

A Study on Mental Health Status Causes and Intervention Strategies for Higher Vocational College Students

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Abstract: To understand the current mental health status of higher vocational college students, to analyze its influencing factors and underlying mechanisms, and to propose systematic intervention strategies. **Methods** A combined approach of questionnaire surveys, field visits, and scale assessments was adopted to investigate 2,097 higher vocational college students across five dimensions, including growth experiences, neuroticism as a personality trait, life events, social support, and levels of depression. **Results** Students with normal psychological status accounted for 25.13%, those with a low risk of psychological abnormalities represented 34.55%, those with moderate risk constituted 26.20%, those with relatively high risk accounted for 12.00%, and those with extremely high risk represented 2.12%. Among all participants, 3.85% reported abnormal growth experiences, 9.22% exhibited high levels of neuroticism (indicating poorer emotional stability), 15.32% were significantly affected by recent negative life events, 12.35% had low levels of social support, and 19.66% presented with moderate to severe depressive symptoms (11.16% moderate, 8.50% severe). **Conclusion** Mental health problems among higher vocational college students are relatively prominent. The underlying causes involve the interaction of multiple factors, including individual traits, family environment, institutional support, and social stress. A collaborative mental health service system integrating prevention, intervention, and development should be established through coordinated efforts at three levels, namely government guarantees, institutional responsibility, and individual self-regulation.

Keywords: Higher Vocational Colleges; College Students; Mental Health; Cause Analysis; Countermeasure Research

1. Introduction

The "Healthy China" strategy has identified college student mental health as a core issue in campus governance. The Action Plan to Comprehensively Strengthen and Improve Student Mental Health Work in the New Era (2023-2025), jointly issued by the Ministry of Education and 16 other departments, is approaching its conclusion, marking the entry of China's student mental health efforts into a new phase of systematic implementation. Following over two years of targeted actions, preliminary progress has been achieved in university mental health education across institutional development, curriculum design, and faculty staffing. By 2025, the number of mental health educators in higher education nationwide had reached 29,000, regional mental health counseling centers had been established in 30 provinces, and 385 micro-lectures on mental health had been made available on the National Smart Education Platform [1]. However, the mental health challenges faced by college students remain far from fundamentally resolved. According to the 4th Annual Report on the Mental Health of College Students in China, 32.7% of students experienced mild or greater psychological distress, and the proportion of those with moderate to severe distress increased by 1.2 percentage points over three years, reflecting a paradox of widespread education yet persistent distress [2]. Of greater concern is the significant gap between high awareness and low utilization of university counseling services [3]. Research indicates that the prevalence of mental health problems among higher vocational college students exceeds 30%, primarily manifesting as inferiority feelings, anxiety, and depression [4], with contributing factors including academic stress [5], employment anxiety [6], interpersonal difficulties [7], and family environment [8]. An empirical study further revealed that among higher vocational

students, 16.67% reported low levels of meaning in life, 47.65% experienced learning burnout, and 17.09% had experienced suicidal ideation within the past year [9]. Other surveys have shown that the prevalence of inferiority feelings among higher vocational students increases with grade level, peaking in the junior year [4]. These findings suggest that the severity of mental health problems among higher vocational college students can no longer be overlooked [10].

The causes of mental health problems among higher vocational college students present a multifaceted and intertwined complexity [11]. At the academic level, the skills oriented curriculum of higher vocational colleges reduces time allocated to theoretical learning and general education, while models such as work study alternation frequently require students to leave campus, thereby providing insufficient grounding for cultivating a sense of collective belonging [12]. The anxiety associated with intense competition, often referred to as "involution" [13], together with grade point average pressure [5], mutually reinforce each other and further intensify students' psychological burden. At the employment level, continuously rising requirements for frontline social positions have led to an increasing trend of confusion and anxiety as graduation approaches [6]. A relatively low subjective social economic status [14] contributes to lower self identity among some higher vocational students. At the interpersonal level, the "post 2000s" generation of higher vocational students has grown up in the era of mobile internet, where the "enclosing" of online social interactions into segmented circles has weakened their real life communication skills. The chain mediated effect of social anxiety and loneliness further amplifies the negative impact of perceived discrimination on mental health [15]. At the family level, adverse childhood experiences [8] exert profound long term effects on students' psychological well being. These factors interact with one another. Moreover, given the relatively high proportion of students admitted through single enrollment and expanded enrollment policies in higher vocational colleges, some students experience self identity deviations, which significantly increase their susceptibility to mental health problems [9].

