

Research on Mental Health Crisis, Intervention and Prevention on Chinese Colleges' Campus

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Abstract: In recent years, Chinese college students facing mental health crises are becoming a prevalent phenomenon. Many scholars analyzed the factors leading to this with the goal of reducing the number and severity of mental problems in college students, and compiled factors that help students cope with stress and mental disorders. By review the research literature on the process of prevention, intervention, and prognosis of mental health crises of individuals on Chinese colleges' campuses, this paper discusses the problems existing in the process, and summarizes possible solutions, and experiences that can be used for reference from campuses around the world.

Keywords: mental health crisis, crisis intervention, prevention, college students, psychoeducation

1. Introduction

In recent years, Chinese college students facing mental health crisis is turning into a prevalent phenomenon. In recent ten years, the prevalence of anxiety, depression, sleep problems and suicide attempts among college students has increased significantly. [1] According to a newly released report on mental health development in China, among college students, 18.5% have demonstrated a depression tendency, with 4.2% at a relatively higher risk. 8.4% of students have suffered from anxiety of varying degrees. Among those who live with relatively poor mental health conditions, the risk of suicide is a major concern for teachers and parents. The detection rate of college students' suicidal ideation is relatively high, reaching the figure of 10.7%. In view of this trend, the government and school departments have launched relevant policies and measures to help with the construction of mental health system on campus.

Since the 1980s, college campuses around China have begun to set up counselling centers to provide relevant services and arrange curriculums on psychoeducation [2]. College students' mental health and counseling services are playing an increasingly important role in promoting students' overall development, and the professional requirements for psychoeducation, counseling institutions and their personnel are becoming higher. However, a unified and authoritative mental health crisis intervention model and its corresponding clinical ethical norms have not yet been formed in Chinese universities, which leads to corresponding problems. Under the background of overall moral education, the current process of mental health crisis intervention among colleges in China can be roughly divided into three aspects: prevention, intervention, and prognosis. This article aims at

reviewing the research literature on this process, while identifying existing problems and solutions in each aspect, and exploring the experiences that can be applied in the future.

2. Mental Health Crisis, Intervention and Prevention on Chinese Colleges' Campus

2.1. Crisis

A crisis is a response to an event or series of events that tax a person's usual methods of problem-solving [3]. Basic crisis theory, founded by Lindeman, focused on how people deal with the suffering of loss, while Caplan extended the definition of crisis to cover general traumatic events. To Caplan, people are in a state of crisis when they face an obstacle to important life goals, and obstacle that is, for a time, insurmountable by the use of customary methods of problem-solving [4].

Modern health crises are often classified into three categories in applied crisis theory: developmental, situational, and existential [5]. Some researchers also focus on the stimulus of the crisis, classifying it as external (major life events) or internal (developmental conflict). College students, who confront brand new challenges for the first time, often struggle to tackle with a wide range of issues that may cause acute or chronic stress. 92.4% of college students say they are under pressure in their studies [6]. Studies conducted on Chinese college students have identified certain factors that are correlated with stress of varying degrees on campus, including concerns about major life events, identity and schooling issues, employment, social support and interpersonal relationships [7]. Without necessary intervention and appropriate guidance to cope with the factors above, students may suffer from sleep deprivation, depression, and anxiety, which results in impairments in social interactions and school performance [8].

2.2. Prevention

However, the development of a mental health crisis is not only related to the stressful or aversive events themselves, but also depends on the individual's cognitive resources to cope with stress and conduct assessment of the difficult situation [9]. In this approach, the emergence of a crisis situation is not a sufficient prerequisite for the emergence of a mental health crisis. The quality of an individual's coping strategy is also a critical component in deciding whether or not a crisis happens. This suggests that while a mental health crisis is uncontrollable and cannot be completely avoided, it may be intervened upon by optimizing an individual's coping strategy. On college campuses in China, such an idea is implemented in the mental health crisis prevention methods, which are mainly psychoeducation and psychological archives.

