

Research Article

Research on the Working Path of Adolescent Psychological Health Education Under the Background of China's New Education Reform

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Abstract

Adolescence is a critical period for rapid development in behavior, personality, and intelligence. Currently, the frequent occurrence of psychological crises among Chinese adolescents is detrimental to the comprehensive development of talents, the implementation of quality-oriented education, and the harmonious development of society. Based on multi-level questionnaire surveys and interview studies, this paper finds that China's education sector is increasingly emphasizing psychological health education for adolescents, continuously improving supporting mechanisms. The initial system of psychological health services in schools has taken shape, with psychological health training benefiting both schools and families, and autonomous attention from adolescents groups has increased. However, issues persist, including inadequate psychological health curricula, incomplete linkage mechanisms, imperfect family support, insufficient teacher staffing and re-education training, and inadequate identification and rescue of students' psychological crises. Therefore, this paper argues that systematically and deeply promoting the multi-faceted psychological health education model of "family-school-society," adopting multiple measures to collaboratively build and optimize coordination mechanisms, and establishing a more robust and effective approach to adolescent psychological health work, aligns with the direction of educational evaluation reform in the new era, fosters a favorable social atmosphere, and is the inevitable path to better promote the healthy growth and talent development of adolescents.

Keywords

Education Reform, Adolescent, Psychological Health Education, Working Path

1. Introduction

In recent years, against China's new education reform, psychological health education for adolescents has exhibited a multi-dimensional and multi-level development trend [1-3]. With the continuous increase in societal concern for adolescent psychological health issues, the government, schools, families, and all sectors of society have worked together to

actively explore and implement a series of effective psychological health education initiatives [1]. Firstly, since the 18th National Congress of the Communist Party of China, a series of policies and guidance have been issued, such as the "Healthy China Initiative – Action Plan for Children and Adolescent Psychological Health (2019-2022)" and other

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documents, providing policy support and action guidelines for adolescent psychological health education [2, 3]. Secondly, notable progress in school psychological health education has been made regarding curriculum design, teacher staffing, and the establishment of psychological counseling rooms. Furthermore, an increasing number of parents have begun to pay attention to their children's psychological health issues, and the synergy of family education has begun to manifest. Additionally, social forces have been widely involved in adolescent psychological health education efforts [1-3].

Despite significant progress made in adolescent psychological health education, numerous problems and challenges remain, such as difficulties in policy implementation and execution, uneven distribution of educational resources, imperfections in the educational system, inadequate home-school cooperation, and a weak social support system [3-5]. These issues not only hinder the effective implementation of psychological health education but also restrict the improvement of adolescents' psychological health. Therefore, optimizing the pathways of adolescent psychological health education under the background of China's new education evaluation reform carries extensive, broad-ranging, and multi-faceted significance [6, 7].

In response to the aforementioned issues, researchers are actively exploring effective solutions. These include strengthening policy research and evaluation to promote policy optimization and implementation, improving the psychological health education system to enhance the balance and effectiveness of educational resources, and reinforcing home-school collaboration and social support systems to form a collaborative adolescent psychological health education framework that involves the government, schools, families, and society [4-7]. Based on the characteristics of adolescents' psychological development and the laws of physical and psychological growth, this paper aims to enhance the effectiveness of psychological health education for primary and middle school students as an entry point, attempting to construct a multi-party collaboration and support model involving families, schools, and society [3-7]. This model seeks to optimize the pathways of adolescent psychological health education and thereby promote adolescents' healthy growth more effectively. In the future, as research deepens and practices advance, the pathways of adolescent psychological health education will become more comprehensive and scientific, providing a firmer foundation for adolescents' healthy growth.

2. Method and Data

In the research process, this paper mainly adopts the research methods of literature review, questionnaire survey, and expert interview. Among them, 500 questionnaires were distributed, and 496 were recovered. The respondents were mainly senior primary school students and middle school students. The interviewees included more than 70 people in

total, including administrators of primary and secondary schools, teachers of various subjects, full-time teachers of psychological health education, education experts, parents, and students of all grades.

