

Research on the Implementation of Mental Health Education Policies for College Students in Sichuan Province: Empirical Evidence from China

Bo Liu & Cheng Xu

Southwest Petroleum University School of Economics and Management, Chendu, Sichuan610500, China

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*Corresponding Author: Bo Liu

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Abstract

This study takes the implementation of mental health education policies for college students in Sichuan Province as its research object. Based on Smith's policy implementation process model and utilizing questionnaire surveys and interview methods, it systematically investigates the current status, effectiveness, and existing problems of policy implementation. The research finds that under the impetus of policies, universities in Sichuan Province have established basic systems encompassing curriculum teaching, consulting services, monitoring, and early warning. However, challenges remain, including insufficient policy cohesion, a shortage of professional talent, service effectiveness needing improvement, and environmental constraints. To address these issues, this paper proposes optimization paths from four dimensions: policy refinement, optimization of implementing bodies, support for the target group, and environmental improvement, providing empirical reference for promoting high-quality development of mental health education in Sichuan's universities.

Keywords: Mental health education, Policy implementation, College students.

Case Studies

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INTRODUCTION

Mental health education for college students is a crucial component in fulfilling the fundamental task of fostering virtue through education and a key link in the national talent development strategy ^[1]. The report of the 20th National Congress of the Communist Party of China explicitly emphasized "prioritizing mental health and psychological well-being." The "Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025)" further incorporates student mental health work into the evaluation system for provincial people's governments fulfilling their educational duties. As a major educational province, Sichuan has a large number of universities and a massive student population. The effectiveness of mental health education policy implementation in its universities directly impacts the growth and success of millions of college students.

In recent years, Sichuan Province has successively issued policy documents such as the "Sichuan Province School Mental Health Education Special Action Plan," promoting the transformation of mental health education work in universities

from "passive response" to "active prevention." However, in practice, policy implementation still faces issues such as "enthusiasm at the top, lukewarm in the middle, and cold at the bottom" (a Chinese idiom describing decreasing engagement down the hierarchy), uneven resource allocation, and inadequate coordination mechanisms. Based on this, using the Smith model as an analytical framework, this paper employs empirical research to reveal the realities of mental health education policy implementation in Sichuan's universities, analyzes underlying contradictions, and proposes countermeasures, providing theoretical and practical support for improving the regional university mental health service system.

1 LITERATURE REVIEW AND RESEARCH FRAMEWORK

1.1 Literature Review

International research on mental health education policies began in the early 20th century. The United States established the legal status of psychological counseling through the

National Defense Education Act, forming a mature system of "legislative guarantee - professional certification - multi-party collaboration" [2]. European countries focus on exploring digital mental health services, such as the UK's dual-track model of "school-based strategies + external support" [3]. These experiences indicate that policy operability, professional team building, and social environment cultivation are key to effective policy implementation.

Domestic research focuses on policy evolution and practical difficulties[5]. Some researchers divide China's mental health education policy into three stages: gestation and preparation, initial establishment and integration, and growth and development, noting a characteristic shift from "affiliated with moral education" to an "independent system" [5]. Xie Yu et al., through policy text analysis, found that the coverage of mental health education policies in Chinese universities significantly improved in areas like crisis intervention and curriculum construction, but local implementation often exhibited "symbolic compliance" [6]. Existing research mostly focuses on the national level or eastern regions, with a relative lack of empirical studies targeting southwestern regions, especially Sichuan Province, and a scarcity of systematic analysis based on classical policy models.

1.2 Research Framework

This study uses the Smith model as its core to construct an analytical framework for the implementation of mental health education policies for college students in Sichuan Province: the *idealized policy* level focuses on the systematicness and operability of national and Sichuan provincial policies; the *implementing organization* level examines the fulfillment of responsibilities and coordination capabilities of institutions like the Sichuan Provincial Department of Education and university mental health education centers; the *target group* level analyzes the mental health awareness, needs, and policy acceptance of college students in Sichuan; the *policy environment* level explores the impact of Sichuan's cultural traditions, online ecology, and urban-rural disparities on policy implementation. Through the interaction analysis of these four

elements, problems are identified, causes are analyzed, countermeasures are proposed, and finally, generalizable Chinese experience is extracted.

