high-quality and professional teachers should strengthen the practical aspects, focusing on the cultivation of teachers' teaching ability, and improving teachers' practical abilities. So as to enhance students' ability to apply theory to real life. It can be seen that practical teaching has its specific significance in the mental health education of college students, who can experience some psychological situations in practice, so as to have a better understanding of the course content.

4.2.1. Students as the main body, effectively stimulate the kinetic energy of the course

The design content of all classroom teaching activities should meet the actual needs of students and exercise the psychological literacy ability as the prerequisite. In November 2021, 1056 freshmen was conducted on the teaching status of mental health courses. 78.7% of the students, as the important participants in the teaching
activities, said that they preferred the "teacher-guided active classroom" teaching style to the "closed-eyes instilling knowledge" teaching style. Before class, we should lead the students and stimulate students' interest in study. In class, we should inspire, guide and organize students to solve the mental problems encountered in life. After class, we should help students summarize the experience of coping with psychological distress. Let the students change from "want me to learn" to "I want to learn", enhancing the students' learning energy. So that the class can be really active. From passive to active, students have higher enthusiasm and participation and maximize the students' learning initiative.

4.2.2. Demand-oriented, focus on improving course effectiveness

The construction of the practice teaching model’s mental health education cannot be separated from the field investigation of the psychological development needs of the teaching target group. In the investigation and research of teaching reform in 2021, the uniqueness of local college student groups, regional mental health status and actual needs are shown in three ways. The first is the need for classified guidance of psychological help. The second is the need for group psychological guidance of different groups. And the third is the need for personalized courses close to the real life of current students. Through a series of psychological tests, questionnaire statistics and analysis, field visits and other in-depth investigation on the psychological health status of students, the course teaching will directly connect with the psychological needs of students. It will improve the teaching efficiency of psychological health course, form a systematic and scientific teaching system. It will improve and strengthen the construction of mental health curriculum. It will also improve the deficiencies and improve the teaching effect. To make the course is not only mere form, but also promote the good interaction of teaching bilateral.

4.2.3. Take activities as a platform to continuously improve the attractiveness of the course

Various forms of mental education activities can stimulate students' learning energy to the greatest extent, and can encourage students to take the initiative to carry out psychological self-regulation and self-improvement, so as to improve their mental health literacy. In the field research of this subject, 95.6% of the surveyed students said that the teaching effect they hope to achieve was to carry out various experiential teaching activities as the best carrier. For example, 87.3% of the surveyed students said that they hoped that the teacher would use the psychological melodrama of "role-playing" in class, think about the problems encountered or see in their lives by observing other people's stories, and treat the relationship between others and themselves from different angles. These interactive and experiential teaching include both teacher-student interaction and student interaction. Let the students enjoy it and feel in it. Therefore, through the diversified forms of students' psychological education activity platform, it will use a variety of teaching activities such as case analysis, group counseling, role playing, and psychological testing. It can carry out multi-theme psychological group auxiliary activities for specific student groups, can enhance the interest of the course organization form, can enhance the attraction of the course; and can stimulate the students' learning drive.

4.2.4. Guided by assessment, we should improve the quality of courses constantly

The adjustment and improvement of the curriculum assessment system can enhance the pertinence and operability of the assessment of teaching objectives and provide scientific reference for improving the quality of teaching. Therefore, in addition to the current course assessment mainly in the form of examination papers or small course papers, the practice teaching summary report can be added to emphasize the result over the process, establish an assessment system focusing on students' sense of psychological coping ability, and compare students' performance in class and group tutoring activities. For example, the performance of speech, sharing, interaction, group cooperation and peer counseling should be quantifiable and scored as the focus of the final overall assessment. Through the introduction of SCL-90, the corresponding interpersonal relationship scale, and the statistical analysis of the actual teaching process questionnaire, the students' psychological state change data before and after the course are compared, the teaching effect is comprehensively evaluated, the teaching effect is analyzed and summarized in time, the benefit effect of the course is grasped and tracked, the teaching experience is summarized in time, the course quality is constantly improved, and the students really benefit from the course.

