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Fishpond Co-Governance: Metaphor Construction and Practical Path of Collaborative Governance for Campus Psychological Crisis

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Abstract: Students' mental health is a crucial issue related to the country's future and population quality. Currently, student psychological crisis intervention faces multiple practical dilemmas, such as broken responsibility chains, fragmented resource networks, and insufficient collaborative capabilities. Based on Bronfenbrenner's ecological systems theory, this paper constructs the core metaphor of "Fishpond Co-Governance", comparing the student psychological ecosystem to a "fishpond", and clarifies the legal roles and core responsibilities of four main subjects—schools, families, medical institutions, and communities—under the framework of laws and regulations such as the *Mental Health Law*. On this basis, from three dimensions of collaborative mechanisms, system resources, and subject capabilities, the paper systematically proposes practical paths for building a "law-based collaboration" governance system. It aims to provide school administrators with a clear theoretical framework and action guide to transform collaborative concepts into operable governance efficiency, promoting campus psychological crisis intervention from scattered response to systematic and comprehensive ecological governance.

Keywords: Fishpond co-governance; School-family-community-medical collaboration; Psychological crisis intervention; Ecological systems theory; *Mental Health Law*

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1. Problem proposal: Implementation obstacles of collaborative practice in psychological crisis intervention

Data from the *Report on the Development of National Mental Health in China (2023-2024)* shows that the detection rate of depression among Chinese adolescents remains high, with a trend of younger age [1]. Student psychological crisis incidents have evolved from occasional cases to systematic challenges that schools need to address regularly. Students' mental health is comprehensively affected by biological, psychological, and social factors, and its effective intervention cannot be separated from the collaboration of schools, families,

communities, and medical institutions (hereinafter referred to as the "four parties"). To effectively respond to and intervene in such crises, the national government has issued policy documents such as the *Special Action Plan for Comprehensively Strengthening and Improving Students' Mental Health Work in the New Era (2023-2024)*, which clearly requires "building a collaborative work pattern of school-family-community-medical linkage" [2]. However, the ideal policy blueprint still faces severe structural dilemmas during implementation.

1.1. Broken responsibility chain: From "law-based" to "difficult to implement in accordance with the law"

First, schools have "misplaced" performance of duties. Especially in underdeveloped areas, the allocation of professional psychology teachers is seriously insufficient, making it difficult to implement the requirements of the *Guidelines for Mental Health Education in Primary and Secondary Schools*. Due to limited professional capabilities, some schools simply attribute psychological problems to ideological and moral issues, failing to fulfill the legal responsibility of "informing and assisting in medical referral" as stipulated in Article 28 of the *Mental Health Law* [3].

Second, families have an "absent" performance of duties. Some guardians, due to a strong sense of "stigma" or limited understanding of mental health issues, refuse to acknowledge their children's psychological crisis status and evade the "obligation of medical referral" clearly stipulated in Article 28 of the *Mental Health Law*, becoming the weakest link in the crisis intervention chain.

Finally, there is a "disconnection" between the community and the medical institution connection. There is no mandatory information notification and service referral mechanism between medical institutions, schools, and communities. Once families fail to perform their duties, it is easy to lead to a "management vacuum" throughout the whole process from diagnosis and treatment to rehabilitation and return.

1.2. Fragmented resource network: Mismatch between support system and legal responsibilities

The distribution of professional resources is extremely uneven. Mental health services highly rely on professional talents, but there is a huge gap in psychiatric doctors and full-time psychology teachers in county-level and rural areas, which cannot provide effective support for the identification, intervention, and referral of psychological crises.

Information barriers are strict. Due to concerns about privacy leakage and the lack of secure information-sharing platforms, information is blocked among the four parties (schools, families, communities, and medical institutions), forming "data silos." This leads to one-sided and fragmented intervention measures for students, making it difficult to form a joint force.

1.3. Insufficient collaborative capabilities: Lack of mechanisms and professional literacy

Schools have weak capabilities in responding in accordance with the law. Principals and teachers are generally unfamiliar with legal provisions related to their duties, such as the *Mental Health Law*. When crisis incidents occur, they often have improper procedures and ineffective communication.

Parents lack both collaborative awareness and capabilities. They have insufficient understanding of the laws of their children's psychological development, are vague about their legal duties, and tend to adopt irrational response methods.