2.2.1. Psychoeducation

Psychoeducation has a long history, but it was popularized lately by C.M. Anderson in the 1980s. It is a practical therapy method to inform participants of various kinds of mental health services, treatment, and possible consequences [10], and it is of significant importance in the curriculum for college students in China. However, unlike traditional courses, it is not classified as subject or moral education, but rather as a component of well-round education [11]. In most of the colleges, psychoeducation is done by organizing a set of independent lectures in certain semesters. The themes usually cover topics on basic information of mental health care, identification of abnormal psychological disorders, and stress-coping strategies [12]. As society and technology develop, it has also expanded to daily topics in life, such as marriage, the internet, life education, and career guidance. In this way, students are able to grab an understanding of basic knowledge about mental health during limited class sessions. However, the problems also arise from this form of psychoeducation. Curriculum-based psychoeducation is not guaranteed to be effective in practice, as it is more suitable

for addressing theoretical issues, while there are many other emotional and behavioral ones that cannot all be resolved in classrooms. Some colleges are eager to change the situation by organizing life education, but only achieve a low participation and satisfaction rate due to insufficient publicity [13]. What is more, the current system is usually absent when an individual's mental health crisis happens.

Positive psychology approaches have been actively applied and studied on Chinese college students among all attempts. As a form of therapy based on the concept of positive psychology that can be applied to a wide range of conditions and disorders, group therapy sparks deeper inner-introspections and valid experiences of facilitating interpersonal relationships [14]. What is more, it has proved to be effective for certain groups of college students in China: students who struggle with poverty and interpersonal relationship problems. Students who have participated in counselling modeled on group therapy report lower scores in psychoticism on the EPQ and all sub scores of the SCL-90, with less social avoidance and distress displayed [15]. Another form of group therapy, psychodrama, will also see a significant influence on campus from some researchers' perspective. It is a theater, psychology, and sociology-based therapy created by Moreno [16] that reaches the purpose of diagnosis and treatment through performance in groups. Apart from therapy techniques that are extensively studied and evidence-based, some also propose to make advantage of the developing techniques and popularize the use of social media. Many colleges have already developed platforms on WeChat or TikTok to carry out psychoeducation in different forms. At Xiamen University, mental health programs built on WeChat have successfully increased students' mental health awareness, boosted their initiative and strengthened the connections between the mental health department on campus and students [17]. Other than innovations in forms of psychoeducation, multi-culture as an important element on campus has also caught certain attention. For counselling in a normal context, value freedom is a core principle. However, some have already rebutted the statement and called for open discussions on value issues between counselors and clients [18]. The same should be applied in psychoeducation due to the uniqueness of the population. Since it is a crucial part of moral education, values that are grounded in Chinese culture should be involved in the process.

2.2.2. Psychological Archives

Different from colleges that build their mental health crisis alerting systems based on SBST (School-based Support Team), the data of Chinese students' mental health condition is tested, collected and compiled into files along with their attendance to college [19]. The test usually includes a set of mental health scales, including UPI (University Personality Inventory), SCL-90 and 16PF, aimed at identifying and screening students with potential mental health problems, and organizing further return visits for them. However, the use of these scales often requires professional administrators and a rigorous testing environment, as well as the understanding and cooperation of the subjects. This results in many scales' collecting results that are not accurate and are subject to multiple risks of error. Confidential issue are also challenged during the whole process of data gathering and filing [20]. As a result, changes of further completion of the system, specialized personnel and proper storage of the files are definitely in urgent need.

2.3. Intervention

When a mental health crisis happens, there are myriad of models of crisis intervention to describe the development and possible solutions to it, including psychoanalytic theory, ecosystemic theory and cognitive model [21]. Although the intervention may differ in forms, but the reactions to the crisis should always be dealt without delay due to its features of suddenness, unexpectedness, and time-limitedness [22]. The two immediate goals of crisis intervention are to help individuals to cope with

intensified reactions mentally, psychically, and socially, and to guide them back to the normal functioning level. In Chinese colleges, this step is usually conducted via a three-layer network.