5 EFFECT AND ANALYSIS OF INNOVATIVE IMPLEMENTATION OF PRACTICE CURRICULUM RESEARCH AND TRAINING

5.1 Comparison of course effects before and after

In the study of the teaching objects, 1296 SCL-90 clinical symptom checklists were issued, and the effective rate was 100%. This scale is a commonly used mental health testing tool at home and abroad. It has a 10 factor questionnaire involving various aspects of mental health, which can comprehensively reflect the mental health status of the tested object. The SCL-90 scale adopts five grades of scoring. If the score of any of the nine factors or the total average score is ≥ 3, the item or the total item is positive, indicating that there are mental health related problems. The higher the score, the lower the mental health level. 12.27% of the students who
participated in the factor screening with pre-warning factor ≥ 3 had mild or more psychological problems. (Table 1)

<table>
<thead>
<tr>
<th>Number</th>
<th>Factor Name</th>
<th>Factor Code</th>
<th>Pre-warning scope</th>
<th>Pre-warning Number</th>
<th>Pre-warning proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Somatization</td>
<td>A</td>
<td>3~5</td>
<td>4</td>
<td>2.52%</td>
</tr>
<tr>
<td>2</td>
<td>Obsessive compulsive</td>
<td>B</td>
<td>3~5</td>
<td>38</td>
<td>23.90%</td>
</tr>
<tr>
<td>3</td>
<td>Sensitive interpersonal</td>
<td>C</td>
<td>3~5</td>
<td>23</td>
<td>14.47%</td>
</tr>
<tr>
<td>4</td>
<td>Depression</td>
<td>D</td>
<td>3~5</td>
<td>19</td>
<td>11.95%</td>
</tr>
<tr>
<td>5</td>
<td>Anxiety</td>
<td>E</td>
<td>3~5</td>
<td>18</td>
<td>11.32%</td>
</tr>
<tr>
<td>6</td>
<td>Hostility</td>
<td>F</td>
<td>3~5</td>
<td>13</td>
<td>8.18%</td>
</tr>
<tr>
<td>7</td>
<td>Phobias</td>
<td>G</td>
<td>3~5</td>
<td>18</td>
<td>11.32%</td>
</tr>
<tr>
<td>8</td>
<td>Paranoid ideation</td>
<td>H</td>
<td>3~5</td>
<td>14</td>
<td>8.18%</td>
</tr>
<tr>
<td>9</td>
<td>Psychoticism</td>
<td>I</td>
<td>3~5</td>
<td>11</td>
<td>6.92%</td>
</tr>
<tr>
<td>10</td>
<td>Other</td>
<td>J</td>
<td>3~5</td>
<td>11</td>
<td>6.92%</td>
</tr>
</tbody>
</table>

*Self drawing table

By introducing the SCL-90 scale to analyze the relevant sensitive factors (obsessive compulsive symptoms, interpersonal sensitivity, depression, anxiety, phobias) of the sample students, it is found that the sample students have changed significantly before and after the practice course (Table 2):

<table>
<thead>
<tr>
<th>Number</th>
<th>Factor Name</th>
<th>Factor Code</th>
<th>Pre-warning scope</th>
<th>Pre-warning Number</th>
<th>Pre-warning proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Somatization</td>
<td>A</td>
<td>3~5</td>
<td>3</td>
<td>1.9%</td>
</tr>
<tr>
<td>2</td>
<td>Obsessive compulsive</td>
<td>B</td>
<td>3~5</td>
<td>30</td>
<td>18.87%</td>
</tr>
<tr>
<td>3</td>
<td>Sensitive interpersonal</td>
<td>C</td>
<td>3~5</td>
<td>15</td>
<td>9.4%</td>
</tr>
<tr>
<td>4</td>
<td>Depression</td>
<td>D</td>
<td>3~5</td>
<td>15</td>
<td>9.4%</td>
</tr>
<tr>
<td>5</td>
<td>Anxiety</td>
<td>E</td>
<td>3~5</td>
<td>13</td>
<td>8.2%</td>
</tr>
<tr>
<td>6</td>
<td>Hostility</td>
<td>F</td>
<td>3~5</td>
<td>10</td>
<td>6.29%</td>
</tr>
<tr>
<td>7</td>
<td>Phobias</td>
<td>G</td>
<td>3~5</td>
<td>12</td>
<td>7.55%</td>
</tr>
<tr>
<td>8</td>
<td>Paranoid ideation</td>
<td>H</td>
<td>3~5</td>
<td>10</td>
<td>6.29%</td>
</tr>
<tr>
<td>9</td>
<td>Psychoticism</td>
<td>I</td>
<td>3~5</td>
<td>12</td>
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</tr>
<tr>
<td>10</td>
<td>Other</td>
<td>J</td>
<td>3~5</td>
<td>30</td>
<td>18.87%</td>
</tr>
</tbody>
</table>

