

The Value Implication and Implementation Path of the Integration of Mental Health Education in Primary, Secondary and Tertiary Schools

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Abstract: In the traditional model where mental health education in primary, secondary, and tertiary schools operates “independently”, problems such as “delayed” psychological activities, insufficient teaching staff, and overlapping curriculum systems are prominent, resulting in a significant lag between mental health education and students’ actual needs. From the perspective of students’ entire learning career, teachers promote the integrated construction of mental health education in primary, secondary, and tertiary schools in the context of high-quality education and further improve the mental health education system. This is not only an inherent requirement for the advancement of education, but also an important guarantee for building a harmonious campus and guiding students to grow into talents.

Keywords: High-quality education; Integration of mental health education in primary, secondary and tertiary Schools; Construction; Practice

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1. Introduction

The integrated construction of mental health education in primary, secondary, and tertiary schools is an advanced model that focuses on solving the problem of the vertical connection of mental health education across different school stages. It is premised on respecting the differences in mental health education among primary, secondary, and tertiary schools and strengthening their progressive nature. Compared with the traditional mental health education model, it takes into account both the overall advancement of mental health education and the logical progression of students’ individual growth. It can solve problems such as “delayed” psychological activities, insufficient teaching staff, and overlapping curriculum systems, and promote the construction of an all-round and whole-staff pattern of psychological education.

2. Current situation of the integrated construction of mental health education in primary, secondary, and tertiary institutions

2.1. Repetition in curriculum systems

At present, the integrated construction of mental health education in primary, secondary, and tertiary institutions is still in the exploratory and experimental stage. Although certain achievements have been made, there is considerable room for improvement^[1]. Tertiary institutions design their mental health education content based on the analysis of mental health teaching data from primary and secondary schools and the current needs of college students, aiming to improve educational quality and safeguard students' mental health. A re-examination of this content reveals that relevant educational activities basically revolve around themes such as emotional regulation, interpersonal relationships, and learning status, which correspond to the individual needs of students pointed out in the Report on the Mental Health Development of Chinese Primary and Secondary School Students^[2]. These issues should have been addressed in mental health education at the primary and secondary levels. In fact, however, students' such needs persist into the tertiary education stage, requiring university mental health education to fill the gaps left by primary and secondary schools in terms of content. This leads to repetition in the mental health education curriculum systems across primary, secondary, and tertiary institutions^[3].

2.2. Shortage of teaching staff

The shortage of teaching staff is a common challenge in the development of mental health education in primary, secondary, and tertiary institutions, particularly in some remote primary and secondary schools. These schools may even lack full-time mental health education teachers, assigning related work to teachers of other subjects on a part-time basis. Due to the heavy workload of these part-time teachers, they struggle to allocate sufficient time to mental health education. Additionally, lacking professional backgrounds in psychology and counseling skills, they often feel inadequate for the task. Under such circumstances, the effectiveness of mental health education courses cannot be guaranteed, and students' mental health issues cannot be resolved promptly—this is extremely detrimental both to students' personal growth and the development of mental health education. Furthermore, low salaries and limited career development opportunities are also key factors contributing to the shortage of mental health teachers in primary and secondary schools^[4]. Mental health teachers in these schools face difficulties in professional title evaluation and have fewer class hours (often being marginalized), resulting in lower incomes compared to core subject teachers or off-campus counselors. This leads many teachers to prefer teaching core subjects or working as counselors in social institutions. Some schools classify mental health teachers as administrative staff or only provide part-time positions, resulting in unclear career advancement paths and little appeal for potential candidates^[5].

2.3. The “Delay” in psychological development

From the perspective of advancing the integrated construction of mental health education in primary, secondary, and tertiary institutions, mental health educators in universities are more proactive in related work. This is not only because universities are at the terminal position in this model, but also because college students' psychological pressure tends to be more complex and younger. The younger age tendency of college students' psychological pressure here has two meanings: first, some college students had a low level of mental health in primary and secondary schools, and their negative emotions failed to be effectively alleviated; second, some college students failed to master corresponding emotion regulation methods and learn how to maintain good interpersonal relationships during their primary and secondary school years. Compared with the urgent need

of primary and secondary school students for mental health education, mental health education in primary and secondary schools is “more noise than action” and becomes a mere formality. In primary and secondary schools, many schools are forced to shelve mental health education work for various reasons, resulting in students’ psychological needs not being met promptly, and they have to learn relevant knowledge through mental health education courses in universities. This phenomenon of “delay” in psychological activities reflects the lack of integrated construction of mental health education in primary, secondary, and tertiary institutions. Relevant schools and teachers should pay more attention to students’ psychological needs, promptly help them eliminate negative emotions, learn how to relieve psychological pressure, and cultivate a positive attitude ^[6].

3. Pathways for the integrated construction of mental health education in primary, secondary, and tertiary schools

3.1. Improve mechanisms and strengthen guarantees

Mechanisms are the fundamental guarantee for the integrated construction of mental health education in primary, secondary, and tertiary schools. To address problems encountered in practical implementation, education administrative departments at all levels, schools, and teachers should actively promote mechanism construction. By improving institutional mechanisms at the top-level, they can advance and systematically plan the integrated construction of mental health education in an overall manner, ensuring the orderly progress of various construction tasks. Firstly, it is necessary to strengthen top-level design. Guided by the “integrated” work system, the development of mental health education across all stages of primary, secondary, and tertiary schools should be advanced to achieve a consistent pace and unified thinking. Each school stage should clarify its own positioning in mental health education, carry out reforms towards common goals and directions, and jointly build an “integrated” construction framework, which helps to improve the effectiveness of construction ^[7].