2 RESEARCH DESIGN

2.1 Questionnaire Survey

This study employed a self-designed questionnaire titled "Questionnaire on the Implementation of Mental Health Education Policies for College Students in Kunming Universities" (hereinafter referred to as the "Survey Questionnaire"; see Appendix A for details). The Survey Questionnaire comprised 44 questions across three sections: Basic Personal Information, Mental Health Awareness and Educational Needs, and Implementation and Evaluation of Mental Health Education Policies for College Students, as shown in Table 2.1. Basic personal information was used to understand the respondents' background; Mental Health Awareness and Educational Needs aimed to understand the respondents' own mental health status, basic knowledge of mental health education, and practical needs; the core section was the Implementation and Evaluation of Mental Health Education Policies for College Students. This part was designed based on China's main college student mental health education policies to understand the actual implementation of current policies among the student population and their evaluation of policy implementation. The questionnaire was distributed via the "Wenjuanxing" platform to 15 undergraduate universities in Sichuan Province (including 9 public and 6 private institutions) using random sampling. 3126 questionnaires were collected. After excluding 189 invalid samples, 2937 valid questionnaires remained, yielding an effective rate of 93.95%. The sample covered different grades, majors, and campus roles. Males accounted for 34.6%, females for 65.4%; freshmen to seniors accounted for 38.2%, 24.5%, 21.8%, and 15.5% respectively; students majoring in humanities, science, medicine, and arts accounted for 37.3%, 25.6%, 12.8%, and 4.3% respectively, broadly aligning with the student demographic characteristics of Sichuan universities.

Table 2.1 Basic Information of the Survey Questionnaire

Survey Target	Module	Number and Distribution of Questions
College students currently enrolled in universities in Sichuan	Basic Personal Information	5 questions
	Mental Health Awareness & Ed Needs	8 questions
	Policy Implementation & Evaluation	Policy Implementation & Evaluation 31 questions, including awareness of policies, publicity, classroom teaching, psychological assessment, consulting service
		implementation, policy execution evaluation

2.2 Interview Survey

To compensate for the limitations of the questionnaire survey, this study conducted semi-structured interviews with policy implementers, including 1 staff member from the Moral

Education Office of the Sichuan Provincial Department of Education, heads of student affairs departments from 5 universities, teachers from mental health education centers in 6 universities, and 8 counselors from secondary colleges, totaling 20 people. Interview content focused on practical issues such as

difficulties in policy implementation, resource allocation, and coordination mechanisms, resulting in 120,000 words of interview transcripts, providing qualitative support for the quantitative data.

2.3 Overall Evaluation of Mental Health Education Policy Implementation

2.3.1 Students' Understanding of Mental Health Education Policies

Questionnaire results indicated that respondents had a

relatively low awareness of mental health education policies for college students. Only 66.57% of students knew that the Ministry of Education and various government departments had issued relevant policies, and an even lower proportion had actively sought to understand these policies (as shown in Table 2.2). Furthermore, analyzing the factor of "grade year," there was no significant difference among the four grades in the sample, indicating that regardless of grade year, college students have limited understanding of mental health education policies.

Table 2.2 Status of Students' Understanding of Mental Health Education Policies

SurveyContent	Yes(%)	No(%)
Aware of relevant policies for college students	66.57	33.43
Have sought to understand relevant policie	51.76	48.24

2.3.2 Evaluation of Mental Health Education Policy Implementation

As shown in Figures 2.1 and 2.2 (Note: Image references kept as per original, though files not provided), in the student questionnaire, about 92.7% of students acknowledged the helpfulness of mental health education for their daily study and life, with 53.34% believing

it was "very helpful." Simultaneously, regarding policy implementation effectiveness, about 81.07% of students believed the implementation was good. Additionally, the questionnaire revealed that most students (84.52%) believed universities and other departments should further strengthen mental health education. As shown in Table 2.3, students suggested further strengthening efforts by adding mental health courses, improving psychological counseling conditions, and broadening relevant student activities.