It is noteworthy that existing literature still lacks

systematic investigation into the mental health status, contributing factors, and intervention strategies for higher vocational college students [10]. Compared with regular undergraduate institutions, higher vocational colleges exhibit relative weaknesses in the implementation of mental health education policies, curriculum design, and faculty resources, and student satisfaction with the formats of mental health education is significantly lower [16]. Current research has predominantly focused on problem description and causal analysis, while systematic intervention mechanisms tailored to the characteristics of higher vocational students remain scarce [17]. How to integrate the principle of "educating students through five domains" (moral, intellectual, physical, aesthetic, and labor education) into mental health education, including promoting student mental health through various approaches such as physical exercise [1,12], art therapy [18], and music therapy [19], still requires further in depth exploration. Moreover, mental health service models involving multiple stakeholders, such as home school collaboration and hospital university coordination, are still in the exploratory stage of implementation in higher vocational colleges [20,21].

2. Analysis of the Current Mental Health Status of Higher Vocational College Students

2.1 Data Collection

Through on-site visits and online and offline questionnaires, 2097 questionnaires from higher vocational colleges were collected, and the research was conducted from five dimensions: growth experience, personality traits neuroticism, life events, social support, and depression level.

2.2 Analysis of Survey Results

Figure 1 depicts the Mental Health Status Survey. The percentage of individuals with normal mental states is 25.13% and the percentage with low risk of mental abnormality is 34.55%. The percentage with moderate risk of mental abnormality is 26.2% and the percentage with high risk of mental abnormality is 12%; and the percentage with extremely high potential risk of mental crisis is 2.12%. For students with high or extremely high potential risk of mental crisis, an immediate next-level assessment is required; for students with moderate potential risk of mental crisis, it is advisable to maintain monitoring.

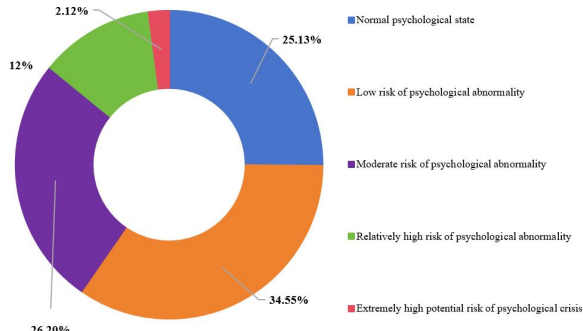


Figure 1. Mental Health Status Survey

(1) Growth Experience

The growth experience aims to investigate the presence of significant risk factors related to psychological abnormalities in individuals' family and growth experience. Among the surveyed students, the proportion of normal growth experience is 96.15%; the proportion of abnormal growth experience is 3.85%.

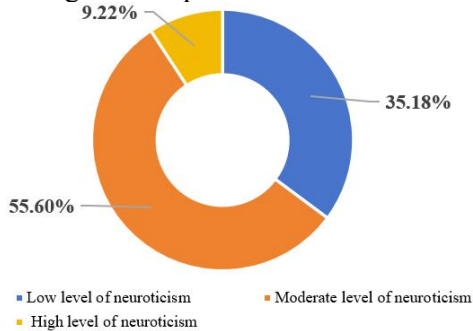


Figure 2. Research and Analysis of the Personality Trait Neuroticism

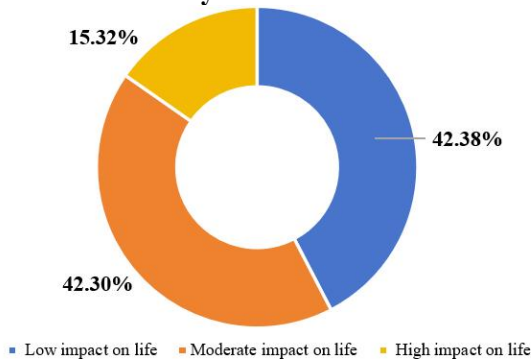


Figure 3. The Impact of Life Events on Mental Health

(2) Personality trait neuroticism

Personality trait neuroticism aims to measure whether an individual's emotions are stable. In the survey, as shown in Figure 2, the proportion of individuals with low neuroticism levels (good emotional stability) was 35.18%; the proportion of individuals with moderate neuroticism levels (moderate emotional stability) was 55.60%; and the proportion of individuals with high neuroticism levels (poor emotional stability) was 9.22%.