Secondly, mental health education at all stages should adhere to the principle of overall advancement, to promote balanced development and equal resource allocation of mental health education across different stages. For example, relying on superior management forces and combining the characteristics of different school stages, the allocation of mental health education resources should be comprehensively planned, and practical work standards should be formulated. Finally, emphasis should be placed on institutional constraints to ensure effective linkage and connection of mental health education among various stages. For instance, relying on the power of educational administrative departments at all levels to establish rules and regulations, and supervise and guide the actual construction work, to truly break the situation where mental health education at different stages operates “independently” and promote effective linkage among them. Furthermore, it is necessary to clarify the obligations and responsibilities of different stages in the process of linkage and connection, and provide health education services according to the actual needs of students at different stages to avoid “delays” in mental health activities ^[8].

3.2. Strengthen team building and consolidate the foundation for construction

Administrators, teachers, and family members at all school stages are the main bodies promoting the integrated construction of mental health education in primary, secondary, and tertiary schools, as well as important forces for promoting the high-quality development of mental health education. Therefore, in the process of integrated construction of mental health education, efforts should be made to strengthen team building from the following three aspects to consolidate the construction foundation.

Firstly, it is necessary to enhance ideological awareness. Student growth is a continuous process that requires full-process mental health education and participation of all parties. Relevant subjects are required to actively link up and earnestly implement construction work, and create a good atmosphere for mental health education through multiple channels and forms ^[9].

Secondly, professional literacy should be improved. The professional literacy of the team is an important factor affecting the integrated construction of mental health education. Mental health education teachers at all stages should not only strengthen vertical communication and linkage with each other but also enhance horizontal linkage with students' family members. They should guide family members to scientifically analyze the psychological characteristics and common psychological needs of students at different stages and help them master correct methods for family education.

Finally, administrators and teachers at all stages should strengthen educational research. Through seminars, lectures, research projects, and other forms, they should conduct in-depth research on the integrated construction of mental health education in primary, secondary, and tertiary schools, and improve their ability to intervene in students' mental health ^[10].

3.3. Optimizing curriculum resources and strengthening prevention and intervention

Curriculum resources serve as the primary carrier for the integrated construction of mental health education in primary, secondary, and tertiary institutions, and constitute a key factor influencing the role of mental health education across various educational stages in preventing and intervening in students' negative emotions ^[11]. Therefore, teachers should prioritize the development of curriculum resources, continuously enhancing their effectiveness and relevance to meet the standards and requirements for construction. Specifically, teachers can develop curriculum resources from the following three aspects.

First, curriculum resources should be developed in line with students' development laws, ensuring that the development of mental health education curriculum resources from primary school to university is progressive, logically clear, and holistically designed, in accordance with the physical and mental growth characteristics of students at different stages ^[12].

Second, they should reflect diversity and meet practical needs. The development of curriculum resources not only emphasizes holistic design but also requires differentiated consideration of the actual needs of students at each stage. This demands that teachers strengthen the analysis of teaching data from four aspects: students' interpersonal relationships, academic pressure, personality development, and physical and mental growth, and develop curriculum resources with a focus on students' psychological needs at different periods.

Third, a problem-oriented approach should be highlighted to ensure the relevance of curriculum resource development. For example, in primary and secondary schools, family environment, parent-child relationships, and academic difficulties are major factors leading to students' negative emotions or even psychological crises, so corresponding curriculum resources can be developed around these themes. For the various psychological pressures faced by college students due to further study and career choices, employment guidance and mental health education courses can be integrated to develop comprehensive curriculum resources ^[13].

3.4. Improving file information and enhancing construction effectiveness

There is certain repetition in the content of mental health education courses across primary, secondary, and tertiary institutions. Given the limited class hours for mental health education at the university level, excessive repetition may prevent in-depth teaching of content such as life education and love psychology due to time

constraints. Therefore, improving file information, constructing a unified integrated curriculum system for mental health education in primary, secondary, and tertiary institutions, and establishing corresponding evaluation mechanisms are important measures to promote the efficient operation of mental health education courses and achieve ideal implementation effects^[14]. Sound file information can provide a basis for “linked” intervention and “relay” education in mental health education at different stages, helping to form a synergetic effect and educational joint force. Teachers should establish mental health files for each primary school student, recording changes in their mental health status. In particular, for students with low mental health levels, detailed records of background causes, manifestations, and intervention measures should be included in the files to guide subsequent mental health education work^[15]. Furthermore, information in students’ mental health files should be transferable, with continuous records of changes in their mental health status throughout their academic journey from primary school to university, to achieve long-term, standardized, and institutionalized file management^[16].

4. Conclusion

To summarize, the integrated development of mental health education across primary, secondary, and tertiary education emphasizes both the differences and progression of mental health education at different stages, making it an advanced model that strengthens vertical connection. In response to current problems in mental health education, such as the “delay” in psychological intervention, shortage of qualified teachers, and overlapping curriculum systems, teachers can take measures including improving mechanisms, strengthening teacher team building, optimizing curriculum resources, and perfecting file information management. These actions will break the fragmented state of mental health education that exists separately in primary, secondary, and tertiary stages, establish a new pattern of mental health education, and effectively promote the high-quality development of mental health education.

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