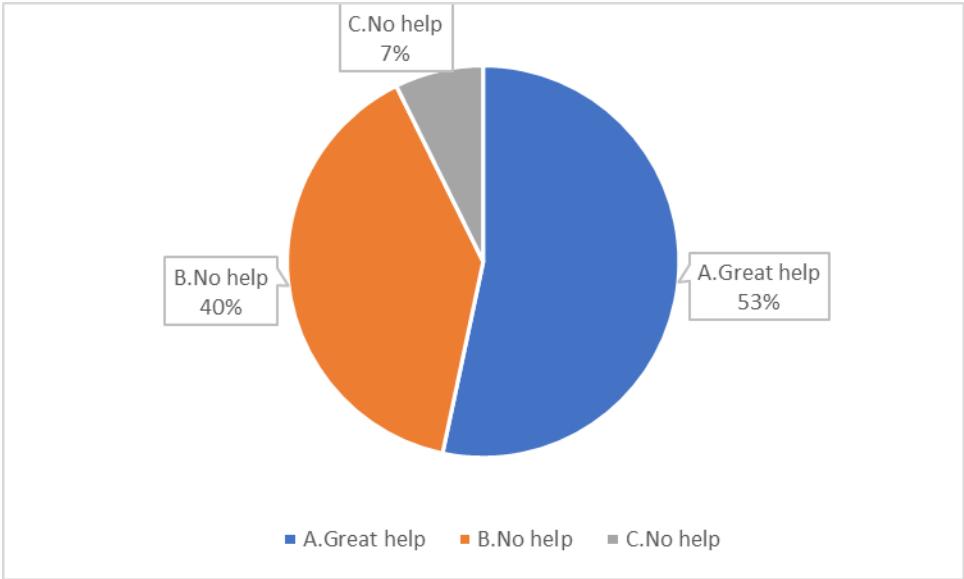


Figure 2.1: Helpfulness of Mental Health Education for Students

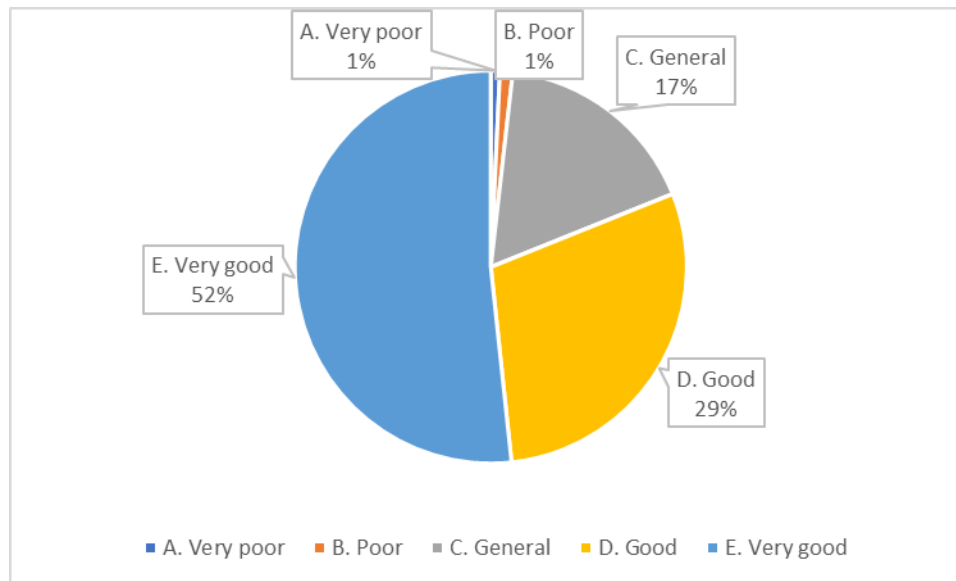


Figure 2.2: Students' Overall Evaluation of Mental Health Education Policy Implementation

