



A STUDY OF THE DEVELOPMENT OF MENTAL HEALTH
EDUCATION IN SHENZHEN PROVINCE'S PRIMARY AND
SECONDARY SCHOOLS

BY
YIQING ZHANG

AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF EDUCATION
IN EDUCATIONAL ADMINISTRATION (INTERNATIONAL PROGRAM)
SOUTHEAST ASIA UNIVERSITY
ACADEMIC YEAR 2022
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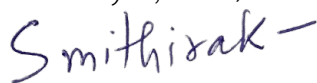
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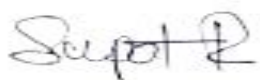
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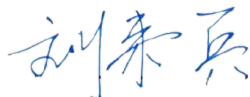
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Abstract

In recent years, incidents of psychological crises such as students running away from home and committing suicide have frequently appeared in newspapers and on the internet. The incidence of psychological behavioural problems and mental disorders among children and adolescents is gradually increasing and has become an important issue for the future of the country and the nation. In this paper, we take Shenzhen as an example and conduct a comprehensive survey to understand the psychological situation of students in the city and the current situation of the provision and implementation of mental health education programs. The problems and desirability of mental health education in schools are identified, and recommendations are made to address the shortcomings of the school system, classrooms and services. Through the collaboration of the family, school and community, the educational goal of promoting students' mental health development can be achieved.

Keywords: students; mental health; current situation

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Chapter 1

Introduction

At the National Education Conference, the "Guideline for Mental Health Education for Primary and Secondary School Students", "Guidelines for the Construction of Mental Counseling Rooms in Primary and Secondary Schools" and "Strengthening the Management of Mental Health" were deployed to further promote the quality and balanced development of mental health education for students in Shenzhen, taking mental health education for primary and secondary school students as an important element. With students' development as the basis, following the law of students' physiological-psychological-social development, the system innovation, model innovation and content innovation of students' mental health education will be carried out in depth, cultivating self-esteem and self-confidence, rationality and peace, and positive social mentality, providing strong support for Shenzhen to build an early demonstration zone of socialism with Chinese characteristics and an example of a modern and strong socialist city.

1.1 Background of the study

Suicide among primary and secondary school students is a family tragedy and a shocking public event, which can easily attract the attention of the public, and can also have a great impact and influence on the psychology of school teachers and students, education and teaching, and may even heart trigger a crisis of public trust, requiring a longer period of time to calm down the impact and eliminate hidden dangers. Therefore, we need to continuously improve the level of student mental health education work.

According to the China National Mental Health Development Report (2019-2020), the proportion of teenagers in China with mild depression is 17.2% and those with severe depression is 7.4%. One out of every five children may have depressive tendencies. In addition, research data from the China Education Development Report (2018) shows that the reported rate of suicidal ideation among secondary

school students in China is 17.7%, the reported rate of suicide is 7.3% and the reported rate of attempted suicide is 2.7%. All these figures reflect the seriousness of youth psychological problems, coupled with the fact that extreme incidents (cases) such as suicide, self-harm and bullying triggered by students' psychological problems occur from time to time, which has triggered the concern and attention of the whole society.

Let's focus on Shenzhen, where the figures may be a little more grim according to relevant research papers and reports.

An analysis of the current situation of depressive symptoms and factors influencing them among secondary school students in Shenzhen in 2017," published in the journal China Health Education in 2020, found that the detection rate of depressive symptoms was as high as 20.6% among nearly 4,000 students in a sample of secondary school students in Shenzhen.

In terms of the causes of students' mental health, the influence of the family environment is most important. Parental attitudes and approaches to education have a greater impact on the physical development and mental health of children and are inevitably reflected in the next generation as they build their families. School teachers, school ethos and peers can also have a greater impact on students' mental health. Of these, teacher mental health education, competency and the ability of teachers to communicate with parents are all important. The truth about students' psychological problems lies in the disharmony of their surrounding relationships, by which we mean parent-child relationships, teacher-student relationships and peer relationships. Students' psychological problems are superficial, but the truth is that their relationships, especially parent-child relationships, are problematic. The root cause of students' relationship problems is a lack of educational competency, including parents' competency in family education and teachers' competency in mental health education.

There is no need to be secretive about mental health education in our daily educational life. Active mental health education plays an important role in the development and perfection of students' mental functions and personality, and is of great practical importance in the exclusion of mental disorders, the prevention of

mental illness and psychological counselling and treatment, and the protection of students' psyche.

1.2 Basic concepts of mental health education

Specifically, mental health education has the following characteristics.

First of all, mental health education means education and training of students through the knowledge of mental health. It is an education to cultivate students' good psychological quality, prevent the occurrence of psychological disorders and psychological diseases, and promote students' comprehensive and harmonious physical and mental development.

On the one hand, contemporary youth psychological problems are frequent, and children's psychological problems have changed from being caused mainly by external environmental factors to coming mainly from the "inside": a high sense of competition and loneliness. In this post-epidemic context, effective mental health education for students has become an urgent task for schools.

On the other hand, mental health education is not just a school 'job', it is also a reflection of values in education. Whether it is integrated with moral education or expressed as emotional care, the trend towards a generalisation of mental health education has quietly taken shape, which is in fact another upgrade of the humanistic spirit of the school.

The educator Sukhomlinsky once said that the ideal of education lies in making all children happy.

And on the road to happiness, mental health education, as an important part of quality education, plays an increasingly prominent role - it is dedicated to helping students effectively face the challenges of growing up and promoting harmonious physical and mental development.

The difference between education, counselling, advice and therapy

1. "Mental health education" is the general concept of school psychological education work, including the cultivation of students' psychological quality and the maintenance of students' mental health, targeting all students.

2. "Counselling" is a psychological self-help programme for people who are

"psychologically unhealthy", i.e. "helping people to help themselves", and is aimed at students with social maladjustment or developmental difficulties.

3. Counselling is a programme for students with cognitive, behavioural, emotional and physical symptoms to help them regain balance and grow in themselves.

4. "Psychotherapy" is for students with more serious mental illnesses who require medication or hospitalisation.

Mental health education in schools is an organisational structure in which educators carry out systematic and organised educational activities for the educated. School education can be divided into different school categories according to different training day standards, years of study and forms of schooling.

Mental health education in the modern scientific sense originated and developed in the school sector in the United States and Europe, and has now become a relatively well-established system of social engineering. Since the 1980s, mental health education in schools has been referred to in different ways. In 1994, the Central Committee of the Communist Party of China (CPC) promulgated "Several Opinions on Strengthening Moral Education in Schools", which clearly stated for the first time that "schools should provide mental health education and guidance to students through various means." Since then, the term "school mental health education" has been used in important policy and regulatory documents, and has gradually formed a unified wording.

In terms of the concept of school mental health education, it is an educational activity that uses relevant psycho-educational methods and means to cultivate the overall improvement and harmonious development of students according to the characteristics of the physical and mental development of the educated. Both Professor Ye Yidu and Professor Yao Benxian agree that mental health education in schools is an educational activity. Professor Ye Yidu believes that students' healthy physical and mental development should be promoted through a variety of approaches such as curriculum teaching, activity participation, subject penetration, counselling and environmental optimisation; "Professor Yao Benxian believes that relevant theories and methods should be used to promote

students' harmonious development in accordance with their physical and mental development characteristics.

As mentioned above, school mental health education is a purposeful, planned and organised mental health education activity that helps people to help themselves. In this study, school mental health education refers to purposeful and planned educational activities based on psychology, education and other related disciplines, combined with school education and teaching work, and based on students' psychological development characteristics, so as to promote students' harmonious physical and mental development. Its content not only involves psychological counselling and psychological crisis intervention, but also includes mental health curriculum teaching, mental health publicity activities and mental health education work conditions, etc. Its objective is to improve the level of psychological quality of the education target in order to promote all-round development.

1.3 Current status of mental health education for primary and secondary school students

As a model socialist zone and a national pilot city for psychosocial services, Shenzhen has carried out a great deal of work on the mental health of primary and secondary school students, including opening psychological counselling rooms in primary and secondary schools, conducting psychological problem mapping and a series of education and publicity work. However, the current model of mental health work in schools has still not formed a complete system, and the level of mental health education work varies from school to school. There is no real early warning mechanism for the prevention of psychological crises among students, and it is not effective in preventing extreme incidents caused by students' psychological problems. For example, most schools only carry out psychological problem mapping once a year, but the psychological state of students is constantly changing, and adolescents have large mood swings and a certain degree of rebelliousness, so carrying out a psychological problem mapping once a year is obviously not a complete and timely way to identify students who have psychological hidden

problems and need care and intervention; furthermore, although the rate of setting up psychological counselling rooms in primary and secondary schools at all levels has reached 94%, the As most students do not actively seek help from psychologists, the utilisation rate of psychological counselling rooms in schools is relatively low, or even virtually non-existent. In addition, mental health education is a long-term task that requires the joint participation of schools and families in order to function better. At present, the responsibility for mental health education is placed more in the schools, and a joint home and school mental health education system and crisis prevention and early warning mechanism have not been built.

