

The Innovation and Development of College Students' Mental Health Education Model in the New Era

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Abstract: With the rapid development of information technology, globalization, and social changes, mental health issues among college students have become increasingly prominent, and traditional mental health education models are no longer sufficient to meet the increasingly complex psychological needs of modern students. This paper aims to explore the innovation and development of college students' mental health education models in the new era, proposing innovative approaches from multiple dimensions, including conceptual, technological, methodological, and institutional innovations. First, it analyzes the main issues in current college student mental health education, including the inadequacy of curriculum development, low student engagement, insufficient faculty capacity building, and deficiencies in crisis assessment and intervention mechanisms. Then, by analyzing the mental health characteristics of college students in the new era, the paper identifies the psychological challenges students face and proposes targeted improvements based on survey results. Finally, the paper presents four key innovative pathways: conceptual innovation shifting from "corrective treatment" to "growth empowerment"; technological innovation through deep integration of digital tools; methodological innovation with diversified educational platforms; and institutional innovation by developing a collaborative ecosystem. Through these innovations, this paper aims to provide a theoretical foundation and practical guidance for improving the mental health education model for college students in the new era, creating a more favorable educational environment for the mental and physical well-being of students.

Keywords: College Students; Mental Health

Education; Innovative Models; New Era; Educational Reform

1. Introduction

In recent years, the mental health of college students has become a significant concern worldwide. The rapid development of society and the widespread application of information technology have provided unprecedented opportunities and challenges for university students. However, factors such as academic pressure, employment competition, and interpersonal relationships have led to increasingly prominent mental health issues among this demographic. The global crisis in college student mental health has escalated to a public health priority. Post-pandemic recovery, digital transformation, and intensifying social competition have exacerbated this crisis [1-3]. According to the World Health Organization's latest data (2023), 35% of university students worldwide exhibit significant clinical symptoms of anxiety or depression, a notable increase from pre-pandemic levels. Research indicates a rising incidence of mental health issues among college students globally. For instance, a study in Spain found that nearly half of the university students exhibited symptoms of depression and anxiety, with one-quarter experiencing insomnia and one-fifth contemplating suicide. These alarming statistics highlight the need for intervention across various domains. In China, studies have also revealed multiple challenges in mental health education for university students. A 2020 report indicated that 18.5% of students showed depressive tendencies, 8.4% exhibited anxiety tendencies, and 43.8% experienced insufficient sleep in the past week. Notably, female undergraduates had higher depression levels compared to their male counterparts. Furthermore, a 2024 study involving Italian university students reported that 72% experienced high levels of anxiety, and 48%

showed depressive symptoms. These findings underscore the profound impact of the pandemic on student mental health and the challenges posed by academic pressure, social isolation, and lifestyle changes. In the United States, a survey revealed that approximately 40% of respondents experienced significant psychological distress in the past year, yet less than half sought professional assistance. This reflects the widespread nature of mental health issues and the insufficient help-seeking behaviors among students. Wang (2023) pointed out that the current problems of mental health education in colleges and universities, such as imperfect curriculum system, low participation of students and insufficient construction of teachers, need to be paid attention to [4]. A et al. (2023) further emphasized that lack of educational resources and insufficient social cognition are the key factors restricting the development of mental health education in colleges and universities, and called for strengthening education input and social publicity [5]. Traditional mental health education models, primarily based on reactive counseling and standardized curricula, struggle to address these evolving challenges effectively. There is an urgent need to explore innovative approaches that align with the unique characteristics and demands of the new era.

This paper aims to introduce innovative pathways for the development of college students' mental health education models in the new era. It proposes conceptual, technological, methodological, and institutional innovations to address the challenges identified in current systems. The goal is to build a holistic, adaptive, and empowering educational framework that responds to the unique needs of students in today's rapidly changing world.

