

Problem-Oriented Optimization Paths for College Students' Mental Health Education

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Abstract: With the intensification of social competition and the deepening of educational reform, college students' mental health problems have shown a trend of complexity and diversification. The traditional mental health education model, plagued by insufficient pertinence and weak practicality, struggles to meet students' real needs. The problem-oriented education model centers on the existing objective issues in college students' mental health education and adopts a closed-loop logic of "problem identification-exploratory analysis-practical solution", providing a new approach to enhance the effectiveness of college students' mental health education. Based on the theoretical foundation of problem-oriented education, this paper addresses the practical dilemmas in current college students' mental health education, such as "overemphasis on theoretical indoctrination while neglecting practical application", "overemphasis on unified teaching while ignoring individual differences", and "inaccurate grasp of students' mental status and inadequate follow-up for students with problems". Specific optimization paths are proposed from the aspects of content system, teaching methods, and support mechanisms, aiming to provide references for the reform of mental health education in colleges and universities.

Keywords: College Students; Mental Health Education; Problem-Oriented; Optimization Paths

1. Introduction

Currently, the "post-2000s" generation has become the main body of college campuses. Growing up during the critical historical transition period characterized by rapid economic development, global social changes, and explosive growth of the information network, post-2000s college students face the combined

impact and challenges of accelerated life rhythm, rising employment pressure, intensified social competition, interpersonal relationship management, professional learning, and other factors. As a result, mental health problems have shown a trend of complexity and generalization, which seriously affect their physical and mental health as well as overall development, and have become a focus of social concern. According to the Report on the Development of National Mental Health in China (2023-2024), 20% to 30% of college students have varying degrees of psychological distress^[1]. However, the existing mental health education in colleges and universities mostly adopts the traditional model of "theoretical teaching + group counseling", with content biased towards the transmission of standardized knowledge (e.g., "emotion management theory", "depression identification criteria"), which is disconnected from students' actual troubles and leads to a prominent phenomenon of "separation between learning and application". As researchers point out, "when students face dormitory conflicts or postgraduate exam anxiety, the 'ABC theory' memorized in class often cannot be transformed into specific solutions"^[2].

The problem-oriented optimization of college students' mental health education focuses on the core principles of "taking problems as the starting point, students as the center, and exploration as the method"^[3]. It strives to identify the real problems in college students' mental health education, explore effective paths to transform abstract and empty psychological knowledge into students' ability to solve practical problems, and cultivate students' self-adjustment and mutual assistance capabilities. This is also in line with the requirement of "enhancing the pertinence and effectiveness of mental health education" in the Guidelines for Mental Health Education of College Students issued by the Ministry of Education. It holds significant theoretical and

practical significance: theoretically, it provides ideas for constructing a localized mental health education framework; practically, it offers operable strategies for colleges and universities to design more targeted mental health education programs, further contributing to the improvement of students' psychological resilience.

2. Core Connotation of Problem-Oriented Mental Health Education for College Students

Problem-oriented mental health education for college students is supported by the theories of constructivism and humanism. Constructivism holds that knowledge is not acquired through teachers' instruction, but is "constructed" by learners through active exploration in specific contexts [4]. For example, by solving the problem of "how to cope with the emotion of romantic breakup", students can independently construct a personalized understanding of "emotion regulation", rather than passively accepting the "five-step method of emotion regulation" from textbooks. Humanism, on the other hand, emphasizes the concept of "student development as the center" and advocates that education should meet the needs of individuals' self-actualization^[5]. Through focusing on students' real psychological needs, the problem-oriented model addresses the bottleneck of limited effectiveness in college mental health education, further optimizes the model of college students' mental health education, and guides college students to enhance their self-efficacy in solving problems. This is in line with the core principle of psychological counseling, which is "helping others to help themselves".

3. Current Problems in College Students' Mental Health Education

3.1 Practical Dilemmas in Education and Teaching

3.1.1 Disconnection between the Teaching Content System and Actual Needs

At present, with the significant increase in the importance and necessity of college students' mental health education, most colleges and universities have offered compulsory or elective mental health education courses in accordance with the requirements of the Ministry of Education. However, the mental health courses in most colleges and universities still focus on

"standardized knowledge points", such as "the definition of mental health" and "classification of common mental disorders", and fail to teach in combination with the characteristics of students in different grades and majors. For instance, there are significant differences between the adaptation problems of freshmen (e.g., "loneliness from being away from home") and the career anxiety of senior students (e.g., "difficulty in choosing job offers"). Nevertheless, course teaching often adopts a "one-time lecture" approach, and the content is often "a one-size-fits-all"^[6], which separates the design of the course system from the actual development of students and fails to achieve resonance.