1.4 School mental health education programmes

The overall objectives of mental health education are to improve the psychological quality of all students, cultivate their positive, optimistic and healthy psychological qualities, fully develop their psychological potential, promote the harmonious and sustainable development of students' bodies and minds, and lay the foundation for their healthy growth and happy lives. To enable students to learn to study and live, to understand themselves correctly, to improve their ability to help themselves and educate themselves, to enhance their ability to regulate their emotions, to withstand setbacks and to adapt to their environment, to cultivate a sound personality and good psychological qualities of personality; to provide scientific and effective psychological counselling to students with psychological distress or psychological problems, to give timely and necessary crisis intervention and to improve their psychological health.

Content system of psycho-educational programmes for primary and secondary school students The basic content of psycho-education for secondary school students includes eight areas.

1. Psychological education for learning. Learning is the main task of students. Many psychological problems can arise during the learning process which hinder their learning, therefore, it is necessary to provide students with psychological guidance for learning. Psychological education for learning includes: education on intellectual health, education on learning methods and study habits, psychological adjustment and training for examinations, education on motivation and interest in

learning, etc.

2. Education for healthy emotions. Emotion is a special form of human reflection of objective reality. Emotional learning is a very important kind of learning for secondary school students. Emotions are closely related to general illness and are an important trigger for mental illness. Healthy emotional education includes: cultivating students' rich and colourful interests in life, forming a stable and balanced state of mind; understanding the rules for the generation, development, formation and expression of emotional activities, and initially cultivating healthy and noble emotions; learning and mastering the methods of "anger management" and cultivating a sense of humour, etc.

3.Strong Will Education. The will is of great importance to the growth and even the lifelong development of students. Weak willpower, poor frustration tolerance, lack of clear goals for action, and the tendency to do things differently are some of the major deficiencies that are common among young students today. The education of strong will includes: cultivating good will qualities in students; creating certain educational situations to develop students' ability to withstand setbacks, etc.

4. Interpersonal adaptation education. People are social beings and no one can survive and develop in isolation from others and society. Positive and effective interaction is the basis and source of the formation of good psychological qualities in students. Interpersonal adaptation education includes: forming a good sense of self and accepting oneself pleasantly; forming students' sense of fraternity and behaviour; teaching students to treat others and deal with the world properly; dressing appropriately and behaving elegantly; and learning various social skills.

5.Education in response appropriateness. There is a question of appropriateness in human behavioural responses, whether agile or slow. Reaction moderation education includes: facing up to reality and treating it correctly; recognising the dual nature of frustration; enhancing students' self-control; providing a variety of contexts to improve students' social adaptability; and establishing a positive attitude towards life, optimism and continuous improvement.

6. Youth psychology education. The secondary school period is an important

period for students' puberty development. The emergence of sexual physiological phenomena and the emergence and gradual maturation of sexual psychology add numerous worries and troubles to secondary school students. Youth psychological education includes: sexual psychological education; sexual moral psychological education; sexual aesthetic psychological education; sexual legal education.

7. Psychological education on further education and career choice. The choice of further education and career is a major event in students' lives. The real needs of society, parents' expectations, teachers' ideas and the students themselves are not always in tune with each other, therefore, further education and career choice often cause confusion and conflict in students' minds. Psychological education for further education and career choice includes: psychological education before and after further education examinations; guidance for further education and career choice; and education for career psychological preparation.

8. Sound personality education. Secondary school students are at an important period when their personalities are being cultivated, shaped and formed. Sound personality education includes: recognising one's own temperament type and personality tendencies; developing a good character, establishing a scientific outlook on life and values; and learning psychological self-adjustment.

According to the "Guangdong Provincial Education Department's Guidelines on the Implementation of the Guangdong Compulsory Education Curriculum (for Trial Implementation)", mental health education lessons are arranged in the local curriculum or school-based curriculum, and at least one lesson is arranged every fortnight.

1.5 Study population

This study covered a wide range of school types, including public and public schools. A questionnaire was administered to 153 full-time and part-time school mental health teachers and 7000 students in nearly 52 schools. The study was conducted in terms of demographic and educational variables, with the demographic variables referring to the gender, age, length of service, position held, education and profession of the mental health teachers surveyed, and the

educational variables including students at three types of levels: primary and secondary schools, higher education schools and universities, as well as mental health teachers in both part-time and full-time positions.

1.6 Research tools

According to the standardised requirements of the relevant national documents on mental health education and the analysis in the overview section above, this research used the self-prepared "Basic Mental Health Education Questionnaire" as a tool. The content of the questionnaire consisted of 46 questions, with questions 1-7 being the basic personal information of the mental health teachers surveyed, such as age and gender; this questionnaire was divided into 7 main areas, and the questionnaire was revised several times and finally reviewed by experts. 7,200 copies of the questionnaire were distributed in the form of paper questionnaires and 7,000 valid questionnaires were returned. At the same time, the author prepared an "Interview Outline on Mental Health Education" for conducting interviews to further understand the situation of mental health education according to the needs of the survey. The interview survey consisted of four items, including: the construction of mental health teachers in schools, the conditions of mental health education in schools, the organisation and management of mental health education in schools, and suggestions for the development of mental health education in schools.

1.7 Research process

The questionnaire for this study was administered on 25 November 2022. The questionnaire was administered over a period of three days and was anonymously administered to school mental health teachers and students in the form of a random questionnaire. To demonstrate the objectivity of the study, interviews were conducted with four school mental health teachers and ten students on 19 December 2022 to enrich the content of the survey.

1.8 Research Methodology

The study mainly used literature interpretation, questionnaires, interviews and data analysis.

1. Literature interpretation method. Existing research results are the basis for academic research. This study makes full use of information resources such as journal websites, library books and relevant portals to collect a wide range of literature, mainly theoretical studies related to mental health education, as well as interpretations of relevant policy literature.

2. Questionnaire method. The questionnaire method is the basic method to obtain information on the current situation of the study. In terms of measurement tools, status quo analysis and variability analysis, this study was completed using the questionnaire method to provide a realistic basis for this study.

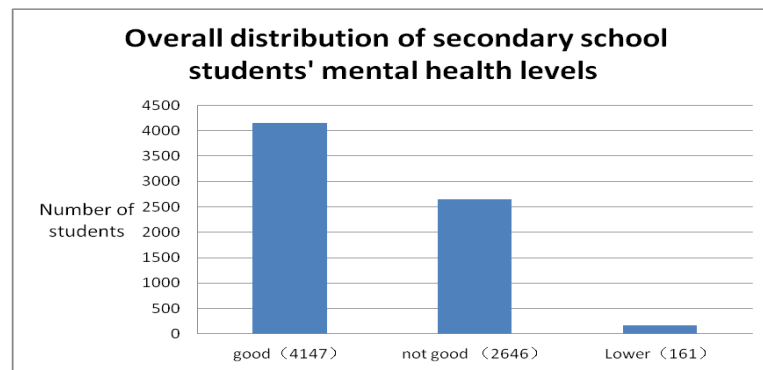
Chapter 2

Literature Reviews

Since the 1990s, Shenzhen has been experiencing rapid economic development and a large number of construction workers have been involved in the construction of the city, gradually settling down and settling down in Shenzhen. According to statistics, parents have less and less time to spend with and educate their children, and the mental health of primary and secondary school students in the "stormy period" is in a worrying state, with several major problems coming to the fore.

The survey was conducted using the Comprehensive Measure of Secondary School Students' Mental Health (hereinafter referred to as the "Survey Scale" or "MHT"). 6,954 secondary school students were randomly selected as survey respondents, including 3,326 students from public schools and 3,628 students from private schools. 3628 students; 1672 students of Shenzhen household registration and 5282 students of non-Shenzhen household registration. According to the results of the survey scale and the data in Table 1, 2,646 secondary school students had a poor level of mental health and needed timely guidance; 161 secondary school students had a low level of mental health and were in urgent need of professional intervention and assistance, accounting for 38.05% and 2.31% of the total number of students surveyed respectively. Based on the 80,000 students and the 2.31% surveyed, there are approximately 1,848 primary and secondary school students who are in urgent need of intervention and assistance.

Table 1 Overall distribution of secondary school students' mental health levels



2.1 Influence of adverse family factors

Student suicide is a tragedy for families and a shocking public event, extremely

The school's teachers and students will be concerned about the situation, which will lead to a public outcry. At the same time, it can also have a great impact on the education and teaching of school teachers and students, and may even lead to a public trust crisis. It will take a long time to calm down the impact and eliminate the potential problems.

