The Existing Problems of Mental Health Education in Chinese High Schools and Solutions

Jilin Zhang[1*]

[1]Shanghai Pinghe School, 201206 Shanghai, China

Abstract. Recently, the increasing mental illness rate in Chinese high school students has raised concern. After the COVID-19 pandemic, the depression rate has increased among students who experienced a year at home. It suggests that changes have to be made for these children. Some existing problems of the education systems are recognized, but there are still more obstacles for teachers and counsellors. Schools are overloading students with heavy work, and the students cannot find support from the schools' mental counselors. This article will discuss the mental health education in high schools and reach the conclusion that the education system and teacher training requires effort to improve. Based on the information given, this article suggests that the education system reduce stress for local students by controlling academic workload, and fund trainings for mental counsellors so that the overall quality of the mental counselling will improve in schools, offering better service and hopefully result in a healthier future generation.

1 Introduction

High school is an essential step towards becoming an adult, and values are often formed during this period. If students do not have a beneficial mental health status, then it would negatively affect their values, leading to twisted values and an unstable mental status. Another observation is that the number of students who are suffering from mental illnesses is increasing, which is not a good sign. This indicates that the existing education system needs to do better at keeping students mentally healthy. To maintain the high school students' mental health, it is necessary to research existing mental health education that is available in schools and whether it is effective or not. Especially after the pandemic, in which over 35 percent of students reported extreme negative emotions such as depression during that time [1]. A more alarming fact is that 20 percent considered committing suicide, a very upsetting sign for the fate of future generations [2]. The topic of this research will be about the mental health education in high school and ways for improvement. This research will focus on the mental health status of high school students in China, how the schools in China act to ensure their mental health, and remind people of the importance of mental health education. Also, some existing problems that became obstacles for students to have a healthy mental status

* Corresponding author: Logan.zhangjilin@hotmail.com

will also be pointed out, thus offering some suggestions for improvement. By doing so, it is believed that it could make a difference in the mental well-being of high school students.

2 Mental health education in high schools

The mental health education landscape in Chinese high schools has undergone dramatic evolution over the past decade, from a peripheral concern to a recognized component of students' holistic development. The system, while increasingly formalized, operates within the complex interplay of academic pressure, cultural attitudes, and institutional capabilities. Such an effect is multifaceted-both foundational support can be given, and significant areas where promise falls short of practice are revealed [3].

2.1 The formal system of mental health education

By and large, the formal system of mental health education in high schools in China is based upon a curriculum approach. Such an approach is often included in the broader framework of moral and political education, while in other cases, the relevant subjects are presented separately under the title of "mental health." This type of mental health education is mandated by the Ministry of Education's guidelines that stress the need to develop in students the characteristics of psychological well-being.

Usually, this format includes standardized texts and courses of lectures about things like stress reduction, basic emotional literacy, relationships, self-awareness, and adolescent psychology. These courses, theoretically, are designed to ensure all students have a basic knowledge of mental health concepts, create a destigmatization of psychological challenges, and ensure they have at least basic skills for coping. The format emphasizes psycho-education, transmitting knowledge about mental states, as opposed to skill- or practice-based learning.

Beyond the classroom, the system is supported by periodic, school-wide activities such as "Mental Health Week" campaigns, which may encompass inspirational speeches, poster competitions, and workshops for awareness. In addition, many schools have standardized psychological screening protocols to be given regularly, usually administered annually through questionnaires aimed at identifying students at risk of depression, anxiety, or other issues. This systematic, top-down approach ensures that at least a basic level of mental health awareness is provided to all the students in the school, creating one language for well-being and signaling institutional acknowledgment of its importance.

2.2 Psychology teachers or counselors in school

The human cornerstone of this system is the school psychologist or psychological counselor. Their presence has become a standard requirement for secondary schools, representing a critical step toward professionalizing student support. These professionals are tasked with a wide-ranging portfolio: delivering the mental health curriculum, providing individual and group counseling, conducting psychological assessments, intervening in crises, and consulting with teachers and parents. Yet the effectiveness of mental counselling in schools is doubtful. Students with mental issues do not seek advice from the school's mental counsellors, but instead keep these problems in their hearts, thus making the situation more severe. Also, according to some mental counsellors in schools, the income for mental counsellors is rather low, compared to other teachers in school [4].