Due to limitations in their own capabilities and teaching scenarios, classroom teaching is also dominated by theoretical indoctrination, lacking practical application. For example, when teaching knowledge such as "empathy skills" and "non-violent communication", students find it difficult to internalize theoretical knowledge into their own abilities due to the lack of situational drills, and thus still cannot cope with problems smoothly when they encounter them. Relevant surveys show that 82% of students stated that "they know they should 'communicate actively', but still do not know how to speak up when facing dormitory conflicts"^[7].

3.1.2 Ineffectiveness Caused by One-Way Teaching Methods

Although multimedia technology is used in mental health teaching, and relevant theoretical knowledge is presented to students in the form of PPT through graphics, sounds, images, and other means, the entire course is dominated by teachers and centered on lectures, leaving students in a passive listening and receiving position. For example, in the teaching section of "self-stress management", teachers will list methods such as "exercise stress reduction", "meditation stress reduction", and "music stress reduction", but fail to allow students to actually experience or discuss issues like "which method is more suitable for themselves" and "which method is more suitable for relieving pre-exam stress"^[8]. As a result, students' participation is low, and the guiding role of teaching is obviously insufficient.

Some colleges and universities have introduced online courses based on teaching reform and innovation, but most of them adopt the model of "recorded videos + after-class quizzes" or are

supplemented by flipped classrooms. They have not fully utilized digital technology to enhance the interactivity of courses, and the application of new technologies such as virtual simulation drills and AI psychological assistance robots is insufficient. This leads to low course attractiveness and a significant gap in the transformation of teaching effectiveness^[9].

3.1.3 Weak Support Capacity Due to the Lack of a Collaborative Mechanism

Mental health education in colleges and universities is mostly undertaken by the school's psychological center, with insufficient linkage with counselors, professional course teachers, and relevant management departments. When students encounter emergencies such as failing grades or romantic breakups, it is difficult to connect in a timely manner to carry out targeted educational counseling^[10]. Additionally, some psychological counselors are transferred or part-time from ideological and political course teachers, lacking professional psychological knowledge and thus failing to meet the personalized needs of students. When guiding students to explore problems, they tend to fall into the two extremes of "over-intervention" or "indifference"^[11].

The evaluation indicators for the process and effect of mental health education are relatively single, mainly based on final written exam scores or course papers. These indicators focus on examining students' ability to memorize and understand theoretical knowledge, rather than their ability to solve practical psychological problems. Furthermore, no mechanism has been established to track and understand students' psychological literacy after the course ends, making it impossible to verify whether students truly possess the ability to apply the knowledge they have learned to cope with subsequent psychological troubles. For example, when students have learned "stress management" in the course but still experience pre-exam anxiety before exams, or have learned "methods to deal with procrastination" but still suffer from severe procrastination at the end of the semester, there is a lack of targeted follow-up and feedback. This results in education and teaching failing to fully demonstrate the ability to support students' mental health^[12].

3.2 Prominent Difficulties in Early Warning and Prevention

3.2.1 Inaccurate Identification of Early Warning

and Prevention Targets Due to the Concealment of Psychological Problems

Colleges and universities mainly conduct early warning and prevention for students with psychological problems through two methods: online psychological assessment upon enrollment and daily observation reports from psychological liaisons. However, due to the outdated models and data of the psychological assessment system, which cannot be updated and upgraded in a timely manner, it is difficult to accurately identify the dynamic changes in students' psychological status and psychological problems. Psychological liaisons, due to their own limited capabilities, cannot accurately grasp the dynamic changes in students' psychology. Additionally, they have concerns such as "inaccurate reporting" and "leakage of information", resulting in only 35% of them reporting students' psychological problems in a timely manner. This leads to the omission of early risk signals and behaviors of students with psychological problems^[13].