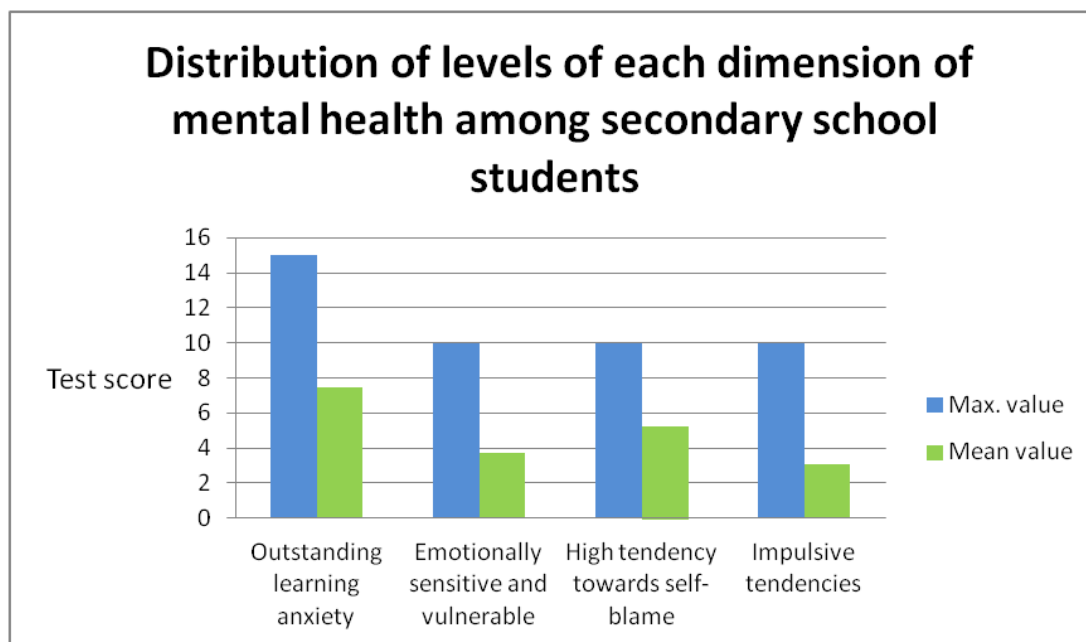
If a child's emotional needs are not met, he or she will still have psychological problems when he or she grows up and becomes a rational person. The moral directors, senior classroom teachers and professional psychology teachers interviewed all agreed that depression is primarily a family cause.

The family is one of the most fundamental factors contributing to psychological problems in children. Other factors may be stimulating events, such as academic pressure. Why are there only a few students who are depressed because of academic pressure when all the students in the class are facing difficulties in their studies? This may be related to the family of those few students, as the academic aspect is mainly responsible for short-term anxiety, while long-term depression may ultimately be due to problems within the family. If there is a genetic cause of depression, it is more likely that the cause of the depression will be uncovered during treatment, and even if there is a genetic cause of depression, it may be related to family causes, such as unhappy relationships with parents or frequent conflicts with parents. According to a moral educator at the school, "I have

come across many cases of psychological problems, and many of the reasons come from the family, with the parent-child relationship being the main cause, such as the rough parenting style. When the parenting style changes, the child's performance will also improve significantly."

The dimensions of the survey are rated on a scale of 8 and above, with students who score high needing targeted counselling services, and a low score of 3 or below, with a low score indicating a healthy level. The data in Table 2 shows the averages for the eight dimensions, with 'learning anxiety', 'allergic traits' and 'self-blame tendencies' highlighting three major issues that need to be improved.

Table 2 Distribution of levels of each dimension of mental health among secondary school students



1. Learning anxiety is prominent

According to the data in Table 2, the average score of learning anxiety test scores of secondary school students in Longgang District was as high as 7.44, and 2,775 secondary school students were highly anxious about learning. In terms of the level of learning anxiety among secondary school students, Shenzhen household registration is higher than non-Shenzhen household registration, and public schools

are higher than private schools, which has become the top mental health problem faced by secondary school students.

2. Emotional sensitivity and vulnerability

According to the data in Table 2, the mean score of the allergic tendency test for secondary school students in Longgang District was 5.68, and the allergic tendency of students with Shenzhen household registration was significantly higher than that of students with non-Shenzhen household registration. A high degree of allergic tendency means that they are hypersensitive and tend to care about minute people and events in their surroundings, which leads to easy emotional ups and downs, a tendency to feel uneasy in various social situations and serious impairment in their daily behaviour.

3. A strong tendency to blame oneself

According to the data in Table 2, the tendency to blame themselves is more serious among secondary school students in Longgang District, with an overall mean score of 5.21. There is no significant difference in the tendency to blame themselves between students with Shenzhen citizenship and those without Shenzhen citizenship. After being blamed, fighting or getting bad grades, even if it is due to objective reasons, children still think that they are bad and feel that they have made more "mistakes" and are unable to build up a normal self-confidence, which has a great impact on their future growth and development.

2.2 Heavy workload for students

In 29.6% of the cases there was a burden of school work not completing homework fearing to be a high risk group for suicide incidents. Students were subject to parental criticism and other situations where the parents of the families involved had high expectations and high pressure on their children. Overburdened students and severe sleep deprivation led to the development of boredom, which became a significant factor in triggering family conflict and extreme incidents among students.

1. Competition between schools

Competition for educational resources, the decline in the rate of

advancement in public schools, the loss of good students and the widening gap between private schools. The private schools are "ignoring" the double reduction policy and are maintaining a high volume of homework and examinations. Public schools are compulsory and have no absolute advantage in terms of student numbers. As a result, many students choose to take courses outside of school, especially during weekends and holidays, which is the key to their success. With the introduction of the "double reduction" policy, many middle level students are unable to improve their grades, which affects the rate of advancement, while private schools focus on the rate of advancement, which helps to get into the desired university, and with their adherence to the educational philosophy, parents who value their scores tend to send their children to private schools. However, for high schools, public high schools have better educational resources, but with fewer places and more students, the shortage of places inspires parents to compete for resources and expect private schools to improve their children's grades in order for them to achieve good results in the mid-term exams in order to enter public high schools, giving pressure to private schools and indulging in private schools' over-teaching behaviour.

2. Off-campus tutoring is repeatedly banned

Today's out-of-school training continues to be an undercurrent, with out-of-school tutoring going from above ground to underground and being repeatedly banned. Tutoring classes are decorated as drinking establishments, words such as "training" and "tuition" are replaced with encrypted language, and tutoring institutions are doing everything they can to cope with the new policies. One-to-one tutoring at home is difficult to control and even more difficult to prohibit because of its low price and ease of operation. The fact that out-of-school tutoring is still on the rise under the double reduction policy is a situation where supply and demand are mutually reinforcing. On the one hand, a large number of people working in the teaching and training industry are facing unemployment and are bound to find ways to preserve their means of survival. On the other hand, parents, wrapped in anxiety, lack the energy and ability to tutor their children, but fear that their children will be "in-rolled" and lack competitiveness, so they have to seek out tutoring institutions to

solve their problems. Groups of students who have long relied on out-of-school tutoring have a hard time adjusting to walking on their own, and the anxiety caused by fluctuating grades makes children willing or even begging their parents to arrange extra lessons for them.

3. Parental anxiety still exists

Due to the uneven distribution of educational resources, parents go to great lengths to get their children into key secondary schools, sending them to off-campus training to overlearn. Although the "double reduction" policy has been implemented and tutorial classes are banned on weekends and holidays, parents are forced to send their children to off-campus training from Monday to Friday, even though there is a policy at the top and a policy at the bottom. The biggest concern for parents is that after the implementation of the "double reduction", they are unable to tutor their children outside of school and have to send them to out-of-school training institutions.

2.3 Negative impact of the network

The negative effects of mobile phones and games are reflected in cases from primary school to university, where 23.5% of students are addicted to the Internet. The main stimuli are not being allowed to play mobile phones and online games, and falling out of love online. Students' addiction to the Internet leads to a lower level of social integration, while undesirable content such as violence, gore and fantasy can mislead students to disregard life and to overreact when they encounter real-life frustrations such as academic performance, interpersonal interactions and parent-child conflicts.

The National Research Report on Internet Usage of Minors in 2020, released in Beijing on 20 July 2021, shows that the scale of underage Internet users in China reaches 183 million in 2020, and the Internet penetration rate of minors reaches 94.9%, with the scale of underage Internet users in China maintaining growth for two consecutive years. This shows that the Internet has become an inseparable part of young people's learning, life and entertainment, especially its ability to penetrate younger age groups continues to increase. However, while the Internet has been

integrated into the learning life of young people, it has also given rise to many problems that need to be solved. Another survey points out that young people have limited self-discipline online, with only 25% of secondary school students being able to resist the temptation to use the Internet when their parents are not present. Due to the overly convenient way of learning, 32% of students consider themselves lazier and more dependent on the Internet. At the same time, Internet addiction, online violence and bad information brought about by the Internet are all important hidden dangers that affect the psychologically healthy development of today's youth and are in urgent need of reasonable solutions.

In today's complex online environment, the unbalanced physical and psychological development of the youth population makes it easier to be exploited and influenced by entertainment companies and bad thinking. Examples of online violence, "rice circle behaviour" and other thinking being applied to everyday life are commonplace. The role of the Internet in providing correct guidance to young people needs to be further developed. As a window of opening up to the outside world and the forefront of socialism, Shenzhen, which is adjacent to Hong Kong and Macao, is a pioneering demonstration zone for socialism. It is imperative to strengthen the governance of cyberspace in the era of full media and create a safe and civilised online environment for young people.