2.3 Education system contributes to mental health

The whole wider system of education is itself a powerful, though often indirect, contributor to the mental health ecosystem of high schools. Its contribution is dual in nature: providing a structural platform for support while generating the very stressors that make such support necessary.

Indeed, the system's gradual infusion of mental health measures in the schools' appraisal criteria has encouraged investment in infrastructure and personnel. The framing of students' well-being as interrelated to national vitality through national policies legitimized the discourse related to mental health in education settings. In addition, the shared atmosphere of a school provides a natural setting for community support from peers, mentors, and teachers, and routine activities-all these are settling factors for teenagers.

3 Existing problems

In spite of the established framework, the implementation process involves a series of challenges, especially in relation to mental health in Chinese high schools.

3.1 Education system

The contribution of the system is one of great paradoxes. The culture of high-stakes testing, represented by the Chinese College Entrance Exam, encourages a culture of permanent and extreme academic pressure. The curriculum is packed, with little time allowed for proper and thorough engagement, a prerequisite for the accommodation and integration of mental well-being instruction [5]. The value system, based on the results of high-stakes examinations, can conflict with mental well-being instruction regarding issues like self-worth, failure, and multiple paths for success. The system, by its values transmitted implicitly, also appears supportive of values like competition, endurance, and academic success over well-being, supporting the idea that the educational system, as it were, works at odds with the needs and values assigned to mental well-being instruction.

The deepest issues are structural to the very design of the education system. The most overwhelming factor is the sheer domination of measurements of academic performance. Rankings of schools, evaluations of teachers, and future opportunities for students all depend disproportionately upon the results from the Chinese college entrance exam. This creates an institutional bias, whereby anything seen as distracting time and energy from exam preparation--including meaningful mental health education--is downplayed. Classes on mental health are often sacrificed for extra lessons in core subjects, or their content is delivered perfunctorily.

Beyond that, integration is seriously lacking. There is a mental health education curriculum in a silo, without any interaction with the academic curriculum and everyday classroom interactions [6]. Subject teachers are not taught to look out for signals of distress or to create psychologically enabling learning environments. Messages on resilience and balance in a once-a-week lecture on mental health could be contradicted the next day by a teacher normalizing all-night study sessions or shaming poor marks. This disconnection prevents internalization at the level of lived experience in the school's culture.

Furthermore, the level of generalization in the curriculum content does not take into consideration the individual differences of the students. This means the content could be overly theoretical and abstract, and not directly related to the very specific and heightened pressures of Chinese high school students. There is emphasis placed on personal ways of getting through the high-stress system that already exists, rather than directly addressing and possibly changing the sources of the stress.

3.2 Teachers or counsel

The problems at the personnel level are similarly serious in nature. As has been discussed, the understaffing of qualified psychological counselors is the fundamental problem in this area. They are treating cases in the thousands; they are necessarily triage-only, dealing with emergencies but having no time for anything else, no time for preventive work, for the normal population, or for follow-up treatment.

Lack of specialized training or lack of specialized knowledge is, of course, another concern. Counselors, while well-versed in psychological matters, may be found to have limited knowledge of specialized matters concerning adolescents with developmental disorders, trauma-based care, or knowledge of effective interventions for anxiety and depression, which are all commonly found among this particular age group. The educational training of these counselors may also have failed to adequately prepare them for the complex ethical challenges of practicing in a school system.

Furthermore, there is a potential clash in terms of both role and culture: counselors may have to implement a school-interest approach, for example, by pressuring an anxious student to return to class as fast as possible or by an approach that presents a student's problem as an issue of personal failing to motivate oneself, rather than unconditionally advocating a student's psychological concerns. This further limits the effectiveness and student counseling trust in them as professionals. There is no clear, protected, empowered space for a counselor in the school power structure.

In practice, this role is heavily mediated in its efficacy by several factors. First, the drastic disparity in counselor-to-student ratios stands in the way. Whereas guidelines suggest 1:100, which is quite common, that one counselor must serve more than 100 students, where individualized care is logistically impossible. Their function is often overwhelmed by administrative duties and crisis management, leaving little time for proactive, developmental work.