Moreover, the collective living style of Chinese college students places individuals in an open and shared space, characterized by passive social interaction, lack of privacy protection, and high mutual attention. This causes students with psychological problems to have a certain sense of "stigma", leading them to conceal or deny their conditions. Even when facing severe conditions, they will conceal them by reducing social activities, and after their conditions are discovered, they will pretend to recover after a short period of treatment. Relevant surveys show that only 34.6% of students with psychological distress will take the initiative to seek help, while most cope by hiding their emotions and avoiding social interactions, which increases the difficulty of early detection and intervention of psychological problems^[14]; 58.3% of students believe that "seeking psychological counseling means having a mental illness", and 62.7% of students with psychological problems are worried about being labeled by their classmates after seeking help, resulting in a low rate of active help-seeking and the concealment of psychological problems^[15]. In addition, 75% of parents have "insufficient awareness", "excessive anxiety", or "sense of stigma" regarding college students' psychological problems^[16]. Some parents refuse to acknowledge that their children have psychological problems, and even refuse to

cooperate with or obstruct professional psychological intervention. This makes it difficult to identify students' psychological problems, and the targets of targeted early warning and prevention cannot be clearly identified, found, or accurately located.

3.2.2 Inadequate Support for Preventive Services Due to the Lack of a Joint Prevention and Linkage Mechanism

To strengthen the prevention of college students' psychological problems, various colleges and universities have set up psychological liaisons in each student dormitory, and actively promoted the construction of a sound "school-college-class-dormitory" four-level psychological crisis early warning network^[17]. Some colleges and universities have also actively explored the integration of social forces to build a "family-school-hospital" collaborative linkage network for psychological problem prevention services. However, due to the insufficient education and training of psychological liaisons and the lack of capacity building, they are inherently insufficient in carrying out the prevention and early warning of students with psychological problems. Furthermore, each psychological liaison works independently, which inevitably leads to shortcomings such as failing to keep up with, failing to monitor, and failing to provide adequate services in the early warning and attention to the psychological problems of their classmates.

Although colleges and universities have set up special funds for mental health education and allocated necessary full-time mental health education teachers in accordance with the requirements of the education department, the funding input is insufficient to support the construction of software and hardware for mental health support services. Problems such as the inability to update the psychological assessment system in a timely manner, the inability to optimize the construction of the service network, the inability to use AI big data technology in a timely manner, and the insufficient supporting facilities for group venues are widespread. Most of the full-time teachers providing psychological counseling services are part-time counselors or ideological and political workers, with low professionalization levels and insufficient reserves of clinical psychology knowledge. Their services mainly focus on face-to-face

psychological counseling, and they lack the ability to respond to emergencies when facing psychological crisis events. These deficiencies result in a mismatch between college psychological support and the needs of post-2000s college students for anonymous and real-time psychological services.

At the same time, many colleges and universities lack cooperation and connection with mental health institutions such as hospitals, leading to unsmooth referral channels for students' psychological crisis events. Students with severe psychological crises cannot receive timely and effective intervention. Even if individual colleges and universities have established cooperation with mental health institutions, most of the cooperation is "temporary connection" without a systematic guarantee mechanism, resulting in insufficient accessibility of psychological crisis support services. When college students show tendencies such as severe depression or suicide, colleges and universities cannot complete referrals quickly and efficiently due to the need to communicate with parents and the cumbersome admission procedures, which easily delays the intervention opportunity. Relevant data show that 41.59% of students consider it difficult to register for medical treatment, and 34.58% of students give up counseling due to the long distance to medical institutions^[18].

4. Problem-Oriented Optimization Paths for College Students' Mental Health Education

Mental health education for college students is an important part of talent cultivation in colleges and universities. To optimize college students' mental health education, it is necessary to break through the traditional models such as "overemphasis on theoretical indoctrination while neglecting practical application" and "overemphasis on unified teaching while ignoring individual differences", adhere to the thinking of "identifying problems—analyzing problems—solving problems", take addressing the existing problems in work as the orientation, and enhance the effectiveness of work through reform and innovation with remarkable results.