2.4 Shortcomings in psychological work in schools

Half of the extreme cases of students with undetected psychological abnormalities, of which the daily performance in school is sunny, lively, positive and optimistic, emotionally stable, are highly concealed, posing higher requirements for psychological screening and requiring more scientific assessment tools and ways of detection. Most schools meet the requirements for teacher-student ratios (no less than 1:1000 in primary and secondary schools and no less than 1:3000 in colleges and universities) but these teachers are on average only 30 years old and inexperienced, and the system of responsibility for the participation of all teachers in student mental health education is not sufficient.

Many teachers lack basic awareness of the prevention and treatment of

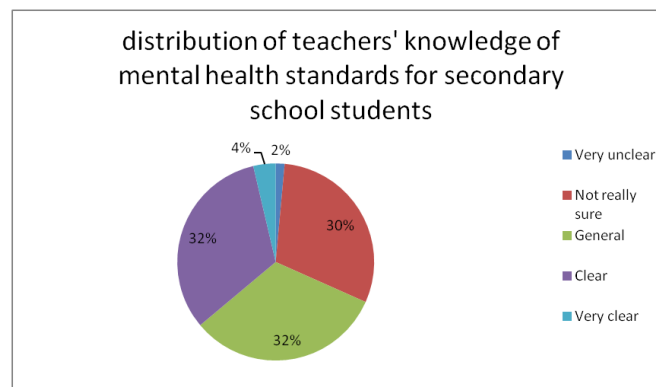
psychological problems, and the power of psychology teachers, psychologists and classroom teachers alone is far from sufficient to resolve psychological problems in children. There are different levels of depression, and if every educator had some mental health education methods and skills, they might be able to help patients avoid going from mild depression to severe depression. School counselling rooms are open to students for counselling, but basically they can only be booked actively by students and cannot cope with the large number of enquiries from students. Nowadays, students are very conscious of seeking help and know that they seem to have psychological problems and need to talk to a psychology teacher. All educators would be able to digest many psychological problems directly within their classes if they had the ability and responsibility to prevent and treat psychological problems. Shenzhen teachers have not yet popularised the C or B certificate in psychological counselling. Shenzhen used to require teachers to get a C certificate in psychological counselling, but later abolished this requirement. In contrast, certain areas, such as Shunde in Foshan, required all teachers to meet the requirement for a C certificate in psychological counselling at least 10 years ago.

Psychology teachers do not have enough class time, or even schools do not have psychology classes. For example, a new psychology teacher in the school did not have a psychology class last term and took the initiative to go to the school to apply for arranging a course before he was given the opportunity to teach a psychology class, and now there is still no psychology class in the high school class. As a classroom teacher, I would love for students to be able to take a psychology class every week or even two weeks, but it is difficult for the school to arrange psychology class time. There are not enough psychology teachers in the school. In one high school, there is only one professional psychology teacher for about 2,000 students, and the class needs to make an appointment with the psychology teacher in advance to have the psychology teacher conduct a group support or teach a mental health class.

According to the data in Table 3, 36.07% of the teachers in the survey were 'clear' or 'very clear' about the standards and performance of primary and secondary school students' mental health, while the rest of the teachers were at the level of

unawareness and ignorance. There is an urgent need to improve teachers' learning about psychological development.

Table 3 Percentage distribution of teachers' knowledge of mental health standards for secondary school students



2.5 Joint prevention and control mechanisms need to be improved

There is an information asymmetry between families, schools, hospitals, communities and other departments. For some of the key students and sick students screened out, schools are unable to grasp them or build a file to follow up; students who are on sick leave from school are not followed up by communities and properties, posing serious safety risks; early warning information on students' extreme psychological time lags behind and cannot be dealt with in a timely and effective manner; the mental health industry is underdeveloped and there is a shortage of service resources. There is a lag in the development of the mental health industry and a lack of resources for services; family education has not yet formed a synergy, and young people themselves and their families do not have enough awareness of mental health, making it difficult to frontload mental health education, and there is a lag in psychological guidance or treatment. At present, schools, hospitals and the community are the main departments for the prevention and treatment of psychological problems, but education, health care, politics and law and other departments are "working in their own way" and "managing their own affairs", which makes it impossible to form a joint effort. There is a contradiction between the protection of patient privacy and the interface between the work of the institutions. Due to the need to protect the privacy of psychological counselling,

there are information barriers between psychology teachers and class teachers, and between hospices and community service points.

Chapter 3

Research Methodology

3.1 Mental health education teachers are not well qualified

The epidemic is now a time when mental health problems among students, ranging from depression and light-heartedness to addiction to the Internet, have caused widespread anxiety and concern among parents and teachers. Mental health education should be about prevention rather than desperate cries for help after a tragedy has occurred.

A child's 'problems' often originate at home and manifest themselves at school. Teachers are the most influential people in a child's life, apart from their parents. Education is not only about 'teaching', but also about 'nurturing'.

In the traditional model of psychological education, only a few psychology teachers are responsible for the mental health of students in the school, while the mental health education skills of classroom teachers, especially classroom teachers, are generally insufficient to support the mental health development of students in a timely and effective manner.

Only by developing the ability of classroom teachers, especially class teachers, to master psycho-education and integrate mental health education for students into their daily teaching can they identify problems in a timely manner, grasp students' teachable moments, provide effective guidance and address students' psychological problems at their source (rather than after they are serious).

Mental Health Education Teacher Profile

In terms of building a psychology teacher team, there is no provision for a dedicated psychology teacher establishment and no dedicated financial security. The policy on the protection of psychology teachers is still only at the level of policy, for example, there are documents stipulating that psychology teachers are entitled to the treatment of classroom teachers, but psychology teachers are not entitled to classroom teacher's allowance and no welfare benefits have been implemented.

According to the document "Several Opinions of the Shenzhen Education Bureau on Vigorously Promoting Mental Health Education in Primary and Secondary Schools", every school in Shenzhen is required to have at least one full-time psychology teacher or configure a psychological counselling room. However, after some schools have been equipped with mental health education resources, there is a situation where psychological education is equated with moral education, and the work is carried out in a simple way, with monotonous content, poor relevance and lack of attraction, resulting in some students having little knowledge of mental health or ways to seek help, and a weak awareness of taking the initiative to consult or seek help, which has resulted in some of the psychological education resources being left vacant and wasted, making it difficult to use the originally scarce psychological education resources. It is difficult to use them effectively.

According to the survey, about 3% of teachers in Shenzhen have taken the initiative to suggest that schools should set up special psychological education programmes. Although schools have set up psychology teacher posts, the uneven implementation of policy measures and the small number of psychology teachers, their young age and lack of experience and qualifications have led to the continued diversion of psychology teacher resources and an oversupply of psychological health education resources in some schools, making it impossible to carry out the corresponding needs according to. This has led to a lack of effective response to the needs of the student body in terms of mental health education, making it difficult to ensure the level and quality of mental health education. This suggests that schools are not committed to implementing mental health education in practice and are not aware of the need for mental health training for in-service teachers and guidance on how to deliver mental health education.

Lack of full-time teachers. Low level of specialisation of part-time teachers.

Mental health education is a highly specialised subject education and requires strong professional knowledge and skills to achieve the desired educational effect and to carry out mental health education smoothly. These must be complemented by a team of teachers with extensive teaching experience, who must have a certain educational background, professional and systematic training in

mental health education and some front-line teaching experience.

3.2 Poorly constructed mental health education curriculum

Schools have misconceptions about school-based curricula, and the provision of school-based psychology classes is prone to formalisation. The school-based curriculum is divided into two categories: schools and teachers who select, adapt and integrate the national and local curricula to make them fit the characteristics and needs of their schools and students; and schools who design and develop a diverse curriculum that meets the physical and mental characteristics and needs of their students and develops their individual strengths. In the sample schools surveyed, it was clear that the school administrators did not understand the meaning of school-based curriculum, neither did they specify what lessons teachers should teach, nor did they develop or compile corresponding school-based materials, but merely noted that teachers could teach life and health, mental health, labour or other knowledge in school-based lessons.

1.The concept of the curriculum is not well understood. Mental health education activities curriculum is to improve and develop the level of psychological quality of students for the direct purpose, based on the principles and techniques of psychology, the physical and mental development characteristics of students, from the psychological needs of students and specially designed a purposeful, planned, organized and systematic arrangement and practice of activities. The regularity and effectiveness of the implementation of the mental health education programme is a direct reflection of the effectiveness of the new round of curriculum reform.

As the highlight course of the curriculum reform, the mental health education programme plays a good role in promoting the development of both schools, teachers and students. The Opinions on Strengthening Mental Health Education in Primary and Secondary Schools states that mental health education is an important part of implementing educational projects and training high-quality talents. However, at present, some primary and secondary school teachers fail to recognise the important role of mental health education courses in students' development, fail to recognise the significance and value of implementing mental health

education courses, and simply believe that the implementation of mental health education courses will affect students' performance in subjects such as language, mathematics and foreign studies, and are thus in a passive state in the implementation of the courses.

In addition, the mental health education curriculum is a curriculum area that is set by the state, guided locally and developed and implemented by schools according to the actual situation, which requires active input from schools, but many primary and secondary schools are not very proactive in treating the implementation of the mental health education curriculum, and are not yet able to integrate mental health education into the overall planning of the school curriculum. There is not enough awareness of the important responsibility of this curriculum for the long-term development of students.

