

Research on College Student Development from the Perspective of Mental Health Education

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Abstract: Against the backdrop of high-quality development in higher education and the fundamental task of “cultivating morality and nurturing talents”, the comprehensive development of college students represents the core objective of talent cultivation in universities. There exists an inherent logic of mutual empowerment between mental health education and student development. Based on the connection between these two elements, this paper analyzes the current dilemmas in college student development, and proposes practical approaches from three dimensions: updating concepts, improving systems, and establishing collaboration. The aim is to strengthen the supporting role of mental health education, promote the coordinated development of students’ physical and mental well-being, and provide practical references for relevant work in higher education institutions.

Keywords: Mental health education; College students; Student development

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1. Introduction

Mental health education is an important component of the “Healthy China” strategy. In recent years, the mental health education situation for college students in China has been severe. Currently, the diverse structure of college student groups, combined with pressures from academics, employment, and other aspects, has led to psychological issues among students exhibiting characteristics of diversification and concealment, adversely affecting their comprehensive development. Mental health education is crucial for implementing the fundamental task of “cultivating morality and nurturing talents” and safeguarding students’ physical and mental health, providing support for their academic pursuits, personality development, and social adaptation. At present, some universities have deficiencies in mental health education, failing to fully empower student development, with imperfect collaborative mechanisms. Exploring the relationship between the two, analyzing dilemmas, and discovering pathways holds significant theoretical and practical value for strengthening educational effectiveness and promoting student development.

2. The inherent relationship between mental health education and college student development

2.1. The core supporting role of mental health education in college student development

Mental health education is an important component of universities’ fundamental task of cultivating morality and nurturing

talents^[1]. The core of mental health lies in the clear understanding of self-needs and accurate expression of inner thoughts, and the cultivation of this ability must run through the entire educational process. From the perspective of individual development, it can help students establish correct self-cognition, enhance self-acceptance and self-regulation abilities, alleviate common psychological distress such as academic, interpersonal, and emotional issues, and solidify the foundation of physical and mental health. From the perspective of academic development, it can cultivate students' concentration, stress resistance, and perseverance, help overcome learning anxiety, and provide psychological support for professional study and academic exploration. From the perspective of social adaptation, it can guide students to master effective communication skills, foster teamwork and interpersonal abilities, help them quickly adapt to collective campus life, and lay a psychological foundation for entering society. Meanwhile, it can guide students to establish correct worldviews, outlooks on life, and values, cultivate responsibility and positive life attitudes, and promote the integration of personal and social values.

2.2. The practical adaptive demands of college student development for mental health education

Against the backdrop of high-quality development in higher education, the structure, growth environment, and developmental needs of college student groups have undergone tremendous changes, which require mental health education to achieve precise matching. Most college students in the new era belong to "Generation Z", having grown up in the internet environment. They are active in thinking and have strong self-awareness, but also face issues such as academic competition, complex interpersonal relationships, and rich emotional experiences. Psychological problems are exhibiting trends of diversification and concealment, urgently requiring corresponding services. College students are in the middle stage of youth, a critical sensitive period for self-cognition, personality shaping, and value formation. They have strong psychological needs in various aspects and require systematic and personalized psychological guidance. Many universities have carried out mental health education work, focusing on guiding students to manage their emotions effectively, preventing anxiety and unease, and improving students' stress resistance and resilience.

2.3. The inherent logic and practical convergence of mutual empowerment between the two

There exists an inherent relationship of mutual promotion and empowerment between mental health education and college student development, with highly aligned educational objectives and practical approaches. Logically, mental health education provides psychological assurance and capacity support for student development, while new issues and demands in student development prompt mental health education to update its content, improve its methods, and perfect its systems, thereby forming a virtuous cycle of "education empowering development, and development feeding back into education". From a practical perspective, both take "promoting comprehensive student development" as the core, with mental health education permeating all aspects of academic progress, personality shaping, social adaptation, and career planning, aligning with student needs. In practice, universities serve student development through classroom teaching, psychological counseling, group guidance, and other forms, while students enhance their psychological qualities and promote their own development through participation.