The fundamental crux of the above-mentioned insufficient collaboration lies in the lack of a systematic collaborative governance framework that can effectively integrate the resources of the four parties, clarify the boundaries of rights and responsibilities, and empower each subject.

2. Theoretical model: Construction of the "fishpond co-governance" metaphor for collaborative governance

Facing the complexity and systematicness of student psychological crises, the ecological systems theory of human development proposed by American psychologist Urie Bronfenbrenner provides a solid theoretical foundation. This theory holds that individual development is nested in interacting microsystems, mesosystems, exosystems, and macrosystems [4]. Students' mental health status is precisely the result of their continuous interaction with the ecological environment they are in.

Based on this, this paper constructs the "Fishpond Co-Governance" metaphor model, comparing students' psychological world to a dynamic and organic "fishpond" ecosystem:

"Fish": Represent students in the process of development.

"Water quality": Represents the psychological environment and atmosphere directly surrounding students, corresponding to the microsystem (family, class, peers, etc.).

"Pond foundation and ecology": Represents the outer supportive and restrictive environment, corresponding to the mesosystem and exosystem (overall school atmosphere, community resources, medical institutions).

This metaphor aims to answer the core question: "How should educators systematically respond when a child's psychological system (fish) is in crisis?" It urges all parties to shift from single attribution to systematic thinking, laying a cognitive consensus for school-family-community-medical collaboration, thereby reducing inconsistency and confusion in intervention.

Based on this model and relevant laws and regulations, the legal roles of the four "co-governance subjects" are clarified.

2.1. Schools: legal "subjects of prevention education and primary intervention" (daily caretakers)

According to Articles 16 and 17 of the *Mental Health Law*, schools are "daily caretakers", with core responsibilities including [3]:

Leading mental health education: Fully responsible for the promotion of mental health knowledge and the implementation of mental health education courses for students in school.

Fulfilling monitoring and early warning: Legally equipping or hiring mental health education teachers, establishing psychological counseling rooms, regularly organizing students' mental health assessments, and fulfilling the legal responsibilities of risk monitoring and early warning.

Implementing primary intervention: Providing group counseling for universal developmental issues and individual counseling and preliminary intervention for mild psychological distress.

Legally assisting in referral: When discovering that students may have severe mental disorders, schools have the legal obligation to immediately inform their guardians and assist the guardians in sending them to legal medical institutions for diagnosis (Article 28 of the *Mental Health Law*) [3]. This is the key for schools to shift their role from educational management to law-based collaboration.

2.2. Families (guardians): Legal "primary responsible subjects" (source guardians)

According to Articles 16 and 20 of the *Minors Protection Law* and Article 28 of the *Mental Health Law*, families are "source guardians", with core legal responsibilities including [3, 5]:

Creating a healthy environment: Creating a good and harmonious family environment and earnestly paying attention to their children's psychological status.

Fulfilling the core obligation of medical referral: Once discovering that their children may have severe mental disorders, guardians have the mandatory legal obligation to immediately send them to medical institutions for diagnosis.

Exercising the right to informed consent: During the process of diagnosis, treatment, and rehabilitation, guardians have the right to understand the situation and make or consent to relevant diagnosis and treatment decisions within the framework of the law.

Protecting the rights and interests of patients: Properly caring for their children after treatment, preventing them from self-harm or harming others, and actively creating conditions for their rehabilitation.

2.3. Medical institutions: Legal "subjects of professional diagnosis and treatment" (professional treaters)

According to Chapters 4 and 5 of the *Mental Health Law*, medical institutions are "professional treaters", with core responsibilities including [3]:

Implementing standardized diagnosis: Conducting diagnosis in accordance with medical standards and diagnostic norms by qualified psychiatric practicing physicians.

Conducting classified treatment: Legally implementing inpatient treatment or outpatient treatment according to the severity of the condition.

Fulfilling the obligation of full notification: Providing detailed explanations of treatment plans, measures, risks, and prognosis to patients and their guardians.

Providing rehabilitation guidance: Providing rehabilitation guidance to discharged patients and their guardians, and offering professional technical support for community rehabilitation work.

2.4. Communities: Legal "subjects of creating a supportive environment" (environment optimizers)

According to Articles 6, 7, and 55 of the *Mental Health Law*, communities are "environment optimizers", with core responsibilities including [3]:

Community support: Organizing and carrying out community mental health guidance and mental health knowledge promotion activities.

Providing assistance and support: Legally providing social assistance and support to families of patients with severe mental disorders who have financial difficulties.