Second, the professional background and training of these counselors are all over the map. While many have degrees in psychology or counseling, certification can be spotty [7,8]. More troubling still, their position within the school pecking order is ill-defined. They may either lack the status to shape school policy or be seen by teaching professionals as ancillary to the central mission of academic success. Students are correspondingly reluctant to seek help out of fear that confidences will be betrayed or dismissed as neurotic fantasy by school authorities, thereby undermining the students' trust [9]. Thus, even though the position exists on some organizational chart, its place within the daily fabric of student life and its ability to create change are limited.

4 Suggestions and solutions

Any mental health emergency response for high school students requires going beyond 'having a system' to making the system robust, integrated, and genuinely challenging the status quo. For this, solutions should be multileveled: targeting systemic structures, human resources, and pedagogical practices.

4.1 Reducing stress for students

While the acquisition of coping skills is vital, a mental health strategy to be effective must also address the sources of suffering, which means reducing systemic sources of stress. This calls for courage in the way of structural change.

Academic workload and evaluation need to be looked at urgently, and this can be done by enforcing homework and studying hour limits even more stringently at the high school

level, introducing diversity with the use of alternate forms of academic assessment, and pushing exploratory and project-based learning that focuses more on the actual process and less on results. Moving universities towards more holistic entry criteria has game-changing potential for academic environments at the secondary level.

Within institutions, it is also vital to ensure that conceptual spaces for respite and growth are developed. This entails safeguarding time and space for arts programs, sports, hobbies, and unfettered social experiences without college-admissions instrumentalization. Establishing peer support programs, conducted by trained student mentors, may offer safe and acceptable support networks.

Finally, the content of the mental health curriculum must change, moving away from a model that is characterized by the transfer of knowledge, towards an interactive model that promotes skills acquisition, specifically skills that are tangible, such as cognitive-behavioral skills in coping with anxiety, skills in effective communication, and critical discussion about the pressures within the system. Providing students with tangible skills, as well as affirming their experiences of pressure as aspects of the system, rather than failing to cope, is empowering in itself.

In addition, the government must recognize the importance of mental counsellors in schools and provide more funding to local schools so that more full-time mental counsellors can be hired.

4.2 Teacher training

What is required is a paradigm shift from being reliant on specialist counselors to developing a whole-school approach where every educator is a frontline supporter of student wellbeing. This must be underpinned by comprehensive, compulsory mental health literacy training for all teachers and school leaders [10].

Such training should equip subject teachers with the skills to identify early warning signs of common mental health issues such as anxiety, depression, and burnout; to apply basic, empathetic communication techniques for initial conversations with students in distress; and to create a classroom climate that minimizes psychological threat and maximizes belonging. The training has also got to consider teachers' well-being and effective ways to manage their stress as a means of maintaining a resilient student body-a burned-out teaching corps cannot support resilient students. What's more, training should be funded by governments so that schools do not have to bear the burden of organizing training. By doing so, the quality of training could also be monitored and maintained at a high level.

Additionally, child and adolescent psychology should be a key component of a teacher training program within a university setting. School policies should also officially recognize and reward teachers who are able to foster learning environments where a child or adolescent psychology component is a reality and a measure of effective teaching and academic performance. An interdisciplinary approach to developing teams to address child psychology and mental health through collaborative planning among counselors, teachers, and administrators can also help to integrate this process into school operations.

5 Conclusion

In conclusion, the current framework for mental health education in Chinese high schools serves as a considerable acknowledgment of the pressing concern, albeit with its potential being hampered by a system that simultaneously treats the symptoms and the disease, or rather, the disease and the symptoms. Yet, the way forward does not lie with the existing incremental approach that involves a paradigm shift in prioritization and a revolutionized focus on the investment in mental health literacy for the entire educational community, as

well as, most importantly, the courage to eliminate the architectural causes of stress via the exam centric model, thereby changing the high schools from being sites of considerable pressures to actual sanctuaries for the holistic growth and development of students, to ensure that, as a necessity beyond mere theory, or better yet, beyond being forced to merely be on the curriculum, mental health education becomes the very "way of being" that permeates the educational environment to ensure the wellness of a generation poised to enter adulthood.

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