2.The management of the curriculum is not standardised. Curriculum management is an important guarantee for the smooth implementation of the curriculum. At present, most primary and secondary schools have traces and thoughts on the implementation of the mental health education curriculum, but do not pay enough attention to the management of the curriculum, and the implementation of the curriculum is not deep enough due to the lack of management. For example, some schools lack systematic planning for the school-based training of the mental health education curriculum, and the school-based training is rather fragmented, failing to promote the level of teachers' implementation of the curriculum; there is a lack of planning and management for the implementation of the curriculum content, failing to incorporate the mental health education curriculum into the school's teaching plan; there is insufficient attention to the management of the teacher team building, and schools lack the leadership of full-time teachers and follow up on the team building of part-time teachers. The lack of effective supervision system for the curriculum has led to the scenario of the promotion of mental health education curriculum in schools.

3. The evaluation of the curriculum is not perfect. The effectiveness of implementing the mental health education curriculum is long-term and implicit, and the pursuit of short-term effects is not conducive to enhancing teachers' motivation

to implement the curriculum. We noticed that although most primary and secondary schools actively explore evaluation, expecting it to promote the beneficial development of the curriculum and achieve a state of regular and effective implementation, we found that some of the evaluations were very hollow and not very actionable, and had little motivational effect on teachers and students in implementing the curriculum.

4.The implementation of the curriculum is inaccurate. Some primary and secondary schools are highly motivated to implement the curriculum and have made bold explorations and experiments with it. However, there are practices in the implementation of the curriculum that are not accurate enough and behaviour that deviates from the objectives of the curriculum. For example, schools organise courses that are intimidating, narrowing even limited activities, confining students to empty lectures in the classroom and neglecting their rich activity practice; alienating mental health education courses into alternative subject courses; confusing mental health education with psychotherapy in medicine; implementing mental health education courses in a fragmented manner and failing to establish an integrated school, family and social Mental health education network, etc.

3.3 Parents, schools and the community need to be integrated

1.Families are the source of the emergence of psychological disorders or abnormalities in students, but parents are often unaware of them or do not care. In the psychological research work of students organised by the Shenzhen Textbook Institute, it was learnt that behind the emergence of tragic problems, there is a problematic family. Either the parents are divorced and the child lacks care, or the parents have a second child and do not pay enough attention to the child, or the parents are strict and the child is under pressure, etc. However, in all cases, the parents of the families in question were not aware of or concerned about their children's psychological feelings beforehand, and in some cases, even after the children had been diagnosed with symptoms such as depression and anxiety, they still did not acknowledge the facts and must deal with them through feudal superstition. All such situations lead to psychological problems in adolescents, which are neither easy to detect early nor easy to correct and rescue afterwards.

2. The hospital consultation system does not play a greater role in creating a closing effect. At present, schools will actively communicate with parents and refer young students to hospitals for treatment when they have abnormal problems. However, once the diagnosis is confirmed, the hospital is only responsible for prescribing medication. Is the child eligible to continue with the class? Does the child have to receive regular psychological counselling? Do hospitals need to work with schools and families for young people with high levels of warning? These questions are critical and missing.

3. The intervention power of schools still seems to be rather thin and under excessive pressure. At present, primary and secondary schools in Shenzhen are equipped with full-time psychology teachers as required and psychological counselling rooms are built. For class teachers, there are also regular psychological professional studies and training. However, one problem that cannot be ignored is that psychologists in schools are not doctors and are not omnipotent; class teachers have different abilities and not everyone has the ability to solve students' mental health problems; and schools are overwhelmed by the rapid economic and social development, which has revealed a variety of student problems that are more complex than before. In the course of our research work, we have learned that many parents drop off their children in therapy at the school gates and turn around, and that the first thing parents ask for is for the school to take responsibility once their child's extreme behaviour occurs at school. And in fact, the school, as a place to teach and educate people, is not equipped or ripe for intervention and treatment of students' psychological problems.

4. The whole society has not yet formed a system of mental health services for students. The mental health of young students is a matter of the whole society and the whole nation. Putting the responsibility unilaterally on hospitals or on schools will not create an ideal situation. This work needs to be coordinated by many parties. The National Action Plan for Youth Mental Health was issued jointly by 12 departments. Shenzhen's youth mental health problem urgently needs the linkage of various departments, such as health, education, women's federation and public security, to establish an effective mechanism and form a synergy of work.

As important implementers of education, parents and teachers should first have a good educational mindset. According to a relevant survey, 53.9% of teachers believe that the purpose of education is for the all-round development of the child, while 62.3% of parents believe that they send their children to school in order to get a good result in the entrance examination. It can be seen that there is no unity in educational thinking between home and school, and there are differences in the awareness of co-parenting.

(1) Lack of parental awareness of co-parenting

Most parents focus only on the academic performance of their students, but rarely pay attention to the various aspects of their students' mental health. The number of parents who take the initiative to understand and learn about the mental health of primary school students is not large, so there is still much room for parents to improve their understanding and ability to educate their students about mental health. For example, in the area of emotional management, many parents are not satisfied with their students' ability to control their emotions due to a lack of communication or guidance between them and their students; for example, in the area of adapting to life, many parents do not help guide their students in planning their leisure time. To some extent, these problems indicate that parents' awareness of mental health education is still insufficient.

(2) Insufficient awareness of co-parenting among teachers

Parents and teachers are supposed to work closely together, but this is not the case. In everyday teaching, teachers are used to working 'alone' in the school, and when communicating with parents it is often the teacher who unilaterally makes demands, hoping that parents will pay attention to their children's learning and ask them to check, monitor and sign their homework every day. However, this not only increases the burden on parents, but also turns them into executors of the teacher's orders in front of their children, losing their original status and dignity. Parents are the first teachers of their children. Teachers should take the initiative to communicate more with parents, respect their educational status, treat them kindly, communicate on an equal footing and guide them to give full play to their role in family education and form a synergy in education.

(3) Single concept of co-parenting

Since ancient times, China has had the concept that "if you don't teach your child, your father is at fault; if you are not strict in teaching, your teacher is lazy". Teachers believe that "a strict teacher makes a good student" and parents believe that "a stick makes a filial son", so many teachers and parents tend to be strict with their children and never take the initiative to praise their children's merits and progress.

A single "strict discipline" may have a temporary effect, but from the child's point of view, such a co-parenting approach does not go to the child's heart, does not guide the child's physical and mental development, and does not achieve the true purpose of education. Children need to learn and grow up in an environment where rewards and punishments are clear and lenient, and where positive guidance and encouragement from home and school are needed.

Let it be clear from the outset that the relationship between school and parents should be one of allies! A more commonly overlooked, but at the same time most important, understanding is that communication with parents should be such that parents feel that their advice and involvement is valuable.

3.4 Mental health education is carried out in a single form

From the above survey, 57.4% of students were satisfied with the school mental health education programme, while 24.8% and 17.8% of students were less satisfied and very dissatisfied respectively. 57.2% of students thought that the school mental health education was effective in helping them in their studies, while 22.6% and 20.2% of students thought that it was less effective or ineffective respectively. 54.6% of students thought that the school mental health education was helpful in regulating their negative emotions, while 18.5% and 26.9% of students thought that it was less effective or ineffective respectively. 54.6% of students felt that mental health education in school was helpful in regulating negative emotions, while 18.5% and 26.9% of students felt that it was less effective or ineffective respectively. Comparing the various statistics, it can be seen that there is a relative relationship between students' satisfaction with mental health education classes and the gains they feel they have made.

At present, the provision of mental health education courses in schools is the main way of mental health education. The survey found that a number of schools have mistakenly believed that conducting mental health-related courses is the only channel for mental health education, neglecting to provide guidance on students' mental health in the daily teaching process, focusing too much on the form and neglecting the real effect, and failing to establish a school-wide mental health education system with "full-time psychology teachers as the core, class teachers as the backbone, and all The school has not established a mental health education system in which the full-time psychology teacher is the core, the class teacher is the backbone, and all teaching staff participate.

The teacher prepares and conducts lessons in the Mental Health Education classroom like any other traditional subject, allowing students to learn about relevant psychology, highlighting key points and memorising them. Admittedly, due to the problem of having more students and fewer mental health education teachers, many of the representative mental health problems prevalent at this stage of primary schooling, such as exam anxiety and irregularities in work and rest, can be addressed by offering a mental health education course to optimise teacher provision. However, if mental health education is subjectified, it will only be taught in the classroom in a rigid way, forcing psychological theories on primary school students. This approach will not only fail to unblock psychological problems, but will increase the learning burden of primary school students, and its bound to increase their psychological pressure and fear of mental health courses. Mental health problems cannot be solved by simply instilling knowledge, nor can the promotion of mental health and the enhancement of mental qualities of primary school students be achieved by the provision of relevant courses. In addition to offering the necessary mental health education courses, we must continue to enrich the ways in which they are delivered, such as interdisciplinary infiltration, extra-curricular activities, psychological counselling, rehearsal of mental health dramas, psychology lectures, mental health knowledge competitions, etc. Only by stimulating students' interest in mental health education and actively participating in it can the effect of enhancing mental health education be achieved.