3. Practical dilemmas in college student development from the perspective of mental health education

3.1. Lagging cognitive concepts and biased value recognition

Some universities, faculty, and students exhibit cognitive lag and biased value recognition regarding the relationship between mental health education and student development, thereby affecting students' health status. Universities still tend to prioritize academics over psychological well-being, neglecting prevention and developmental functions, and failing to fully integrate psychological crisis intervention into the talent cultivation system, resulting in insufficient investment. Some faculty members lack systematic psychological training, have low sensitivity to students' psychological issues,

and do not integrate mental health education into daily teaching management. From the student perspective, some regard psychological issues as mental illnesses, avoiding treatment and being reluctant to seek help; others neglect mental health, lack awareness of self-improvement, and have poor self-regulation abilities.

3.2. Weak system construction and insufficient service provision

The mental health education system in universities is weak, with service provision disconnected from student needs. Educational content focuses primarily on theoretical explanations, emphasizing identification and intervention of psychological issues, lacking relevance and practicality, and failing to adequately address specific needs such as academic planning and interpersonal guidance ^[2]. The current teaching model of mental health courses is relatively monolithic, making it difficult to meet students' diverse needs. Under the traditional mental health education model, student engagement and acceptance are low, with work focusing on helping and treating a small number of students with psychological issues, while lacking effective promotion of mental health for all students and prevention of psychological problems.

3.3. Absence of collaborative mechanisms and failure to form educational synergy

The absence of collaborative education mechanisms, lack of coordination among various stakeholders, and failure to form educational synergy. Within universities, mental health education departments lack regular cooperation with functional departments and secondary colleges, operating in isolation without deep integration with teaching, management, and services. Secondary colleges lack full-time psychological staff, making it impossible to timely understand students' psychological conditions. Externally, collaboration among family, school, and society is ineffective, with families attaching insufficient importance to students' mental health and lacking communication, while social psychological service resources are not effectively connected to universities, resulting in mental health education falling into a predicament of "fighting alone".

3.4. Insufficient intervention effectiveness and inadequate precision in crisis response

Universities have low psychological intervention effectiveness, with crisis early warning and response mechanisms being imperfect and imprecise. In terms of early warning mechanisms, psychological assessments are perfunctory, failing to conduct comprehensive and dynamic monitoring of students' psychological conditions. Early warning information transmission and feedback are not smooth, making it difficult for grassroots workers to timely identify crisis risks, resulting in delayed escalation of some psychological issues. Intervention methods are monolithic, primarily relying on individual counseling and lacking diverse approaches. Crisis response lacks comprehensive contingency plans, with non-standardized procedures, unclear responsibilities, delayed handling, and absence of post-crisis tracking and support, leading to recurrent psychological issues among some students.

3.5. Weak team building and professional competencies awaiting improvement

Universities have insufficient mental health education teams that cannot meet the needs of high-quality student development. There is a shortage of full-time psychological teachers with an imbalanced teacher-student ratio. Counselors lack systematic psychological training and cannot provide targeted interventions for students. Most part-time teachers concurrently hold positions in other disciplines, lacking professional competence. In terms of professional capacity, some full-time teachers lack frontline practical experience and have limited skills. Counselors have insufficient psychological identification and intervention capabilities. Team training and assessment mechanisms are imperfect, making it difficult to continuously improve professional competence and meet the requirements of the new era.

4. Practical pathways to promote college student development from the perspective of mental health education

4.1. Updating educational concepts and solidifying the foundation of value recognition

Starting from the fundamental task of cultivating morality and nurturing talents in higher education institutions, we should update the concept of mental health education and solidify the foundation of value recognition among faculty and students. Universities need to move beyond the perception of mental health education as merely crisis intervention, clearly define its preventive and developmental functions, integrate it into the entire process of talent cultivation and institutional planning, and rationally increase investment in funding, facilities, and personnel. Teachers should participate in psychological training and case discussions, embrace the concept of all-staff education, enhance their abilities in psychological identification and guidance, integrate mental health education into teaching and class management, pay attention to students' psychological well-being, and respond to their needs^[3]. Students need to learn psychological knowledge through themed class meetings and psychological lectures, abandon the mentality of "concealing illness and avoiding treatment", improve their self-regulation abilities, resolve psychological distress related to academics and interpersonal relationships, and build a solid psychological defense line.