4.1 Specific Measures to Address the Practical Dilemmas in Education and Teaching

4.1.1 Constructing a "Stratified, Classified + Practice-Oriented" Mental Health Teaching Content System

To address the disconnection between mental health teaching content and actual needs, colleges and universities need to break the traditional "standardized knowledge indoctrination" model, and establish a dynamic teaching content system that conforms to students' development stages and professional characteristics by stratifying and classifying students based on their grades, majors, genders, and other characteristics. In terms of the design of grade-specific teaching content, for freshmen, the focus should be on improving their adaptability, such as coping with loneliness from being away from home, communication skills in collective life, and cultivation of independent learning abilities; for sophomores and juniors, the focus should be on academic stress management and interpersonal relationship handling, such as resolving dormitory conflicts, adjusting emotional issues, and relieving academic stress; for seniors, the teaching should focus on alleviating career anxiety, such as choosing career directions and preparing for workplace psychology. Each teaching module should be supported by real scenario cases of students in the corresponding grade to avoid a "one-size-fits-all" approach and enhance attractiveness and effectiveness. In terms of the design of major-specific supplementary teaching content, for students majoring in science and engineering, courses such as "psychological adjustment for scientific research setbacks" and "balance between logical thinking and emotional perception" can be added; for students majoring in liberal arts, course content such as "anxiety in thesis writing" and "stress transformation and creativity stimulation" can be supplemented; for students majoring in law, medicine, and other majors, courses such as "prevention of occupational burnout" and "emotion regulation" can be added to further enhance the matching degree between teaching content and professional needs.

Mental health education in colleges and universities must also avoid the single model of pure theoretical teaching, continuously strengthen the practical transformation link, and gradually expand the teaching of mental health theoretical knowledge into "situational drills + practical tasks", integrating psychological theories with specific problems to form a "problem-solving toolbox". For example, in the section of interpersonal communication or emotional communication, simulated practical

activities for resolving dormitory conflicts can be set up, allowing students to be divided into groups to play the roles of conflicting parties and mediators, and master communication skills through role-playing; linking knowledge such as "non-violent communication" (observation—feeling—need—request) and "empathy training", practical assignments such as "a deep communication with family/friends" can be assigned, guiding students to submit communication records and reflection reports to test the course content with specific practical carriers, and effectively solving the problem of "knowing knowledge but not being able to apply it". The practice of a certain college shows that this teaching model of "using knowledge to solve problems" has increased students' course satisfaction by 40%^[19].

4.1.2 Creating a "Interactive + Digital" Diversified Teaching Model for Mental Health Education

To address the one-way nature of course teaching methods, colleges and universities need to guide teachers to gradually transform their dominant role, and enhance students' participation through technological empowerment and form innovation. Further reform the classroom teaching model and promote the implementation of a "1+1" classroom structure, i.e., 1 class hour for theoretical explanation + 1 class hour for interactive practice. For example, for the teaching content of stress management, first explain stress reduction methods, then organize discussions on coping with pre-exam stress, allowing students to share their actual experiences of stress reduction through exercise, meditation, music, etc., combined with their own experiences, and teachers provide real-time comments and guidance; the "flipped classroom" model can also be adopted, arranging for students to learn basic theoretical knowledge in advance through online learning platforms, and focusing classroom teaching time on case analysis and problem-solving to enhance students' initiative in participation.

In terms of the construction of online course platforms, promote the upgrading of online course platforms, break the traditional single online teaching model of "recorded videos + quizzes", and develop virtual simulations of psychological scenarios, such as simulating coping with interview anxiety and the adjustment of interpersonal conflicts, allowing

students to experience coping methods in different psychological scenarios through virtual roles. With the help of AI technology, introduce psychological assistance robots to support students in conducting "personalized psychological problem consultation" and "emotional counseling practice" at any time, and push customized learning resources based on students' feedback; build an online interactive community, set up a "psychological distress mutual assistance section", and enable teachers and professional psychological counselors to provide real-time online answers to questions, thereby enhancing the interactivity and attractiveness of online courses.

4.1.3 Establishing a "Multi-Subject Collaboration + Whole-Process Evaluation" Support Mechanism for Mental Health Education

To address the lack of a collaborative mechanism and a single evaluation method, colleges and universities need to integrate multiple resources and further improve the teaching evaluation and tracking system. Further clarify the job responsibilities of the mental health education center, counselors, and professional course teachers, and build a multi-subject linkage mechanism. The mental health education center is responsible for course design and teaching, professional consultation, and crisis intervention; counselors are responsible for daily observation of students' psychological dynamics and connecting with students' needs; professional course teachers integrate psychological counseling into teaching, establish regular multi-party linkage meetings, and timely connect with emergencies such as students' failing grades and romantic breakups to carry out targeted counseling; strictly enforce the qualification standards for psychological counselors, prohibit non-professional personnel from being transferred or working part-time as counselors, and regularly organize professional training on clinical psychology knowledge and crisis intervention skills to avoid the two extremes of "over-intervention" or "indifference".