2. Definition and Characteristics of the New Era

The "new era" refers to the period characterized by rapid technological advancements, social transformations, and increasing global interconnectivity. In this era, college students are increasingly exposed to information overload, online interactions, and complex societal issues that contribute to heightened psychological stress [6]. The traditional college experience is no longer limited to classroom learning; it now includes online education, social media engagement, and constant connectivity through

digital platforms. As a result, students' mental health needs have become more complex, with traditional methods of mental health education struggling to keep up with these shifts.

In this context, the characteristics of the new era must be considered when designing mental health education models. These characteristics include the prevalence of digital culture, the pressure of academic and career expectations, the impact of global events such as pandemics, and the complex socio-economic challenges faced by students. Understanding these unique features is essential for building a mental health education model that is not only responsive but also anticipates future challenges [7].

3. Current Issues in College Student Mental Health Education

Despite significant progress in mental health awareness and support systems on campuses, several issues still persist, hindering the effectiveness of current educational models.

3.1 Inadequate Curriculum System Development

In recent years, mental health education has gradually received attention, the investment has increased, and the hardware construction has been greatly improved. However, the working mode of mental health education is still relatively traditional, mainly based on offline consultation and guidance, supplemented by publicity and education, resulting in a narrow audience and low participation, which can not play a good role in publicity and promotion. Current mental health education curricula remain overly reliant on standardized textbooks, with 78% of Chinese universities using identical teaching materials across disciplines. This homogenization fails to address discipline-specific stressors, such as performance anxiety in art majors or ethical dilemmas in medical students. Furthermore, practical training constitutes less than 15% of course content, as most programs prioritize theoretical lectures over experiential methods like role-playing or peer counseling workshops [8]. Meanwhile, the absence of outcome-based evaluation exacerbates these shortcomings. Without measurable benchmarks, curricula cannot adapt to evolving student needs, perpetuating a disconnect between classroom content and real-world psychological challenges.

3.2 Low Student Engagement and Awareness

Generally, the emergence of psychological issues is often linked to a lack of scientific health awareness. In interviews with college students exhibiting abnormal psychological conditions, most reported tending to self-regulate or confide in family and friends when facing mental distress, showing low willingness to proactively seek help from professional counselors. Additionally, some students were unfamiliar with the location of campus mental health institutions or available counseling channels, reflecting uncertainties about whom to approach or how to seek assistance. This underscores insufficient coverage and impact of mental health education outreach in universities. Further efforts are needed to enhance publicity of mental health knowledge, actively foster a supportive mental health education environment, and ultimately strengthen students' awareness of psychological help-seeking and self-adjustment capabilities. Misconceptions about mental health education persist, with 63% of undergraduates equating it solely with crisis intervention rather than holistic well-being [9].

3.3 Deficiencies in Faculty Capacity Building

Counselor shortages plague universities globally, with an average ratio of 1:3,500 in Asia-Pacific regions—far below the WHO-recommended 1:1,000 [10]. In China, rural universities face acute disparities, where 92% lack full-time certified counselors. Overburdened staff often default to reactive crisis management rather than preventive education.

Skill gaps persist even among existing faculty. Only 19% of counselors receive annual training on emerging tools like VR therapy or algorithmic bias mitigation. Moreover, 67% report insufficient institutional support for interdisciplinary collaboration with AI engineers or neuroscientists, hindering tech-integrated pedagogical innovation.

3.4 Inadequate Crisis Assessment and Intervention Mechanisms

Although many universities have counseling services and crisis intervention protocols, these systems are often underdeveloped or overwhelmed. The lack of a comprehensive, proactive approach to crisis management leaves many students vulnerable to severe mental health crises. Additionally, the reactive nature of

intervention, rather than a preventative focus, exacerbates the problem.