Chapter 4

Results

4.1 Countermeasures for mental health faculty development

The education department should improve the full coverage of psychology teachers in primary and secondary schools and organise pre-service training for school psychology teachers. Psychological services are a highly specialised and complex subject that requires a long period of professional study. Therefore, the education department should organise pre-service training for school psychology teachers, in addition to improving the full coverage of psychology teachers in the city's primary and secondary schools. A long-term counselling mechanism should also be established to hire teachers with professional backgrounds to provide counselling on the mental health of teachers and students. By employing long-term psychological tutors and conducting regular counselling sessions (weekly) on the subject, it can effectively prevent situations such as adverse psychological changes in teachers and students and better address the adverse effects they bring in a timely manner.

Newly appointed teachers. The Municipal Education Bureau and the schools set up a one-year assessment period for teachers' professional and psycho-educational work; they are formally inducted after passing the assessment and are not inducted after failing the assessment. Third, in-service teachers in schools. The Municipal Textbook Institute adds psychological case analysis classes to the city's continuing education public courses for teachers.

Introduction of mental health education personnel and emphasis on professional training

The personnel department of each primary school should set up a full-time position for mental health education and actively introduce psychology professionals graduated from higher education institutions to serve as full-time mental health teachers, as well as improve the evaluation of mental health education teachers' merits, title assessment and other related work. Primary schools

can dock with universities in the province and recruit a certain number of outstanding graduates each year, or have universities recommend outstanding graduates in psychology to primary schools to take up teaching jobs in primary schools. Psychology graduates are rich in psychological health education theory, but also able to help develop the work of mental health education for senior primary school students in a scientific and standardised direction, and play their own role in specific teaching practices.

Professional strengths

Training for learning to improve teachers' mental health education

The improvement of mental health education for upper primary school students is largely dependent on the improvement of teachers' mental health education, so real efforts should be made to organise special training to improve teachers' own psychological quality. Primary schools can provide training for all teachers, classroom teachers and key mental health education teachers:

Strengthen the training of all teachers on mental health education

School primary schools should add mental health education-related content to their school-based training and make it a compulsory subject for all teachers to undertake continuing education. In this way, mental health education training can be integrated into the whole campus educational activities environment, in order to help teachers better grasp mental health education theories and educational methods, and to enhance the enthusiasm of all teachers in the penetration of mental health education subjects and the psychological quality of the white body.

Strengthening the training of key teachers in mental health education

In the development of mental health education for upper primary school students, there should be a backbone of active and competent teachers to drive all primary school teachers to carry out mental health education work and to improve the overall mental health quality of teachers. Primary schools should support and encourage their key mental health teachers to use their annual summer and winter vacations to attend various psychological trainings to strengthen their psychological literacy and enrich their theoretical and relevant knowledge of mental health education, and should also actively encourage part-time mental health teachers to obtain national psychological counselling qualifications, so as to create an

innovative and competent team of key teachers.

Strengthen the workforce. The first is to promote the construction of psychological teaching and research staff, psychological specialists and full-time psychological teachers to meet the standards. The second is to carry out training on psychological topics for secretaries, headmasters, classroom teachers, moral education directors, safety directors, grade level directors and so on. Thirdly, we will issue guidelines for psychology teachers on workload recognition, job title evaluation and other related documents, carry out training for full-time psychology teachers at the third level of certification and advanced training for psychology work cadres, design and develop a course on practical case study skills, guide psychology teachers to carry out scientific and standardised case study work, make accurate assessments and predictions of students' psychological conditions, and form a synergy between teaching and research and administration to effectively achieve early detection and early intervention of potential psychological risks. The school will also provide guidance to teachers on how to carry out scientific and standardised casework.

Strengthen the construction of teachers for mental health education. Primary and secondary schools are equipped with full-time psychology teachers according to a teacher-student ratio of no less than 1:1000 (sub-campus are equipped on a year-on-year basis); early childhood education groups are equipped with at least one full-time psychology teacher; the qualification and workload standards for full-time psychology teachers are stipulated, and the establishment is co-ordinated within the total school establishment. The EDB will provide full-time psychology teaching and research staff by school section and select outstanding young teachers as part-time psychology teaching and research staff; it will provide graded certification training and case supervision for full-time psychology teachers; it will develop compulsory courses on professional competencies such as interpersonal communication for classroom teachers and develop scientific and standardised student care workflows and work checklists for classroom teachers; it will conduct regular thematic training for school secretaries, headmasters, moral education officers, safety officers, subject teachers, residential staff, etc. The Education Bureau

has set up a psychology officer, increased the training of psychology cadres and the selection and training of psychology teachers, and set up a mechanism to support and drive schools run by citizens, so as to play a leading role in the combined administrative and professional efforts.

Enhancing mental health care for the teaching profession

A nationwide survey involving nearly 2,000 primary and secondary school teachers published on China Education News in 2017 showed that 78.0% of teachers welcomed mental health education activities in schools and 48.3% needed services in mental health. The top three concerns of primary and secondary school teachers were mostly related to their own and their students' psychological development, with the top three issues in order: their own physical and mental management such as sleep and emotions (57.6%), their students' psychological development (56.6%), and their own children and parent-child relationships (54.2%). In addition, female teachers were more concerned with crisis intervention in emergencies, while male teachers were more concerned with social and environmental adaptation. Analysis of the data also revealed that teachers in schools that had conducted teacher mental health services all had significantly higher levels of mental health than teachers in schools that had never conducted them, and those that did so more often than those that did so less often.

Education is a process in which life affects life, and the level of mental health of teachers directly affects the psychological health of students and the quality of education. Caring for the mental health of teachers is conducive to improving the efficiency of the teaching force and the quality of teaching, the psychological health of students and the harmony and stability of teachers' families. As we strengthen mental health education for primary and secondary school students, the teaching profession, as a group that cannot be ignored and has a huge impact, also needs special care and support.

Strengthen teachers' humanistic care, reduce teachers' work pressure and effectively safeguard their physical and mental health; strengthen the psychological quality of the teaching force, organise teachers' psychological care activities in various dimensions and forms, such as physical and mental stress reduction,

communication skills and family relationship enhancement, around teachers' mental health demands; mobilise and organise professional organisations such as social organisations to effectively supplement the shortage of psychological teachers in schools and provide professional, personalised and effective support services for the teaching force. Provide professional, personalised, effective and warm support services for teachers. To strengthen the timeliness and effectiveness of crisis intervention guidance and psychological counselling for teachers, to ensure the health and stability of the teaching force and the smooth running of teaching work.

4.2 Countermeasures for building a mental health education curriculum

At present, the main form of mental health education in schools is to offer mental health education courses, and it is important to ensure good class time and quality of the courses. However, there are problems such as formalisation and moralisation in frontline teaching, which affect the effectiveness of mental health education courses. The author's survey found that 57.4% of students were satisfied with the school mental health education programme, while another 24.8% and 17.8% were not very satisfied and very dissatisfied respectively. And it was also found that students' satisfaction with mental health education classes was in relative relation to the gains students felt. Therefore, it is imperative to strengthen the awareness of school leaders, teachers and students of the importance of the curriculum to ensure the smooth implementation of the main vehicle of mental health education in schools.

First, we need to raise awareness. Enrich the curriculum and activities. Develop local curriculum standards for mental health education for each school section in our city, compile teaching materials for mental health education courses, open up a full range of classroom psychological activity classes, life education-themed class sessions, subject integration classes, parent school courses and a series of thematic activities such as Mental Health Month, effectively play the role of the main channel of classroom teaching to tap, cultivate and develop the positive psychological qualities of all students, enhance their psychological

resilience and toughness, build Awareness of self-help and mutual help and a good relationship of trust with the teaching staff. We will continue to launch the "Family Education Forum" and "Talking Heart" live programmes in collaboration with the Radio and Television Group, and integrate the topics of the live broadcast into the curriculum of school class psychology lessons, psychology class sessions and parent schools. A number of "Shenzhen Happiness Benchmark Classes" will be selected and built to embed mental health education into the whole process of school curriculum and student development.

The education administration should guide schools and teachers to correctly understand the nature and value of the programme from the perspective of the requirements of the times for talent training and the changes in the talent training model, and from the perspective of promoting the sustainable development of students. Schools should strengthen their "top-level design", understand the mental health education curriculum from the perspective of promoting the building of a school curriculum culture and reflecting the school's school characteristics, conscientiously implement the "Mental Health Guidelines for Primary and Secondary Schools", and constantly enhance the motivation of local communities and schools to implement the curriculum in a creative and practical manner. At the same time, parents and the community should be widely informed, so as to discard utilitarian and "short-sighted" thinking and behaviour towards education, overcome the values of exam-oriented education, understand and appreciate the value and significance of the mental health education curriculum, and create a favourable public opinion atmosphere for the implementation of the curriculum by gaining the support of headmasters, teachers, parents, the community and other parties.