2.3.1. Network of Crisis Intervention

The first layer of this network is based on counseling centers, involving specialists in psychoeducation and faculty members of the mental health department who are responsible for assessing, diagnosing mental health crisis and transforming students to hospitals in necessary situations. The second layer centers around school counselors and class teachers, who focus on detecting and reporting emergencies to specialists, while organizing optional lectures and theme activities as day-to-day prevention. While the last layer includes students who are specially trained to have a basic understanding of knowledge about mental health, react timely to crisis happenings and form peer support groups that can play a positive role in crisis prevention and self-healing, thus relieving the pressure of an inadequate supply of professional mental health assistance [23]. These three levels assist each other to ensure that mental crisis intervention is timely, professional, and minimizes its harm. However, this network of crisis intervention operates mainly when a crisis has occurred or is about to occur, ignoring the time between the stimulus event and the psychological crisis when the individual uses his or her cognitive resources.

2.3.2. Issues

Most people in poor mental health condition will seek help from a professional counsellor or psychiatrist, but there are many factors that prevent such help-seeking behavior in the university population. College students have noticeably displayed a low rate of seeking and adherence to mental health treatment [24]. Studies have observed the fact that a large percentage of adolescents in schools with a diagnosable mental disorder refuse to turn to mental health services for help [25]. Among Chinese students in college, males more actively seek help than females, while students from the countryside are more prefer to solve problems themselves than their peers from cities. Studies have already identified several factors that have a connection with this phenomenon, including public and self-stigmatized of mental illness, self-efficacy, and trust in counseling. Therefore, necessary changes should be implemented to promote the help-seeking behavior.

Another problem that arises from this system is overlapping intervention and issues of confidentiality [26]. A highly organized and systematic crisis intervention process will naturally need the help of the administration department in school, which will lead to interference from non-professional individuals. The principle of informed consent is also constantly under threat in different situations. As a result, apart from focusing on the direct outcomes of crisis intervention, an individual's personal willingness should also be considered in some situations.

3. Problems after treatment

When a mental health crisis intervention is completed, and students have received necessary help and treatment, as the general goal of crisis intervention suggests, they should return to their pre-crisis daily life. Nevertheless, there are not really many studies made on the prognosis of students who have gone through a mental health crisis, especially those who have taken a medical leave for reasons of mental illness. But there are some discussions on the dilemma they face: stigma. Irving Goffman applies this term to refer to those people who lack appropriate social acceptance and are in a constant struggle to adjust their social identity [27].

This kind of devaluation happens both externally and internally, leading to self-stigma. Among those who have sought assistance from mental health services, 31.8% of students report that they

would feel varying degrees of shame if they let others know they had sought help from professionals , and 7% would feel severe shame. As a result of the associated stigma, students felt that their problems would lead to reduced emotional support from family and friends [28].

In colleges around the world, practical advice on this topic includes address mental health issues more directly, encourage students to monitor their own status to cope with stigma, and start talking instead of holding it back. What is more, Chinese college students must spend time on reaccommodating to the pace of college life, and transforming the role to a student, which is mentally burdensome. Prognosis of this population has always been a duty to those who have given them medical or counseling treatment, but not schools. However, colleges around the world are applying programs in regard of the dilemma, including The Bridge for Resilient Youth in Transition (BRYT) program that allows students certain time and space to compose themselves [29]. Methods in for crisis prevention should also be applied in this process to prevent another occurrence of mental health crisis.

4. Conclusion

In conclusion, different from traditional counseling services, mental health crisis intervention for college students in China faces more serious challenges, and has higher requirements on the timeliness of problem solving. Although the current system has roughly covered the basic aspects of different stages of crisis intervention, there are still problems such as refusal of help-seeking, overlapping intervention, stigma, the need for popularizing related knowledge to prompt help-seeking behavior in necessary situations, and appeal to address the necessity of confidential problems of counselling centers. As we enter the post-epidemic era, this process of mental health crisis prevention, intervention and prognosis system also needs further improvement. During the pandemic, over 21.3% percent of college students in China are experiencing different degrees of anxiety [30], while 21.16% suffer from depression. Therefore, students should also be informed of basic information of the pandemic and self-help techniques to cope with stress response. Issues and activities which are centered on mental health crisis prevention should gain more attention and become normalized.

This article draws the conclusions above by literature review. Therefore, large-scale survey and cases studies are definitely called for further research and future implications. On the other hand, colleges across China have different processed of mental health crisis intervention, thus it might be more feasible to conduct a thorough study on a specific campus.

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