4. Analysis of Mental Health Characteristics of College Students in the New Era

4.1 Research Participants

To investigate the impact of psychological issues among college students in the new era, this study conducted a questionnaire survey using the Symptom Checklist-90 (SCL-90) adult version at a university in Kunming. Participants were recruited through announcements by academic advisors and online postings, yielding 6,305 valid responses. The sample comprised 4,665 undergraduates (74%) and 1,640 graduate students (26%). The average age was 22.5 years ($SD = 2.26$), with undergraduates averaging 21.4 years and graduate students 25.63 years.

4.2 Research Methodology

The Symptom Checklist-90 (SCL-90), a widely validated psychological assessment tool, was employed to screen mental health symptoms among college students. The 90-item scale evaluates symptoms across 10 domains: somatization, interpersonal sensitivity, anxiety, depression, obsessive-compulsive symptoms, hostility, phobic anxiety, paranoid ideation, psychoticism, and additional items. Each item is rated on a 5-point Likert scale: None: No perceived symptoms; Mild: Symptoms occur infrequently or with low severity; Moderate: Symptoms manifest with moderate frequency/severity; Severe: Symptoms occur frequently with moderate-to-high severity. Extremely severe: Symptoms are highly frequent and intense. All items are scored positively (no reverse scoring), with "None" responses assigned 1 point. Factor scores are calculated by dividing the total score of items within each domain by the number of items in that domain. Higher factor scores indicate greater symptom severity. Domain Definitions and Item Counts are illustrated in Table 1.

Table 1. The definition of domain and item counts.

Domain	Definition	Item counts
Somatization	refers to discomfort in the body, including the respiratory system, gastrointestinal tract, and discomfort with the cardiovascular system, as well	12

	as other physical symptoms caused by headaches, muscle aches, back pain or anxiety,	
Obsessive-compulsive	those meaningless thoughts, impulses, and actions that you know are unnecessary but can't get rid of aequal	10
Interpersonal Sensitivity	feelings of discomfort and low self-esteem in relationships; People with high scores on this factor tend to feel low self-esteem, frustrated and have difficulty getting along with others	9
Depression	mainly manifested as depressive distress, feelings and moods, reduced interest in life, loss of activity, and may be accompanied by suicidal thoughts or act	13
Anxiety	the nervousness, nervousness, inability to rest, and physical symptoms that result from it	10
Hostility	the expression of hostility in thoughts, feelings and behaviors, including throwing objects, boredom, arguments, uncontrollable impulses, etc	6
Phobic Anxiety	It includes fear objects such as traveling, open Spaces, and public places	7
Paranoid Ideation	the aspect of thinking, including projective thinking, suspicion, delusion, hostility and exaggeration	6
Psychotism	programs in the clinic that quickly grasp a patient's condition in order to quickly make treatment decisions, including auditory hallucinations, feelings of control, and lack of thinking	10
Others	items that are not included in any factor and can be analyzed as the tenth factor so that the sum of the factors equals the total score	7

4.3 Results

As shown in Table 2, by comparing the average scores of undergraduates and postgraduates in each factor, it is found that the scores of undergraduates are significantly higher than those of postgraduates ($p < .001$). The mental health of undergraduates is worse than that of postgraduates may be related to age. First of all, students with psychological problems may be more difficult to focus on their studies and have

a lower probability of passing the graduate selection exam, which leads to the overall psychological level of the graduate students themselves will be better than that of undergraduates. Secondly, many psychological problems will decrease or even disappear with the improvement of age and experience. Most undergraduates have just come of age and are still in the stage of psychological wet-out, and their self-identity has not been fully established. They have big emotional ups and downs, insufficient ability to resist pressure and frustration, easy to be unstable in their emotions and values, and weak in self-regulation ability. Faced with a series of changes brought by the new era, they are easy to fall into the state of mental energy exhaustion, resulting in a series of psychological problems. As postgraduates have passed the early adulthood, their minds are more mature, their emotions and values will be more stable, and their self-regulation ability and independent consciousness will be further strengthened. In the face of this series of changes, they have certain coping ability and self-regulation methods. Finally, the life experience and learning experience of undergraduates and postgraduates are also very different.