Universities have launched initiatives to update mental health education concepts, addressing the misconception of "prioritizing academics over psychological well-being". Schools have incorporated mental health education into talent cultivation programs, added mandatory mental health courses, allocated annual special funds for updating psychological facilities and teacher training, and established a work orientation focusing on prevention with integrated prevention and treatment. All teachers participate in specialized psychological knowledge training and typical case discussion activities, with psychology experts invited to analyze common student psychological issues and guidance methods, dispelling teachers' misconceptions about students with psychological problems. Meanwhile, psychological knowledge is popularized through campus mental health cultural festivals and class-themed psychological meetings, with psychological "tree holes" and peer support posts established for students to express their concerns. After one year of practice, the rate of students actively seeking help increased by 35%, teachers' psychological identification abilities significantly improved, and the overall understanding of the value of mental health education among faculty and students universally enhanced, further solidifying the all-staff psychological education concept.

4.2. Improving the work system and optimizing service quality

Guided by student needs, we should improve the mental health education system and optimize service quality. In terms of content, we should construct a system of "basic theory + practical skills + personalized guidance", covering basic psychological knowledge, academic planning, and interpersonal guidance, and designing differentiated content based on students' majors and grade levels. In terms of format, we should innovate an integrated "online + offline" model, conducting interactive activities such as group counseling offline, and building psychological platforms online to provide convenient services such as assessments and consultations. In terms of facilities, we should improve the construction of psychological counseling rooms, equip them with professional tools, expand service coverage, and implement personalized counseling to enhance the precision and effectiveness of service provision.

Science and engineering universities have established a mental health education system tailored to students' characteristics of high academic pressure and limited interpersonal interactions. In terms of content, freshmen receive specialized courses on campus adaptation, while juniors gain access to career planning and psychological adjustment modules; science and engineering students additionally receive targeted programs addressing research-related stress. Structurally, two group counseling teams focusing on academic stress relief and interpersonal communication conduct 2–3 interactive sessions per quarter. An online and offline mental health platform provides services such as psychological assessments, online consultations, and knowledge dissemination, operating 24/7. Three new counseling rooms have been equipped with professional tools like sandplay therapy tables and relaxation chairs, offering one-on-one consultations via appointment scheduling. Since its implementation, the system has increased the resolution rate of student psychological

issues by 40%, with service satisfaction reaching 92%, significantly enhancing the quality of mental health support services.

4.3. Building collaborative mechanisms and consolidating educational synergy among all staff

Breaking down educational barriers, we should build collaborative education mechanisms that link internal university departments, families, schools, and society. Within universities, we should establish regular collaboration mechanisms between mental health education departments, functional offices, and secondary colleges, clarifying division of labor and integrating mental health education into the entire process of teaching, management, and services. Secondary colleges should be equipped with full-time psychological counselors to monitor students' psychological dynamics. At the family-school level, we should establish regular communication mechanisms, popularize psychological knowledge among parents, and guide them to attach importance to students' mental health and cooperate with university work. At the school-society level, we should strengthen cooperation with social psychological institutions and hospitals, integrate resources, and build a trinity collaborative system of "university-family-society" to consolidate educational synergy.