(3) Life Events

Life events aim to measure the extent of the impact of negative life events experienced by students in the past six months. In the survey, as shown in Figure 3, the proportion of those affected by negative life events to a low degree is 42.38%; the proportion affected by negative life events to a moderate degree is 42.30%; and the proportion affected by negative life events to a high degree is 15.32%.

(4) Social Support

Social support refers to the assistance and support that students receive from family members, relatives, teachers, peers, friends, and others. As shown in Figure 4, the proportion of students with a low level of social support was 12.35%, those with a moderate level accounted for 81.74%, and those with a high level represented 5.91%.

(5) Depression Level

Depression refers to the level of depressive symptoms experienced by students within the past week. As shown in Figure 5, the proportion of students with no or minimal depression was 49.04%, those with mild depression accounted for 31.31%, those with moderate depression represented 11.16%, and those with severe depression accounted for 8.50%.

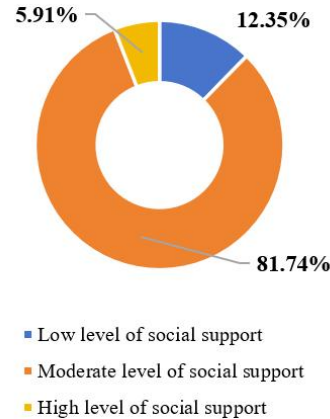


Figure 4. The Impact of Social Support Level on Mental Health

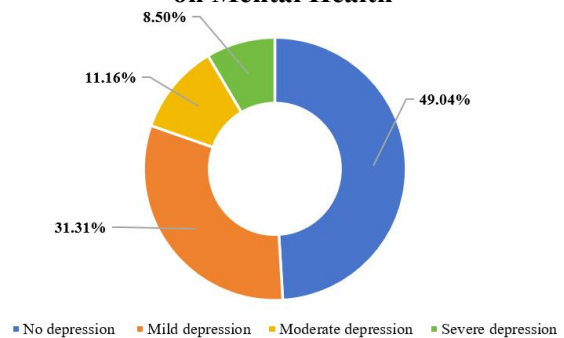


Figure 5. The Impact of Depression on Mental Health

3. Analysis of the Causes of Mental Health Problems among Higher Vocational College Students

The development of mental health problems among higher vocational college students is not the result of a single factor, but rather the product of multiple intertwined and mutually reinforcing factors, including individual traits, family environment, school education, and social environment. Based on the characteristics revealed in the survey data of this study, such as abnormal growth experiences, differences in emotional stability, and the impact of negative life events, the underlying causes can be analyzed from the following four dimensions.

3.1 Individual Level: Trait Deficits and Cognitive Biases

Individual traits and cognitive patterns shape mental health. The finding that 9.22% of students had high neuroticism reflects innate deficits. Highly neurotic students show weak emotion regulation and high sensitivity to negative stimuli, making them prone to anxiety and irritability. Such traits increase vulnerability to negative life events (15.32%). Some students also hold cognitive biases. Social prejudice against vocational education leads to inferiority feelings and vague self perceptions. Academic pressure creates rigid beliefs of incompetence, reducing resilience and worsening depression, matching the 31.31% with mild depression. Additionally, young adults lack mature self awareness. Without effective coping skills, they respond to conflicts or setbacks with avoidance or confrontation, allowing problems to accumulate.

3.2 Family Level: Growth Environment and Parenting Styles

Family environment directly shapes psychological qualities. The 3.85% with abnormal growth experiences reflect negative family effects. Students from divorced, single parent, or left behind families lack emotional nurturing, leading to insecurity and weak social support, overlapping with the 12.35% low support group. Some parents prioritize grades over mental health, setting either excessively high or unduly low expectations. Others are authoritarian or permissive. The former suppresses self expression; the latter lacks rules and frustration tolerance. Both cause emotion

regulation issues. Low family income also matters. Rural or poor students may feel inferior due to financial stress, avoid socializing, and become isolated, potentially developing depression.