From the perspective of the overall mental health status of undergraduate and graduate students, both undergraduates and graduate students showed the most prominent obsessive-compulsive symptoms, which was consistent with the results of previous studies. The reason may be related to the perfectionism tendency and high achievement pressure of college students. College students, as the best among their peers, often have higher requirements and expectations for themselves, demanding details, and in the university environment, the strong are like clouds, which leads to college students if there are shortcomings will be harsh on themselves, thus over-thinking, affecting mental health. Especially in the post-epidemic era, both undergraduate and graduate students are full of uncertainty in their study and life, and they are under more external and internal pressure.

Table 2. Comparison of scores of different levels of students in each factor of SCL-90.

Domain	Undergraduate	Graduate Student	t	p
Somatization	1.17±0.43	1.10±0.31	7.57***	<.001
Obsessive-co	1.45±0.58	1.26±0.46	12.89***	<.001

Impulsive				
Interpersonal Sensitivity	1.30±0.41	1.15±0.36	12.69***	<.001
Depression	1.32±0.52	1.18±0.41	10.94***	<.001
Anxiety	1.23±0.43	1.14±0.34	8.37***	<.001
Hostility	1.20±0.41	1.11±0.33	8.38***	<.001
Phobic Anxiety	1.17±0.37	1.08±0.28	9.34***	<.001
Paranoid Ideation	1.19±0.40	1.10±0.32	8.88***	<.001
Psychotism	1.20±0.40	1.10±0.32	9.79***	<.001
Others	1.25±0.40	1.16±0.37	8.01***	<.001
Total Equipartition	1.25±0.40	1.14±0.32	11.07***	<.001

5. Pathways to Building Innovative Education Models

To address the challenges outlined above, this paper proposes four key innovations in mental health education for college students.

5.1 Conceptual Innovation: From "Corrective Treatment" to "Growth Empowerment"

Mental health education must shift from a reactive, "corrective treatment" model to a proactive, "growth empowerment" approach. This means emphasizing personal development, emotional intelligence, resilience, and coping skills. Rather than focusing solely on managing crises, the goal should be to empower students to lead fulfilling lives, equipped with the tools to navigate both academic and personal challenges.

5.2 Technological Innovation: Deep Integration of Digital Tools

The integration of digital tools can enhance accessibility and personalization in mental health education. Platforms such as mental health apps, online counseling services, and virtual support communities can provide students with more flexible, anonymous, and immediate access to mental health resources. Furthermore, AI-based tools can be used for early detection of mental health issues, allowing for timely interventions.

5.3 Methodological Innovation: Diversified Educational Platforms

Incorporating a variety of teaching methods, such as interactive workshops, peer-led initiatives, and experiential learning opportunities, can improve student engagement and understanding. For example, integrating mental health topics into regular coursework,

extracurricular activities, and student organizations can normalize conversations around mental health and reduce stigma.

5.4 Institutional Innovation: Collaborative Ecosystem Development

A collaborative approach involving various campus stakeholders, including faculty, counselors, student organizations, and external mental health professionals, is essential for creating a comprehensive mental health support system. By developing an ecosystem that integrates academic, social, and psychological support, universities can foster a more holistic approach to mental health education.

6. Conclusion

The mental health of college students in the new era requires innovative, multifaceted solutions that go beyond traditional educational models. By embracing conceptual, technological, methodological, and institutional innovations, universities can develop more effective, inclusive, and empowering mental health education systems. This will not only address the immediate psychological needs of students but also equip them with the skills necessary to navigate future challenges. As we move forward, it is crucial to continually evaluate and adapt mental health education models to ensure that they remain relevant and effective in supporting the well-being of students in an ever-changing world.

Acknowledgement

The research was supported by 2024 Yunnan Provincial Department of Education Scientific Research Fund Project, "Research on the Mechanism of Promoting College Students' Mental Health Education", Project No. 2024J0637.

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