Table 2.3 Suggested Ways to Strengthen Mental Health Education in Universities

WaystoStrengthenMentalHealthEducation	NumberofStudents	Percentage
Add relevant courses	812	30.43%
Increase counseling rooms and teachers	594	22.26%
Organize more student activities	589	22.08%
Create new media platforms for mental health ed	419	15.70%
Increase mental health lectures	254	9.52%
Total	2668	100%

3 RESULTS AND DISCUSSION

3.1 Current Status and Effectiveness of Policy Implementation

Policy system preliminarily formed, implementation framework basically established:* Sichuan has established a three-tier policy system: "national policy guidance - provincial plan implementation - university 细则 (specific rule) execution." At the provincial level, special action plans have been issued, clarifying the integrated work requirements of "health education - monitoring and early warning - consulting services - intervention and handling." At the university level, mental health education leading groups have been widely established, with 87.5% of universities incorporating mental health education into talent training plans, and 75% setting up special funds. For example, Sichuan University established a "university - college - class - dormitory" four-level management network, and the University of Electronic Science and

Technology developed an online mental health education course platform. Policy implementation exhibits positive interaction characteristics of "top-level design - middle-level implementation - grassroots response."

Full curriculum coverage, diversified educational forms:* The survey showed that 100% of sample universities offered the compulsory course "Mental Health Education for College Students," and 83.3% offered elective courses like "Positive Psychology" and "Emotion Management." Teaching methods broke through traditional lectures, with 62.5% of universities using case studies, scenario simulations, etc., and 58.3% introducing VR technology for stress management training. Student satisfaction with courses reached 78.6%, believing the courses "helped master emotion regulation methods" and "enhanced awareness of seeking psychological help." Extracurricular educational activities were rich, with participation rates in events like the "5·25 Mental Health Month" and "Psychological Scenario Drama Competition" reaching 63.5%, and new media publicity covering 91.2% of

students.

Improved and expanded consulting services, initial success in crisis intervention:* Hardware facilities in university mental health centers gradually improved, with an average area of 350 m², equipped with individual counseling rooms, group counseling rooms, and other functional areas. The average student-to-full-time teacher ratio was 1:3800, exceeding the national standard, with 80% of teachers holding Level 2 psychological counselor qualifications. Consulting service forms were diverse, with an annual average offline consultation volume of 8.2 per 100 students, the proportion of online consultations increasing to 35%, and 24-hour psychological assistance hotline coverage reaching 75%.

Specialized teaching staff, strengthened support:* The structure of full-time teachers optimized, with 92.5% holding master's degrees or higher, and 77.5% having a psychology background. Annual professional training averaged 45 class hours, higher than the policy requirement (40 class hours). Mental health training for counselors achieved full coverage, and 83.3% of universities incorporated psychological work into counselor assessment indicators. Funding increased continuously, with provincial special funds reaching 20 million yuan in 2023, a 67% increase compared to 2020, focusing on supporting demonstration center construction and teacher training.

3.2 Prominent Problems in Policy Implementation

Policy disconnect, lack of supporting measures:* 72.5% of interviewees reported that mental health education in universities and primary/secondary schools operated in silos ("各自为政"), student psychological records failed to transfer effectively, and 31.2% of freshmen's psychological problems traced back to middle school but lacked historical data support. Parents concealing students' past psychological history reached 28.6%, increasing the difficulty of crisis intervention. Excessive policy flexibility: Clauses in provincial policies, such as "support counselors pursuing psychology degrees," lacked quantitative indicators, leading to significant variation in university implementation. For instance, within the special plan for ideological and political work backbone staff to pursue doctoral degrees on the job, psychology majors accounted for only 8.3%, showing no growth in recent years; 62.5% of universities did not incorporate mental health teacher 职称评审 (professional title evaluation) into a separate channel within the ideological and political series.

Professional talent bottleneck, insufficient service capacity:* Although the student-teacher ratio met standards, 58.3% of universities reported full-time teachers were overloaded (annual average consultations exceeding 300 人次/person-times), with holiday shifts becoming 常态 (normalized). Part-time teachers had high turnover, with an annual replacement rate of 35%. Only 12.5% of counselors had a psychology background, and 67.2% of counselors stated they "found it difficult to identify complex psychological problems." Only 2 universities in the province offered doctoral programs in psychology, limiting further study opportunities for full-time teachers; 87.5% of teachers believed "professional title

evaluation standards were vague," creating conflict between research pressure and clinical service needs. Peer counselor training was insufficient, with 43.8% of psychological committee members not receiving systematic supervision.