3. Results

3.1. Current Situation of Adolescent Psychological Health Education

(1) The education department attaches more importance to constantly improving the supporting mechanism

As early as 2002, the Ministry of Education of China issued the "Guiding Outline for Psychological Health Education in Primary and Secondary Schools," emphasizing that "conducting psychological health education in primary and secondary schools is a necessity for students' healthy growth and an inevitable requirement for promoting quality education," clearly defining the guiding ideology, basic principles, goals and tasks, main contents, approaches, and methods of adolescent psychological health work [8]. In 2012, the Ministry of Education issued the "Revised Guiding Outline for Psychological Health Education in Primary and Secondary Schools," which conscientiously summarized the experience of psychological health education work nationwide in recent years, listed educational content that progresses step by step, and provided more detailed, scientific, and stratified guidance for standardizing psychological health education work [9]. In October 2020, the General Office of the Central Committee of the Communist Party of China and the State Council issued the "Overall Plan for Deepening the Reform of Educational Evaluation in the New Era," emphasizing the improvement of moral education evaluation to guide students in developing good ideological and moral qualities, psychological qualities, and behavioral habits [10]. In 2021, the General Office of the Ministry of Education issued the "Notice on Strengthening the Management of Students' Psychological Health," emphasizing the strengthening of source management, process management, outcome management, and safeguarding management of students' psychological health [11]. Among the government's work tasks for 2024, a new mention emphasized "strengthening students' psychological health education." The Ministry of Education and 17 other departments jointly issued the "Special Action Plan for Comprehensively Strengthening and Improving Psychological Health Work for Students in the New Era (2023-2025)" [12], indicating that strengthening psychological health work for students has risen to the level of national strategy. Provinces have also taken different measures based on the newly revised outline to promote the improvement of psychological health education work for adolescents. This shows that the education sector is paying increasing attention and continuously improving supporting mechanisms, indicating that both the government and society attach great importance to the psychological health of ado-

lescents.

(2) The school is equipped with relevant designs, and the psychological health configuration has become a system

According to the requirements of the guiding documents issued by China's Ministry of Education, educational administrative departments at all levels have made overall planning and incorporated psychological health education into the annual education work plan and the school supervision and evaluation index system, initially forming a government-led, comprehensive service system for adolescent psychological health that integrates various departments and schools. Compelled by rigid requirements, schools have implemented the top-level education design and initially established a system at the overall level of psychological health resources allocation. All types of primary and secondary schools have established psychological counseling rooms and psychological counseling systems following the top-level design requirements. These systems are more or less similar and adopt the approach of allowing senior-grade students to consult independently while junior-grade students are guided by teachers. For example, in the lower grades of primary schools (Grades 1-3), students' psychological consultations are led by teachers, while in the upper grades (Grades 4-6), students make appointments for consultations on their own. Middle and high school students generally make independent ap-

pointments, with special cases being judged and guided by their class teachers. Schools across regions are gradually staffing up full-time teachers for psychological health education as required by the system, with at least one full-time (or part-time) teacher for psychological health education in each primary and secondary school, 95% of secondary schools and 92.4% of primary schools have full-time (part-time) teachers for psychological health education [10] (Table 1). In terms of actual equipment, most cities have reached the standard, such as Beijing, Shanghai, Guangzhou, Shenzhen, Zhanjiang, and other cities have at least one psychological health teacher (Table 1). However, in terms of overall task achievement, these cities did not fully reach 100%, but only large schools did, Shanghai and Shenzhen reached 99%, and 550 larger schools completed 100% in Guangzhou, there are also certain differences between urban and rural schools (Table 1). Urban primary and secondary schools can allocate one full-time psychological health teacher, with an appropriate increase in the number of psychological health teachers based on the number of students. In rural primary and secondary schools in economically underdeveloped areas, due to factors such as student attrition and a decrease in the total number of rural teachers, most of the time, teachers from other subjects serve as part-time psychological health education teachers.

Table 1. Psychological health teachers in primary and secondary schools.