Through a "rigid" system, a good atmosphere of activity is formed, and through rigid regulations and corresponding publicity, the whole society is truly aware that a good mental health programme is an important means and guarantee for "laying the foundation for students' lifelong development", so that the majority of educators To make the majority of educators aware that the implementation of a good mental health curriculum is a requirement for the implementation of quality education and a difficult project responsible for the future development of

students. The focus is on education and guidance and prevention of development. In accordance with the fortnightly mental health class, a monthly life education class session, once a semester mental health education month activities, etc., the formation of the whole staff to participate in a good atmosphere, common concern for mental health joint radio and television group launched the "family education forum" and "talk about the heart" live program.

Secondly, the management of the curriculum should be standardised. As a new course, the mental health education curriculum cannot rely solely on the conscience and sense of responsibility of leaders and teachers due to the difficulty of implementing it on its own. The education administration should strengthen the implementation of the curriculum, strengthen educational supervision and take a top-down approach to promote it as a whole. Schools need to establish a standardised curriculum management system based on school-based implementation. Only a combination of the two aspects will greatly facilitate the implementation level of the mental health education curriculum in practice.

At the level of education administration, in order to ensure the seriousness of the national curriculum at the level of implementation, policies should be developed to guarantee the implementation of the curriculum, including.

1. develop a scientific and rational implementation plan for the local mental health education curriculum to ensure the integrity and effectiveness of the mental health education curriculum.

2. establish an effective monitoring and evaluation mechanism for the implementation of the mental health education curriculum, and include the implementation of the curriculum in the assessment and evaluation of the work of the school and link it to the performance of the headmaster.

3. Develop and implement a system for evaluating the development of mentally healthy students, and develop specific rules for incorporating students' mental health status into their comprehensive quality assessment.

At the school level, a system of mental health education programmes should be established and improved, including, inter alia.

1. Development of school-based plans and programmes for the

implementation of mental health, the development of "school-year mental health implementation programmes" and "semester programmes", and the scientific establishment of mental health files for students.

2. Increase funding for mental health education in primary and secondary schools, with the fundamental aim of promoting the healthy development of students, and improve the software and hardware facilities and configuration of school counselling rooms, with hardware equipment such as individual counselling rooms, group counselling rooms, physical and mental training rooms, positive psychology rooms, emotional catharsis and sand tray game rooms.

3. Develop a reward and assessment system for the course, a course archive system, a teaching and research system, and a safety and security system for the activities.

Thirdly, the evaluation system should be improved. Course evaluation is an important part of the implementation of the curriculum. We should play the guiding and motivating role of mental health education course evaluation to promote the regular and effective implementation of the curriculum.

The education administration should include the status of the implementation of mental health education curriculum in schools and the management and development of school curriculum in the evaluation indicators of the overall quality of school operation, and avoid one-sidedness, formality and ambiguity when formulating the specific evaluation indicator system, so that the evaluation can comprehensively reflect the real situation of curriculum implementation in each school, and effectively promote the transformation of school operation philosophy and the implementation of the spirit of national curriculum reform. Schools should incorporate mental health education layers into the annual comprehensive target assessment, take students' mental health status as an important element of students' comprehensive quality assessment, and promote the strong and effective implementation of students' mental health education work.

4.3 Countermeasures to increase mental health promotion activities

Mental health problems among primary and secondary school students are

becoming more and more prevalent, but have not received enough attention from society for a long time. One of the reasons for this is that the manifestation of mental health problems among primary and secondary school students is often more hidden than mental health disorders among adults. On the other hand, parents and teachers' lack of awareness of mental illness in primary and secondary school students is also an important reason. As parents and teachers are not alert to their children's mental health, they are not aware of their children's internal struggles, torment and the possible consequences.

Big data empowered home-school co-education and lack of student mental health capacity. The use of the internet has greatly increased the level of productivity in society. The dialectic of productivity and relations of production tells us that different productive forces determine different relations of production, and thus the internet has changed and is rapidly and profoundly changing the laws and concepts of education. The state of students' mental health reflects the fit between the laws of education and the concepts and methods of education. In the era of big data we live in today, big data is giving a strong impetus to the modernisation of the national governance system and governance capacity. However, there is a large gap between the city's use of big data to empower home-school co-education, parent-child relationship, teacher-student relationship, student mental health analysis and education law mining and other realistic needs.

In order to better implement the recommendations on "Promoting mental health knowledge, enhancing mental health awareness, promoting mental health education, creating a harmonious social environment and promoting healthy growth of students".

All departments should increase the publicity of the two laws to raise the awareness of the general public and improve the level of protection for minors. Publicity departments should do a good job of public service publicity on harmonious families, guide society to establish the correct concept of parenting, call on the whole society to pay attention to and participate in the life education of students, popularise the knowledge of mental health education, and jointly guard the physical and mental health of students. All types of media should use public

transport, subways, airports, high-speed railway stations and other places where people gather to strengthen mental health publicity, spread mental health knowledge, improve scientific understanding of psychological problems and mental illness, reduce prejudice and discrimination, help the whole society to further build awareness of physical and mental health, master the basic methods of coping with psychological behavioural problems, and better protect the physical and mental health of young people. The Office of Civilisation is closely following the national civilised city and the assessment system for the ideological and moral construction of minors, combined with the development of civilised units, civilised families and civilised campuses, and is urging the relevant departments to strengthen family education.

Emphasis on communication and promotion of advanced ideas and special practices

1. Build a practice exchange platform. Develop an information sharing mechanism and establish a platform for mutual exchange and discussion, learning and learning from each other, such as special visits, forums and talks, to jointly discuss students' psychological characteristics and mental health education experiences, and implement face-to-face information exchange and sharing. Organise competitions for group psychological counselling activity sessions in primary and secondary schools, and select a number of quality activity sessions to tour schools to showcase excellent practical experience and style, and promote the effective sharing of experience in mental health education for primary and secondary students across the region.

2. Build an online education platform. The development of a psychological health education app, the opening of WeChat and Weibo, the collation and uploading of mental health information and educational practices from around the world, the implementation of mental health education and counselling services from multiple perspectives, and the implementation of real-time sharing on the Internet to facilitate students, families and schools to quickly learn about advanced mental health and health education methods. The school portal is used to open an "Online Parent School", which regularly disseminates psychological science

knowledge and strengthens communication between parents and schools and psychological education experts.

3. Promote the development of branded programmes. Leveraging on public welfare organisations, branded programmes such as home-school integration, parenting education and psychological health education have been developed and extended to schools and communities to create a social environment conducive to the healthy growth of students. We will also make full use of the strengths and roles of the "five elders" in the community who have professional skills in psychological education, and build professional and standardised psychological counselling rooms in communities that are in a position to do so, so that psychological health education can be better integrated into the learning and growth process of students.

4. Create a strong promotional atmosphere. Launch a region-wide call for public service videos on students' mental health, select outstanding works and broadcast them on TV channels and public transport videos to disseminate mental health knowledge and its importance on a wide scale. Set up mental health information boards in communities, schools and other places to regularly update different types of psychological knowledge, so that psychological knowledge can penetrate into the daily lives of the residents.

4.4 Establishing a response to psychological crisis intervention

The problem of youth suicide, which is a worldwide problem, has yet to be solved, but there is no experience of suicide prevention strategies in mega-cities, and there is an urgent need to deepen reforms and explore a governance system for the comprehensive development of youth mental health in mega-cities.

Advice on building a mental health "firewall" for youth depression

The first is to do a good job of screening and documenting students' mental health, conducting mapping studies on depression and other mental illnesses in schools, conducting scientific research on students who suffer from depression at school entry, and working with families to develop intervention programmes to enhance the synergy between home and school education.

The second is to include depression in student health check-ups in schools on a trial basis, and to establish, in conjunction with the political and mathematical departments, a big data cloud platform for student psychological warnings that is compatible with urban areas and schools, so as to do a better job of managing the whole process of warning cases of depression and other key warnings, and to enhance the scientific and effective nature of crisis prevention work.

Thirdly, to smooth the green channel for students to seek medical treatment for mental illnesses, enhance the synergy of family-school-society-medical and explore the construction of a psychological rehabilitation base for students based on the Shenzhen University General Hospital, to solve the psychological crisis caused by the lack of accompaniment of sick students during their stay at home, to help students recover better and return to school smoothly, and to prevent the occurrence of extreme psychological incidents. Fourth, to strengthen mental health publicity, popularise depression and other scientific knowledge, help the whole community to build awareness of physical and mental health to master the methods and ways to deal with mental illness, and jointly guard the physical and mental health of students

Interventions

The establishment of a cross-departmental emergency response mechanism for the handling of public opinion on youth suicide incidents. In the event of an incident, we will quickly mobilize education, public security, propaganda, Internet information, street and other departments to coordinate and respond to the incident, each doing its own job and sharing information in a timely manner; insist on simultaneous online and offline disposal, quickly verifying the cause of the incident offline and doing a good job of reassuring the family, and closely monitoring the public opinion on line to study and judge the caliber of response in a timely manner and carry out information control: according to the situation of online communication, we will make a timely statement in conjunction with the public security department to unify the external caliber and explain the relevant situation. To avoid over-interpretation of the incident by netizens, and to avoid increasing suspicion of the school and the education department

Conduct full training and crisis drills. Crisis training is conducted separately for school headmasters, middle-level cadres, psychology teachers, classroom teachers and subject teachers, with clear norms for psychological crisis screening and guidance for districts and schools to use the "Guangdong Psychological Crisis Intervention Manual for Primary and Secondary Schools" and conduct annual crisis drills.