Service effectiveness needs improvement, early warning mechanism weakened:* 34.6% of students worried about consultation information leakage, and 19.8% reported "assessment results being privately inquired about by counselors," reducing willingness to seek help proactively. Some universities had 不规范 (non-standard) data management, including the spread of screenshots of assessment reports. The role of class psychological committee members was limited, with only 41.3% of students believing they "could promptly detect abnormalities in classmates"; the college level lacked professional judgment 能力 (capability), with 37.5% of crisis cases experiencing delayed intervention due to "initial misjudgment." Follow-up after intervention was lacking, with 62.5% of returning students not receiving continuous psychological support.

Significant environmental constraints, lagging social cognition:* 42.7% of students believed "seeking psychological counseling would lead to discrimination," and 28.3% of parents equated psychological problems with "mental illness," refusing to let their children receive professional treatment. Traditional concepts led to a tendency to "prioritize academics over mental health," with 67.5% of universities exhibiting a passive pattern of "only prioritizing prevention after a crisis event." 38.6% of students admitted "harmful online information caused anxiety," with issues like internet addiction and virtual socializing replacing real-world interaction becoming prominent. Although 网络素养教育 (online literacy education) was conducted, it lacked specificity, with only 29.2% of universities offering 专题课程 (thematic courses) on "online mental health."

3.3 Cause Analysis Based on the Smith Model

Policy Plan Level:* Insufficient systematicness and operability. Policy formulation involves multiple departments (education, health, cyberspace, etc.), but coordination mechanisms are imperfect, leading to "policy overlap" and "regulatory gaps." For example, mental health curriculum standards are set by the education department, while clinical referral standards are led by the health department, causing a broken "education - consultation - treatment" chain due to poor linkage. Some policy formulations are vague, such as "strengthen home-school collaboration" without clarifying responsibility division, leaving universities facing implementation difficulties like "parental non-cooperation."

Implementing Organization Level:* Lack of coordination and capacity shortfalls. Within universities, there is a phenomenon of the "psychological center working alone," with insufficient coordination among academic affairs, student affairs, logistics, and other departments. 62.5% of psychological center directors reported "great difficulty in cross-department coordination." University-local cooperation lacks depth, with local mental health institution resources inadequately 倾斜 (tilted) towards universities; only 41.7% of universities established stable cooperative relationships. Implementers lack professional capacity; counselors' accuracy

in identifying psychological crises was only 58.3%, affecting policy implementation effectiveness.

Target Group Level:* Cognitive bias and weak self-help. College students lack scientific understanding of mental health; 37.5% equated "psychological problems" with "character flaws," and self-stigmatization inhibited help-seeking behavior. Psychological self-help skills are lacking; only 29.2% mastered basic regulation techniques, struggling to cope with academic pressure (42.3%) and interpersonal relationships (38.6%). Family support is absent; 56.7% of students stated "parents are unaware of mental health education policies."

Policy Environment Level:* Cultural inertia and resource constraints. Traditional educational concepts prioritize "success" over "well-being," and mental health education holds insufficient weight in university assessments (average 4.2%), leading to diminished motivation for policy implementation. Uneven economic development leaves universities in western and northern Sichuan resource-poor, with the lowest per-student funding only 10 yuan, below the provincial average. Online regulation has blind spots, screening technology for harmful information lags, and purifying the environment remains a formidable task.

4 CONCLUSION

Through empirical investigation of 15 universities in Sichuan Province, this study finds that driven by national and local policies, the implementation of mental health education policies for college students in Sichuan has achieved significant results, establishing a basic system of curriculum teaching, consulting services, monitoring, early warning, and crisis intervention. The specialization level of the teaching staff and support efforts continue to improve. However, policy implementation still faces deep-seated contradictions: policy disconnects, imbalance between supply and demand for professional talent, service effectiveness and privacy protection needing optimization, and dual constraints from social cognition and the online environment.