*Self drawing table

### 5.2 Course effect analysis

In the table, it can be clearly observed that the number of early warnings of five factors decreases, including obsessive-compulsive, interpersonal sensitivity, depression, anxiety and phobias. The number of pre-warning people of obsessive compulsive symptom sensitive factors decreased by 5.03%, and the number of early warning people of interpersonal relationship sensitive factors decreased by 5.07%; The number of early warnings of depression sensitive factors decreased by 2.55%, anxiety sensitive factors decreased by 3.12%, and terror sensitive factors decreased by 3.77%.

It is obvious that the innovative implementation effect of practice curriculum research and training is obviously improved, mainly in four aspects:

Firstly, the design content of classroom teaching activities takes students as the main body, which has obviously stimulated the curriculum momentum. Students’ interest in learning has been significantly enhanced. Teachers’ inspiration, guidance and organization in the classroom to solve psychological problems encountered in reality, as well as helping students summarize their experience in coping with psychological problems after class. These have made the classroom more active. Students have a high degree of enthusiasm and participation, and the changes in mental health factors are very obvious.

Secondly, All the adopted research and practice teaching of mental health education is guided by the psychological needs of students, focusing on the investigation and research of sample student groups, and teaching students in accordance with their aptitude. In view of the uniqueness of the current situation of students’ mental health, the specific teaching methods such as psychological assistance and classified guidance, group psychological counseling for different groups, and personalized course stickers are used to make the course teaching directly meet the students’ psychological needs. To truly improve the efficiency of curriculum teaching,
students have enough motivation to become positive and sunny.

Thirdly, In the specific implementation of various forms of mental education activities, it is very obvious to urge students to actively improve their mental health literacy. Interactive and experiential teaching allows students to immerse themselves in it. Through teaching activities such as case interpretation, group counseling, role playing, psychological testing, the interest of the course is greatly improved and students’ learning motivation is better stimulated. Therefore, the situation of students’ inner conflict has obviously improved.

Finally, the adjustment and improvement of the curriculum assessment system led by assessment has greatly enhanced the pertinence and operability of the assessment of teaching objectives and provided a scientific reference for the final mental health assessment of students. The sense of acquisition of students’ psychological coping ability is very obvious, which makes students benefit a lot in the course. This has promoted the students’ mental health literacy.

6 CONCLUSION

The biggest difference between mental health education course and other courses is that the emphasis of course evaluation is to improve students' psychological literacy, especially whether the guidance in life is true and effective. The key is to improve students' psychological resistance to setbacks and optimize their mental health. Therefore, the focus of curriculum teaching should be students' interest in and participation in classroom activities, whether the psychological ability has been expanded and improved after class.

The curriculum of mental health education should also focus on the teaching objects and teaching methods of mental health education, cater to the psychological characteristics of students, and actively explore new ways to effectively combine the popularization of theoretical knowledge with the training of psychological quality, so as to fully improve the level of mental health and psychological quality of students. With the continuous advancement of the future mental health education curriculum reform, the research on students’ mental health education is gradually deepened, the practical teaching methods of mental health education should be standardized in the practice teaching, and a scientific practice teaching system of mental health education should be formed, which will gradually show their own characteristics and signs with strong theoretical and practical operation in local colleges and universities.

Acknowledgments

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