Further reform the evaluation indicators, adopt a combination of "process evaluation + ability assessment" to replace the single evaluation model of written exams/papers, and form a whole-process evaluation and tracking mechanism. The proportion of process evaluation can be appropriately increased, while

the proportion of ability assessment can be relatively lower. Process evaluation is conducted by examining students' performance in classroom interaction and the quality of practical assignments; ability assessment can examine students' ability to solve practical psychological problems by simulating psychological problem scenarios, such as how to use the learned psychological methods to adjust pre-exam anxiety and how to effectively resolve dormitory conflicts. In addition, in conjunction with counselors, a mechanism for tracking and cultivating students' psychological literacy 6 months and 12 months after the course ends should be established. Through online questionnaires, counselor follow-ups, and psychological consultation records, understand whether students can apply the psychological knowledge they have learned to cope with subsequent psychological troubles. If it is found that students still have problems such as pre-exam anxiety and procrastination, supplementary counseling should be carried out in a timely manner to ensure that education and teaching truly support the development of students' mental health [20].

4.2 Key Measures to Break Through the Prominent Difficulties in Early Warning and Prevention

4.2.1 Constructing an Early Warning Target Identification System of "Accurate Identification + Destigmatization"

To address the problem of inaccurate identification of early warning targets due to the concealment of psychological problems, colleges and universities need to make efforts in three aspects: upgrading assessment systems, improving the capabilities of psychological liaisons, and guiding attitudes.

First, leverage AI big data technology to upgrade and optimize the dynamic assessment and monitoring system for mental health. Further promote the iteration and upgrading of psychological assessment models, integrate "real-time behavioral data" of college students such as campus card consumption frequency, library borrowing duration, and online social activity level, and identify dynamic changes in psychology through big data analysis. Improve the "enrollment assessment + semesterly re-assessment + dynamic early warning" mechanism, and the content of the semesterly re-assessment should be updated and

supplemented in a timely manner according to students' grade changes. For example, for senior students, "postgraduate exam stress assessment" and "employment stress assessment" should be added to ensure the timeliness and accuracy of the assessment.

Second, strengthen the capacity improvement and incentives for psychological liaisons. Scientifically formulate a "special training plan for psychological liaisons", conduct 2-3 professional training sessions per semester on psychological problem identification skills, reporting procedures, and confidentiality principles, and only allow those who pass the training to take up their posts; establish an "reporting incentive and guarantee mechanism", provide rewards such as practical credits and recognition for outstanding performance to liaisons who report problems in a timely and accurate manner, eliminate their concerns about "inaccurate reporting" and "information leakage", and improve the problem reporting rate; implement a "group-based psychological support system", form psychological support groups by combining different psychological liaisons and student backbones to observe the psychological changes of their classmates, reduce the occurrence of situations such as failing to keep up and missing out, and improve the timely detection rate of abnormal dynamics.

Third, promote home-school collaboration and "destigmatization" publicity and education. Make extensive use of campus radio, psychological lectures, student club activities, and other forms to popularize the concept that "psychological counseling is a way of health management" and eliminate the misunderstanding that "seeking psychological counseling means having a mental illness"; compile a "Parents' Guide to Mental Health Education", explain the characteristics and coping methods of college students' psychological problems to parents through online parent schools, online parent meetings, letters, and other forms, eliminate parents' "insufficient awareness", "excessive anxiety", and "sense of stigma", establish a regular "parent-school" communication mechanism, and arrange for professional psychological counselors to communicate one-on-one with parents who refuse to cooperate to gain their support, ensuring that students with psychological problems are "accurately identified and not concealed".

4.2.2 Improving the Preventive Service System of "Multi-Dimensional Linkage + Resource Guarantee"

To address the problem of insufficient service support due to the lack of a joint prevention and linkage mechanism, colleges and universities need to strengthen network construction, resource investment, and external collaboration. First, construct an early warning network of "four-level linkage + mutual support". On the basis of the "school-college-class-dormitory" four-level mental health work network, establish "psychological liaison mutual assistance groups", with each group guided by 1 professional psychological counselor, and regularly conduct case discussions and experience sharing to address the insufficient capabilities and energy of "independent work"; clarify the response process of the four-level network. For example, after a dormitory liaison discovers a problem, report it to the class psychological committee member in a timely manner, the class conducts research and judgment and reports it to the college, and the college analyzes and judges and connects with the mental health education center, ensuring that problems are "closely followed and effectively monitored".

Second, increase resource investment and service upgrading. Further increase the proportion of special funds for mental health education, and promptly promote the update of the psychological assessment system, the application of AI big data technology to optimize dynamic monitoring equipment, and the construction of group counseling venues; further improve the professional capabilities of the full-time psychological counselor team, and regularly organize training on clinical psychology and emergency response capabilities; utilize AI psychological service robots, such as 24-hour psychological hotlines and online anonymous consultation platforms, to launch "anonymous real-time psychological services" to match the needs of post-2000s students for privacy protection and real-time services.