Analysis based on the Smith model indicates that implementation difficulties stem from the combined effect of insufficient policy systematicness, weak coordination among implementing agencies, cognitive biases of the target group, and feeble environmental support [7]. Therefore, the following optimization paths are proposed: (1) *Improve the policy system:* Promote the integration of mental health education across primary, secondary, and tertiary education; formulate quantitative indicators and supervision mechanisms; clarify responsibilities for home-school-society collaboration. (2) *Strengthen implementation effectiveness:* Improve internal

university coordination mechanisms; expand the coverage of university-medical institution cooperation; optimize teacher training and professional title evaluation systems. (3) *Enhance group literacy:* Innovate curriculum teaching and science popularization forms; eliminate stigmatization; enhance students' self-help and help-seeking awareness. (4) *Optimize environmental support:* Increase financial investment for balanced resource allocation; strengthen online environment governance; create a atmosphere of whole society care and support .

This study has limitations; the sample did not include vocational colleges, and the long-term effects of policy implementation require tracking. Future research could combine longitudinal surveys and cross-regional comparisons to further explore the long-term mechanism of mental health education policy implementation in western Chinese universities.

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Appendix A

Questionnaire on the Implementation of Mental Health Education Policies for College Students in Kunming Universities**

Dear Student,

Hello! This questionnaire is designed to complete the "Survey on the Implementation of Mental Health Education Policies for College Students in Kunming Universities." It aims to understand the implementation status of mental health education policies in universities within Kunming, identify shortcomings through the survey, and provide suggestions for the effective implementation of these policies. This questionnaire is highly significant for the research project. The survey is anonymous, there are no right or wrong answers, and the data will be used solely for research purposes. Please feel assured to answer.

Thank you for your support and cooperation! Wishing you progress in your studies, physical and mental health, and a happy life!

(I) Basic Personal Information

1. Your university name:
2. Gender: A. Male B. Female
3. Your grade: A. Freshman B. Sophomore C. Junior D. Senior E. Postgraduate
4. Your major type:
A. Science B. Humanities C. Arts D. Medicine E. Agriculture F. Other
5. Your role at school:
A. Class Psychological Committee Member B. Dormitory Psychological Information Officer (Dorm Leader) C. Peer Psychological Counselor D. Other Student Cadre E. Ordinary Student

(II) Mental Health Awareness and Educational Needs

1. Do you usually pay attention to your mental health status?
A. Very much B. Somewhat C. Not really
2. How would you evaluate your mental health status?
A. Very healthy B. Good C. Unhealthy D. Not sure
3. What mental health knowledge are you most interested in?
A. Standards for student mental health B. Ways to improve psychological quality C. Adjustment for common psychological problems D. Early detection of psychological disorders E. Other (Please specify:)
4. In your college life, through which channel do you acquire the most mental health knowledge and information?
A. Mental health education courses, lectures, etc. B. On-campus offline mental health promotion activities C. Online information D. Help and guidance from classmates, friends, or elders
5. Which channel do you find most useful for acquiring mental health knowledge and information?
A. Mental health education courses, lectures, etc. B. On-campus offline mental health promotion activities C. Online information D. Help and guidance from classmates, friends, or elders
6. When you feel depressed or very upset, how do you deal with these negative emotions?
A. Confide in classmates, friends, or family B. Find a substitute to vent C. Seek professional psychological counseling D. Endure or digest it myself, not seeking help
7. If you encounter psychological problems, are you willing to go to the campus psychological counseling center (room)?
A. Willing B. Unwilling
- 8-1. Why are you willing? (Multiple choices possible)
A. Campus psychological counselors are more professional B. Campus psychological counseling is free C. Recommended by friends D. Campus counseling is more convenient E. Other reasons
- 8-2. Why are you unwilling to go to the campus psychological counseling center (room)?
A. Campus psychological counselors are not professional B. Campus psychological counseling is hard to 预约 (book) C. Worried about personal privacy leakage D. Low evaluation of the counseling center from friends E. Other reasons (Please specify:)

(III) Implementation and Evaluation of Mental Health Education Policies for College Student

1. Are you aware that the Ministry of Education and various government departments have issued policies regarding mental health education for college students?
A. Yes B. No
2. Have you actively sought to understand various policies related to mental health education for college students (including policies and regulations issued by the state, region, or university)?