3.3 School Level: Shortcomings in Education and Support Systems

Schools directly affect student mental health. Current shortcomings in mental health education are key contributing factors. Vocational colleges focus on skills, neglecting mental health. Curriculum is fragmented and misaligned with student needs. Assessment systems rely on exams, causing academic anxiety for weak students. Counseling centers exist but face insufficient staff and single service formats, creating high awareness but low utilization. Students avoid seeking help due to privacy concerns or biases, leaving moderate to high risk cases untreated. Campus culture also matters. Many schools lack inclusive, supportive atmospheres. Competition outweighs cooperation, weakening interpersonal support. This matches the finding that 81.74% have moderate social support and only 5.91% have high support.

3.4 Social Level: Environmental Pressures and Value Orientations

Employment pressure, value orientations, and online environment form external stressors. Employment is the most critical factor. Labor market competition and hidden discrimination against vocational degrees create high job thresholds and unclear career paths. This uncertainty causes employment anxiety, which turns into depression near graduation, contributing to the 8.50% severe depression rate. Social values still favor academic degrees. Vocational students face public disregard, leading to identity crises and inferiority feelings. Online environments also harm. Students are frequent internet users. Negative information, utilitarian values, and virtual social interactions cause disconnection from reality, distorting judgments and emotions. Some escape real world pressures by excessive internet use, forming a cycle of online dependence and offline isolation, damaging their social support and relationships.

4. Strategies for Mental Health Crisis Intervention

Addressing mental health problems among higher vocational students requires a four party collaboration system involving government leadership, institutional responsibility, family coordination, and individual participation to precisely resolve core conflicts at each level.

4.1 Government Level: Strengthening Support and Optimizing Development Environment

Governments should use policies and resources to address social level bottlenecks. The Action Plan to Comprehensively Strengthen and Improve Student Mental Health Work in the New Era (2023–2025) should be implemented by including vocational college mental health funding in special budgets, supporting understaffed institutions, and establishing a provincial municipal institutional three tier crisis intervention mechanism for rapid response to students in crisis. Regarding employment discrimination, binding policies should be introduced to regulate corporate recruitment. Financial subsidies should encourage businesses to conduct customized training programs with vocational colleges, expanding employment channels. Meanwhile, mainstream media should be used to promote exemplary skilled personnel, eliminating degree only biases and strengthening student identity. Online oversight should be enhanced to remove negative content and create a clean digital environment.

4.2 Institutional Level: Consolidating Responsibility and Building Support Systems

Institutions must strengthen both educational and service dimensions of mental health protection. Mental health education should be integrated into talent development curricula, with required courses such as emotion management and career planning using case based teaching to enhance practicality. Diverse academic assessment systems should be established to reduce student academic pressure. Targeted group counseling should be provided for students with high neuroticism or abnormal growth experiences. Counseling services should be upgraded by recruiting more professional staff, offering 24 hour hotlines and online consultation platforms, and adopting appointment based plus immediate response models to eliminate privacy concerns. Using psychological assessment data, files should be created for students with moderate to high risks,

and personalized interventions should be delivered by support teams consisting of homeroom teachers and psychological counselors. An inclusive campus culture should be fostered through mental health festivals and volunteer activities to enhance student connections. Teachers should be trained to recognize psychological problems, creating an environment where all staff participate in student mental health support.

4.3 Individual Level: Activating Internal Motivation and Enhancing Self Regulation Capacity

As the ultimate responsible agents for their own mental health, students need to actively participate in psychological building, improve their resilience, and strengthen their ability to cope with difficulties. Regarding cognition and mindset adjustment, students should abandon the mistaken belief that vocational education is inferior, fully recognize the social value of skilled personnel, and accumulate a sense of achievement by participating in skill competitions and internships, thereby establishing a clear self worth perception. Setbacks should be viewed dialectically as opportunities for growth rather than threats. Academic pressure and interpersonal conflicts should be transformed into chances for development, avoiding rigid beliefs of incompetence. Regarding psychological skill improvement, students should actively learn emotion management techniques such as exercise, meditation, and writing to relieve negative emotions. When facing psychological distress, they should proactively seek help from school counseling centers, family members, and friends instead of adopting negative strategies like avoidance or confrontation. Active participation in campus activities and social practices should be encouraged to enhance communication skills through interpersonal interactions and build personal social support networks. University life should be planned reasonably with clear learning goals and career directions. Phased plans should be developed to increase sense of control over life and reduce anxiety.

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