Do a good job of psychological screening and press the main responsibility. Students' psychological crisis prevention work is regularized, with a comprehensive census in the autumn semester and dynamic screening in the spring semester, so that early detection and prevention and early action can be taken, with timely referral and lifelong counselling follow-up for those of key concern.

Strengthen departmental collaboration and carry out joint prevention and control. Explore a green channel for student consultation and treatment with Hong Ning Hospital to achieve a dedicated docking between the school and the hospital; work with the public security authorities to carry out joint prevention and control of students at risk of cyber speech, with the school feeding back the follow-up to the municipal counselling centre and the public security authorities.

5. Strengthen the synergy of family and community. Students of key concern (at-risk students) will be followed up by the school counselling office for consultation during school hours, and by the community counselling office for leave of absence from school or out-of-school hours, so as to achieve a seamless follow-up of school-based and out-of-school support.

6. To introduce a document on the long-term mechanism for the construction of a mental health education and service system for students in Shenzhen. To build an innovative system of mental health education and services for students in Shenzhen that combines active prevention and timely intervention, full participation and personalized services, and an efficient synergy between the inner ring of the education system and the outer ring of social services.

7. For the family, a weekly day of psychological help for families has been set up by each community. The family is the most important living space for everyone, and only by ensuring a healthy environment at home can we create a larger home

for healthy school life. It is therefore also essential for the community to work with specialist psychological hospitals. In life, there may be some badly reconciled conflicts within the family, which usually have a bad effect on the children, and through the intervention of an external person to mediate, these conflicts can be better eliminated and a healthier and better environment created for the children. It is therefore recommended that a community family psychological help day be carried out by professional psychological service providers working in the community one day a week, by way of a service purchased by the government. Experienced retired teachers and experts can also be recruited as community psychological counselling volunteers to help parents and children build a better parent-child relationship, and these volunteers should be given a certain amount of financial assistance.

8. Promote the development of the mental health industry. Encourage social capital to enter the mental health industry, support the construction of high-level private rehabilitation institutions, build a multi-level mental health service system, and carry out light mental health education, consultation, treatment and rehabilitation services. Explore the system of contracting family psychologists, with responsibility divided into sections and responsibilities assigned to households. Promote the opening of the psychological outpatient appointment quota of all municipal hospitals to family doctors and contracted students on a priority basis to achieve effective referral. Rely on Shenzhen University General Hospital to build a psychological rehabilitation base for students that integrates diagnosis, treatment, rehabilitation and living and learning, and explore a new model of psychological diagnosis, treatment and rehabilitation for adolescents in mega cities.

4.5 Measures to improve student mental health screening and documentation

There are many factors that cause psychological problems in children, but one of the important reasons is that there is a problem with the child's family education, parents do not know how to be parents, parents only focus on the child's academic performance and manage the child strongly for the sake of the

child's academic performance. Parents do not know how to communicate with their children on a spiritual level, and children do not receive good emotional support and psychological relief from their parents; another reason is that there are more young teachers with strong professional skills, but they lack experience in dealing with children's emotional problems and are unable to give children timely psychological care and emotional relief from stress. The state of mind of primary and secondary school students is determined by the education of their parents during the early childhood period from 0 to 6 years old. However, 99% of parents do not know how to respect their children and communicate with them with empathy. In short, parents of children urgently need to be educated on how to be parents and how to address the ways and means to pay attention in the process of raising children. The draft national family education law is already under consultation, and the time has come for Shenzhen's family education regulations to be enacted. Shenzhen is a city of new immigrants, the most urbanised in the country, and the short, medium and long-term social problems caused by the lack of new family education can be more potentially dangerous than in other cities across the country. Therefore, given its institutional and financial advantages, Shenzhen should make great efforts to study, respond to and intervene in the construction of family education in the city, so as to solve the problems of family education in Shenzhen in a systematic and lasting way and create a new Shenzhen model of family education in the field of people's livelihood for the whole country.

1. Establishing long-term service files. According to the actual situation, the school strictly follows the principle of confidentiality and protects students' privacy, establishes long-term psychological files for students, follows up students' psychological development during critical periods such as new students' admission, further studies and employment, and provides timely, effective and continuous psychological health guidance and services for students.

2. Screening of mental health levels. On the basis of students' informed voluntariness, students are given targeted psychological tests according to their own growth characteristics and mental health status, and students with a low level of mental health are provided with channels and platform information to effectively

help improve their psychological quality, and psychological health education boutique courses are introduced to help alleviate the psychological distress caused by academic pressure, adaptation to the environment and adolescent development, so that mental health knowledge is The programme also provides a wide and in-depth dissemination of mental health knowledge.

3. Provide support and relief services. A linkage mechanism of "youth affairs social worker + psychological counselling volunteer + judicial correctional social worker" has been established to enable community correctional clients to receive "three-to-one" comprehensive correction, so that students' normally suppressed emotions can be released and channeled, and their psychological tolerance, self-adjustment and awareness of facing up to setbacks and difficulties can be enhanced. This will enhance students' psychological resilience, self-adjustment and their ability to face up to setbacks and difficulties. The "Growth Line" youth mental health counselling and referral service has been gradually set up, with counsellors regularly deployed to answer calls every week to provide mental health counselling and referral services for young people in need.

4. Construction of the "Shenzhen Parents' School". Through the cooperation of the school, the enterprise and the society, a new vocational education institute with a main body, a school building, a profession and an establishment will be established. Firstly, it will study theories and academics in line with modern Chinese family education; secondly, it will train professional and semi-professional family education instructors and lecturers; thirdly, it will provide universal and systematic knowledge of family education to the general public; fourthly, it will set up an intervention system through the institute's capacity to intervene in family marriages, parent-child relationships and youth mental health. Parents are allowed to be licensed.

5. Create a "Shenzhen Qualified Parents" mechanism. Governments at all levels have made special budgetary provisions for family education for each family with children each year. According to the physical and mental characteristics of children aged 0-3, 3-6, 6-9, 9-12, junior high and senior high school, a compulsory course for parents of the corresponding age group will be set up, and parents will

be provided with targeted online and offline training and learning, and the study of family education courses will be made a prerequisite for parents to apply for school places at the compulsory education stage, and a points-based admission system for family education training will be established.

Chapter 5

Conclusion and Discussion

This study examines the current situation of mental health education for primary and secondary school students in Shenzhen and the extent of awareness of this work. The study finds that there are differences in the acceptance and awareness of mental health education methods and approaches due to students' adverse family factors, students' heavy school workload and the negative impact of the Internet. There are huge problems with the hardware, teachers and awareness of mental health education for primary and secondary school students, leading to unsatisfactory results and a long way to go in mental health work. The greatest need for psychological counselling and help for primary and secondary school students is in the family and social environment; the mental health problems of primary and secondary school students still need to be given great attention. Adolescent students themselves are in a sensitive period and are extremely malleable, plus the current economic system reform and social structure transformation, the composition of the youth population is more complex and diverse. Especially for students from mobile, single-parent and poor families, they face more difficulties and their psychological health development should be given special attention.

The depth and breadth of professional training for mental health teachers in primary and secondary schools is lacking, and the professional standards of a large number of teachers without professional certificates in psychological counselling need to be improved. There is a general lack of awareness of mental health education among students, mental health facilities in schools are lacking, a multi-level counselling network has not been established, and a family mental health ecosystem of interconnected teachers and students has not yet been formed. The funding for mental health education for primary and secondary school students varies, with hardware and software to be improved, and the number of teachers far from meeting the demand, and the degree of attention paid by leaders to this work

has a great impact. Mental health work for primary and secondary school students still faces many difficulties and needs to learn from the valuable experience of universities.

Primary and secondary schools should standardise management and do a good job of top-level design: We should explore and establish a perfect mental health education system integrate social resources, establish a school, family and social counselling network, conduct mental health screening, establish mental health files, set up student psychological hotlines, improve student mental health counselling rooms, increase funding, train teacher teams, establish scientific assessment and management mechanisms and management models, etc: We should take A personalised perspective to create a psychological education environment, a detailed understanding of the students' family situation, grasp of their growth background, appropriate intervention for some single-parent families, problem students, precision poverty alleviation and other special families, with sincerity to nourish, with enthusiasm to light up, with deep feelings to warmth to melt the ice in the hearts of students, so that students raise their sails of confidence. Build an interactive platform for voice consultation and video consultation to reduce students' worries about the namelessness of mental health education and counselling, increase students' access to and proximity to resources, and guide students to actively seek mental health services when necessary, so that they can have a greater sense of well-being and security.

The data collected in this study is not rich enough, and there are differences between schools, which is the shortcoming of this study. Therefore, each school should also base on the reality and build a practical mental health education system with our own characteristics, so as to add bricks to the socialist education cause in China.

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