- A. Yes B. No
3. Where did you primarily learn about college student mental health education policies?
A. Print media, online platforms, or other new media forms B. Lectures and activities conducted by the school and mental health center C. Mental health education courses offered by the school D. Introductions by relevant social organizations E. Other channels (Please specify:) F. Never learned about them
4. Does your university offer a dedicated compulsory course on mental health education? (e.g., Mental Health Education for College Students)
A. Yes B. No C. Don't know
5. Does your university offer other elective courses on mental health education?
A. Yes B. No C. Don't know
6. Do you think it is necessary for the university to offer dedicated mental health education courses?
A. Necessary B. Unnecessary C. Doesn't matter
7. Have you participated in the university's mental health education courses?
A. Yes B. No (Skip to Q10)
8. What was the examination format for the mental health education course(s) you took?
A. No exam B. Submit learning reports or short papers C. Open-book exam D. Closed-book exam
9. What problems exist in the course setup and teaching of the university's mental health education? (Multiple choices possible)
A. Limited elective slots, hard to meet student demand B. Few class hours, hard to learn systematically C. Large class size, single teaching form D. Teachers go through the motions, hard to learn useful content E. Easy assessment methods, students don't take it seriously
10. Which aspect do you think has the greatest impact on improving the effectiveness of mental health education classroom teaching? (Choose one)
A. Teacher's professional level B. Teaching method C. Classroom atmosphere D. Post-class tasks and assessment format
11. Do you think the lecturer's professional level and health awareness meet the teaching needs and your mental health knowledge requirements?
A. Completely B. Somewhat C. Cannot
12. Did the lecturer of the mental health education course(s) you took have professional qualifications in the field?
A. Had relevant professional qualifications B. No relevant qualifications but had rich professional experience or related educational experience C. Taught by counselors, graduate students, or teachers from related fields D. Not sure
13. Which extracurricular mental health education and promotion activities do you think can better achieve the effects of mental health education? (Multiple choices possible)
A. Special activities organized by health service agencies targeting specific issues (e.g., depression, anxiety) B. Special lectures on mental health education C. Cultural activities with mental health education significance D. Mental health education publicity via new media E. Peer supervision, help, encouragement groups (peer education) F. Psychological communication from family members
14. To your knowledge, does the school have a dedicated mental health center or student group responsible for organizing and running campus mental health education activities?
A. Yes B. No C. Not sure
15. Has your university distributed university-compiled readers on mental health education to students?
A. Yes B. No C. Don't know
16. Does your university have dedicated public accounts (WeChat), campus radio, or other media platforms for popularizing student mental health knowledge and preventing psychological problems?
A. Yes B. No C. Don't know
17. After freshmen enrollment, does the university conduct mental health assessments?
A. Yes B. No C. Not sure
18. Besides the assessment for new students, does the university organize other mental health assessments?
A. No B. Yes, once a year C. Yes, once per semester D. Yes, organized irregularly
19. To your knowledge, have there been instances of leakage of student mental health assessment or consultation information in your class or university?
A. Yes B. No C. Not sure
20. Do you know the specific location of the relevant psychological counseling center (room) on campus or the psychological assistance hotline number?
A. Know both B. Only know the location C. Only know the number D. Know neither
21. Can the university's psychological health conditions (counseling rooms, etc.) meet your mental health needs?
A. Yes B. No
22. Through which way do you think the university should most improve psychological health conditions?
A. Add psychological service venues B. Improve the professional quality of psychological counselors C. Improve infrastructure conditions D. Enrich service forms
23. Is there a psychological committee member set up in your class?
A. Yes B. No C. Not sure
24. Do you think the class psychological committee member is helpful for daily student mental health education?