A university has established a trinity collaborative education mechanism of "university-family-society" to address the predicament of mental health education "fighting alone". Within the university, the mental health education center has established monthly collaboration meetings with the academic affairs office, student affairs office, and secondary colleges, clarifying division of responsibilities and integrating psychological education into teaching, management, and services. Each secondary college is equipped with full-time psychological counselors responsible for monitoring students' psychological dynamics and providing preliminary guidance. At the family-school level, through parent meetings, online communication groups, and psychological handbooks, parents are educated on adolescent psychology, guiding them to prioritize students' mental health and cooperate with university work. At the school-society level, partnerships have been established with local mental health centers and tertiary hospital psychology departments, inviting experts to give lectures on campus, providing referral channels for students with severe psychological issues, and integrating social resources to provide comprehensive psychological support, thereby consolidating educational synergy among all stakeholders.

4.4. Strengthening intervention and early warning to enhance crisis response capabilities

Improving psychological crisis early warning and intervention mechanisms to enhance the precision and timeliness of crisis response. For early warning, we should build a system of "comprehensive screening + dynamic monitoring + precise identification", regularly conduct psychological assessments, establish psychological files, strengthen the early warning responsibilities of grassroots workers, improve information transmission and feedback mechanisms, and timely address early risks. For intervention, we should diversify methods, take targeted measures for psychological issues of varying severity, and enhance the systematic and continuous nature of interventions. For crisis response, we should improve emergency plans, standardize procedures, clarify responsibilities, strengthen emergency drills, and establish post-crisis tracking and support mechanisms to help students restore their mental health.

A university has established a comprehensive psychological crisis early warning and intervention system to ensure students' psychological safety and health. In the early warning phase, comprehensive psychological assessments are conducted twice per semester, dynamic psychological files are created for every student, and key groups such as those with academic difficulties and family changes are closely monitored. A warning team composed of counselors, class advisors, and student cadres conducts regular risk screenings and establishes graded ledgers to ensure smooth information transmission. In the intervention phase, peer guidance and individual counseling are provided for students with general psychological distress, while specialized interventions are implemented for students with severe psychological issues, with professional diagnosis and treatment coordinated through hospital partnerships. The crisis emergency plan has been improved with clarified procedures and responsibilities, and emergency drills are organized once per semester. After crisis intervention, full-time teachers provide tracking and support for assisted students to help them recover psychologically and reduce the incidence of psychological crises.

4.5. Strengthening professional teams and consolidating development support capabilities

Focusing on enhancing professional capabilities, we should strengthen the mental health education team. In terms of team structure, we should expand the scale of full-time psychological teachers, optimize the teacher-student ratio, incorporate psychological knowledge training into regular counselor training, and standardize the construction of part-time teaching teams to improve their professional competence. In terms of professional capabilities, we should establish systematic training systems, organize team members to participate in professional training and academic exchanges, with emphasis on improving core skills. We should encourage psychological research to explore adaptive models, improve assessment and evaluation mechanisms to stimulate work enthusiasm, and simultaneously strengthen professional ethics construction to enhance the team's professional quality and service level.

5. Conclusion

Starting from the inherent connection between mental health education and college student development, this paper analyzes five practical dilemmas currently existing in student development and proposes five targeted practical pathways based on case studies, forming a complete theoretical research logic. The study reveals that there exists a mutually promoting relationship between the two, with the former serving as the supporting force for the latter and the latter driving innovation in the former. Universities should face their deficiencies squarely and achieve organic integration of the two. In the future, more specific and feasible pathways can be formulated according to the characteristics of individual universities to provide better support and reference for students' comprehensive growth.

Disclosure statement

The author declares no conflict of interest.

References

- [1] Li L, 2026, Research on Problems and Countermeasures of College Students' Mental Health Education in the New Era: A Case Study of Shanxi International Business Vocational College. *Journal of Liaoning Economic Vocational and Technical College. Journal of Liaoning Economic Management Cadre College*, 2026(01): 85–87.
- [2] Liu X, 2026, Research on Improving the Quality and Efficiency of Mental Health Education in Colleges and Universities. *Henan Finance and Economics Journal*, 40(01): 81–85.
- [3] Guo Y, Shang N, 2025, Reflections on the Path of Informatization Transformation of Mental Health Education in Colleges and Universities. *Journal of Taiyuan City Vocational and Technical College*, 2025(11): 197–200.

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