Constructing rehabilitation facilities: Guiding and supporting the construction and operation of community rehabilitation institutions, and providing venues and conditions for patients to reintegrate into society.

"Co-governance" by no means replaces or obscures the legal responsibilities of each subject. Instead, it emphasizes that on the premise of fulfilling their primary responsibilities in accordance with the law, through institutionalized collaboration, the limitations of the capabilities of a single subject are compensated, and a closed loop of responsibilities and a joint force for governance are formed. For example, the "assisting in medical referral" of schools and the "obligation of medical referral" of families form a closed loop of legal

responsibilities; the "rehabilitation guidance" of hospitals and the "support services" of communities form a closed loop of service connection.

3. Practical paths: Three-dimensional paths for building a "law-based collaboration" governance system

To transform the "Fishpond Co-Governance" from a theoretical model into governance efficiency, systematic construction is required from three dimensions: mechanisms, resources, and capabilities.

3.1. Improve collaborative mechanisms and consolidate the operational foundation of "law-based co-governance"

Formulate the *Guidelines for Law-Based Collaboration Among Schools, Families, Communities, and Medical Institutions*: Led by local education departments, and in conjunction with health, civil affairs, and judicial departments, transform the principled provisions of the *Mental Health Law* and *Minors Protection Law* into specific actions, time limits, and responsibility lists for the four parties in the whole process of "prevention-early warning-referral-treatment-rehabilitation", realizing the leap from "having laws" to "having operational rules."

Establish a secure and controllable information sharing mechanism: Drawing on the concept of privacy computing of "data available but not visible", schools or regional mental health education centers build a unified management information platform. The platform design should clarify the boundaries, permissions, and processes of information sharing, and provide data support for risk early warning and resource scheduling under the premise of strictly protecting privacy.

Operate the collaborative governance committee in a substantive manner: Establish collaborative governance committees at the district-county and school levels, including representatives from education, medical care, communities, legal experts, and parents. Establish a work closed loop of "regular meetings, joint decision-making, and follow-up and effectiveness evaluation", and set up a permanent office or liaison officer to specifically coordinate and resolve disputes and gaps in responsibility connection.

3.2. Integrate system resources and activate the support momentum of "law-based co-governance"

Promote the sharing and sinking of professional talents: Implement the reform of "regional management and school recruitment" for psychology teachers, activate the stock of professional resources, and realize the balanced allocation of high-quality psychology teacher resources within the region. Establish a "medical-educational integration" targeted support system, and promote experts from mental health centers to regularly go to county-level schools and communities for consultations, supervision, and training, improving the identification and intervention capabilities of grassroots units.

Coordinate activity and fund resources: Incorporate mental health promotion activities of schools, communities, and hospitals into the regional annual work plan for unified planning to avoid conflicts and repetitions. Establish a regional special fund for mental health, and establish a transparent use mechanism of "project-based application and performance-based evaluation" to ensure that funds are accurately invested in key links such as crisis intervention, talent training, and resource construction.

3.3. Implement capacity building and cultivate the action literacy of "law-based co-governance"

Systematically empower teachers and administrators: Incorporate laws and regulations such as the *Mental Health Law* into the compulsory training content for principals, head teachers, and psychology teachers. Conduct special training on "law-based handling of campus psychological crises", focusing on drills for crisis identification, performance of legal procedures (such as standardized words and documents for notification and assisting in medical referral), and communication skills with parents through case simulations and role-playing, comprehensively improving their ability to respond to crises in accordance with the law and systematically mobilize resources.

Strengthen the training of parents' family education capabilities: Relying on community and school parent schools, systematically carry out parent training through a combination of "online micro-courses + offline workshops." The curriculum content should cover the laws of physical and mental development of children and adolescents, parent-child communication skills, early identification of psychological crises, and interpretation of guardians' duties in the *Mental Health Law*, fundamentally improving parents' "source guardianship" capabilities.

4. Conclusion and outlook

Building a collaborative governance system involving schools, families, communities, and medical institutions is a fundamental solution to systematically address campus psychological crises. The "Fishpond Co-Governance" model, based on ecological systems theory and guided by laws and regulations such as the *Mental Health Law*, not only provides all parties with a clear role consensus through its vivid systematic and collaborative perspectives but also provides school administrators with a set of thinking tools and practical frameworks to structure complex problems and operationalize abstract concepts through the "three-in-one" practical path of mechanisms, resources, and capabilities.

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