Third, improve the "long-term + convenient" referral mechanism. Make full use of resources to promote the signing of "long-term cooperation agreements" with local mental health institutions, clarify the responsibilities, referral procedures, and guarantee measures of both parties, and avoid "temporary connections"; open a "green channel for psychological crisis referral" to provide "priority registration and dedicated

connection" services for students with severe psychological crises, addressing the problems of "difficult registration and long distance to medical institutions"; simplify the admission communication process, conduct psychological science popularization with parents in advance to reduce communication resistance, ensure the timely completion of referrals for students with severe crises, and avoid delaying the intervention opportunity.

5. Conclusion

The problem-oriented optimization paths for college students' mental health education, through the closed-loop design of "real problem-driven—experiential inquiry learning—developmental evaluation—collaborative resource support", can effectively make up for the shortcomings of the traditional mental health education model. Its core value lies in: transforming mental health education from "knowledge transmission" to "ability cultivation"; transforming students from "passive acceptance" to "active construction"; and transforming educational effects from "short-term memory" to "long-term transfer". This further enhances college students' ability to manage their own psychological problems and improves the effectiveness of mental health education in colleges and universities.

References

- [1] Sun X H, Jiang Y (Eds.). *Blue Book of Mental Health: Report on the Development of National Mental Health in China (2023-2024)*. Beijing: Social Sciences Academic Press (China), 2025.04.
- [2] Chong D. Theory and Practical Innovation of College Students' Mental Health Education. *Journal of Beijing Normal University (Social Sciences Edition)*, 2020 (3): 5-14.
- [3] Barrows H S. Problem-based Learning in Medicine and Beyond: A Brief Overview. *New Directions for Teaching and Learning*, 1996 (68): 3-12.
- [4] Piaget J. *The Principles of Genetic Epistemology*. Beijing: The Commercial Press, 1981: 21-30.
- [5] Rogers C R. *Client-Centered Therapy: Practice, Application, and Theory*. Beijing: China Renmin University Press, 2004: 56-63.
- [6] Li H. *College Students' Mental Health: Theory and Practice*. Beijing: Beijing Normal University Press, 2020: 45-52.
- [7] Zhang H Z, Jiang Y Z. Localized Exploration of the Mental Health Education Model for College Students. *Educational Research*, 2018 (6): 123-129.
- [8] Zhong Z N. *Theory and Practice of School Mental Health Education*. Beijing: Educational Science Press, 2019: 76-82.
- [9] Huang X T. Reflection and Prospect of College Students' Mental Health Education. *Acta Psychologica Sinica*, 2021 (2): 189-196.
- [10] Shen D L. *New Progress in College Mental Health Education*. Beijing: Higher Education Press, 2018: 103-110.
- [11] Liu H S. *An Introduction to Mental Health Education*. Wuhan: Central China Normal University Press, 2019: 67-73.
- [12] Zheng R C. *An Introduction to College Students' Mental Health Education*. Beijing: China Renmin University Press, 2020: 98-105.
- [13] Li H. College Students' Psychological Crisis Intervention: Mechanism and Path. *Peking University Education Review*, 2020, 18 (3): 123-136.
- [14] Eisenberg D, Hunt J. Mental Health Service Utilization among College Students in the United States. *Journal of American College Health*, 2018, 66 (2): 97-106.
- [15] Rickwood D J, Thomas S P. Help-Seeking for Mental Health Problems: A Review of the Literature. *Australian and New Zealand Journal of Psychiatry*, 2019, 53 (1): 9-28.
- [16] Greenberg M T, Harris M J. Promoting Emotional Well-being in Higher Education: A Framework for Action. *Journal of Educational Psychology*, 2019, 111 (4): 567-584.
- [17] Gao L H. *Research on the Construction of the Psychological Education Mechanism for College Students Facing Psychological Crises*. Harbin: Harbin Engineering University, 2023.
- [18] Fang X Y. The Impact of Family Factors on College Students' Mental Health and Intervention. *Psychological Development and Education*, 2022, 38 (2): 245-253.
- [19] Wang T, Zhang D J. Problem-Solving and Mental Health. *Psychological Science*, 2019 (4): 987-992.
- [20] Fathima R, Farin A, Lavanya R. The Psychological Consequences Of Exam