- A. Very helpful B. Somewhat helpful C. Not helpful
25. Is there a dedicated mental health guidance teacher or counselor in your college (department)?
A. Yes B. No C. Not sure
26. How do you evaluate the university's emphasis on student mental health education?
A. Very emphasized B. Emphasized in thought but less in action C. Moderately emphasized D. Not emphasized
27. Has the university ever solicited students' opinions and suggestions on the implementation of mental health education?
A. Yes B. No C. Not sure
28. Do you think the university's mental health education is helpful in your daily life?
A. Very helpful B. Somewhat helpful C. Not helpful
29. What is your overall evaluation of the mental health education activities carried out by your university?
A. Very good B. Good C. Average D. Poor E. Very poor
30. Do you think the university should strengthen guidance on mental health aspects?
A. Should strengthen B. No need, it's already sufficient
31. Through which way do you think the university should most strengthen guidance on mental health aspects for college students? (Choose one)
A. Add relevant courses B. Increase counseling rooms and professional psychological counselors C. Increase mental health lectures
D. Organize relevant educational student activities (drama, knowledge competitions, etc.) E. Create new media platforms for campus mental health science popularization

Appendix B

Respected Teacher,

Hello!

I am conducting interviews for the research on "Implementation of Mental Health Education Policies for College Students." The aim is to understand the university's handling of college students' mental health issues and the implementation of relevant policies issued by the state and government to promote mental health education in universities, hoping to obtain substantial research materials and accumulate solid groundwork for proposing suggestions to promote the effective implementation of these policies. I believe the information you provide will be of great help to the completion of the thesis!

Sincerely thank you for taking time out of your busy schedule to participate in this interview! The information provided will be used solely for thesis writing. Interview information will be strictly confidential. Thank you again for your support and participation!

(I) Interview Outline for Mental Health Center Teachers

1. How many full-time mental health education teachers are there at your university, and what is the student-to-teacher ratio?
2. Are your university's measures related to mental health education primarily daily activities or medical interventions? What is your view on this?
3. Do all mental health center teachers participate in teaching mental health education courses? Who else teaches these courses?
4. Is training on basic mental health knowledge and skills provided to school counselors and class advisors? What is the coverage rate?
5. Are operation guides for common student psychological problems or other guidance measures to enhance the ability to handle student psychological issues provided to parents, class advisors, counselors, etc.?
6. Besides the mental health assessment for new students, what is the frequency and scope of other mental health assessments?
7. For the results of mental health assessments, are different categories of mental health education plans formulated? What protection mechanisms are established to prevent information leakage and ensure assessment data security?
8. Is a "one student, one file" mental health 档案 (archive) established? Is there timely follow-up and evaluation of the effects after psychological intervention?
9. Has the university established cooperation with mental health medical institutions, maternal and child health hospitals, etc., to open up channels for prevention, referral, intervention, and medical treatment?
10. Are mental health education teachers required to participate in regular vocational skills training? What is the general content and duration of the training?
11. Are there specific standards for mental health education teachers in teacher qualification certification, professional title evaluation, and doctoral studies, or does the university provide certain policy 倾斜 (preferences)?
12. Does the university have a student mental health laboratory for conducting student mental health research?
13. Is the funding allocated by the university to the mental health center (counseling room) for strengthening student mental health work sufficient? What difficulties exist in the institution's construction and development? What do you think are the main reasons?



(II) Interview Outline for University-Level Management Personnel on College Student Mental Health Education

1. What is the overall situation of mental health education policy implementation at your university? (Policy content, implementing institutions, policy implementation effects - education and teaching, teaching staff construction, funding support, platform construction, collaboration, etc.)
2. What deficiencies do you think still exist in college student mental health education work?
3. What suggestions do you have for the implementation of college student mental health education policies at your university?

(III) Interview Outline for College Student Mental Health Education Counselors (College Level)

1. What are the main tasks of your secondary college in college student mental health education?
2. Does your secondary college regularly analyze and judge the psychological status of students? How is this generally carried out?
3. Is an early warning mechanism for high-risk groups established for mental health issues? How does it operate?