	Area Category	Number/per school	Task Achievement
Standard for the number of psychological health teachers	Urban secondary schools	1	95%
	Rural secondary school	1	
	Urban primary schools	1	92.4%
	Rural primary schools	1	
Actual number of psychological health teachers	Primary and secondary schools in Beijing	At least 1	100%
	Primary and secondary schools in Shanghai	At least 1	99%
	Primary and secondary schools in Guangzhou	At least 1	550 larger schools complete 100%
	Primary and secondary schools in Shenzhen	Equipped according to 1000:1	99%
	Primary and secondary schools in Zhanjiang	1	100%, Part-time jobs account for the overwhelming majority

(3) Implement knowledge education, and psychological health training benefits families and schools

Primary and secondary schools have achieved full coverage of moral education courses, adopting various methods to carry out training in individual psychological development, basic health education knowledge, and skills popularization, such as inviting psychological experts to enter the campus, conduct-

ing training for key teachers such as psychological health education teachers and class teachers in primary and secondary schools in a hierarchical and categorized manner, and promoting psychological knowledge education and popularization through posters on the campus bulletin boards, the Light-Emitting Diode (LED) screens broadcasting psychological health education knowledge, and playing psycholog-

ical education promotional videos in a way that students enjoy (Figure 1). Some regions have implemented the requirement for teachers to hold psychological health certificates before taking up their posts, and have established a "three-certificate" full-staff rotation training mechanism (C-certificates for psychological health education covering all primary and secondary school teachers, B-certificates for all primary and secondary school principals and class teachers, and A-certificates for all psychology teachers). Based on the psychological health needs of teachers, through the overall planning of school labor unions and other departments, a series of school team-building activities are carried out to care about the psychological health status of teachers, and measures in line with the actual situation of the school are

taken to reduce the psychological pressure of teachers in their work and life. By inviting experts to give lectures on campus, making full use of the first lesson of the new semester or regular parent-teacher meetings to conduct general psychological education for parents, or conducting popular education through the school's official website, WeChat, letters to parents, etc., parents are guided to focus on risk factors such as academic pressure, economic difficulties, emotional crises, family changes, campus bullying, as well as adolescents facing changes in learning and living environments such as off-campus internships and social practices. Overall, psychological health training has benefited both schools and families and played an applied role.

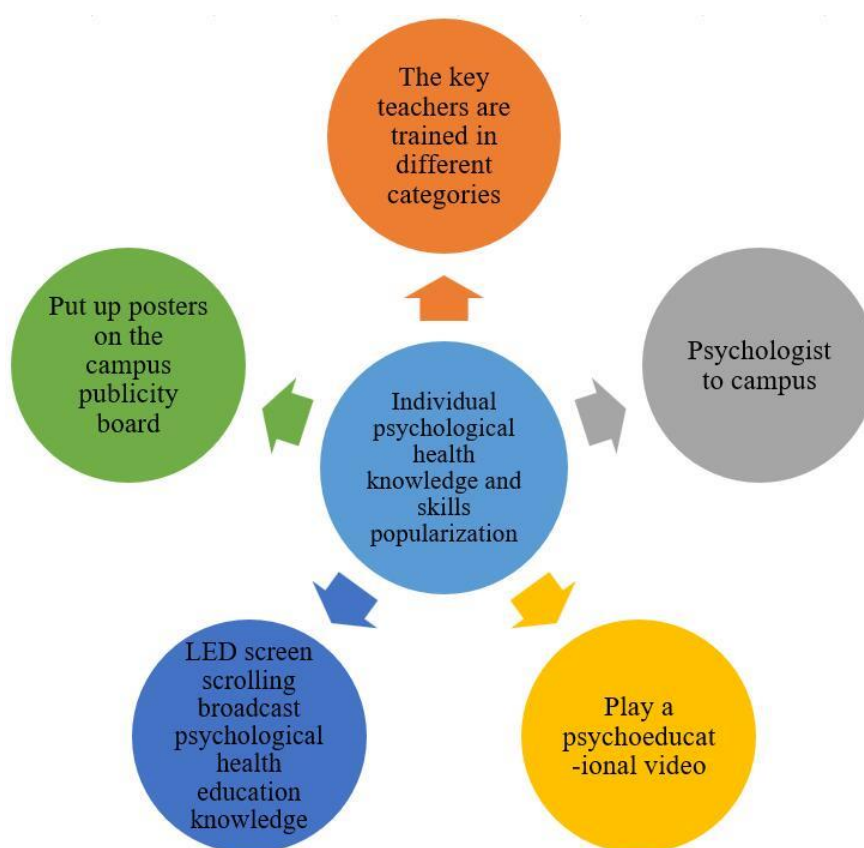


Figure 1. Psychological Health Knowledge Dissemination Methods.

(4) The self-focused attention of the group is enhanced, and the hidden education helps the popularization of psychological health knowledge

Smartphones have become an important and commonly used tool in the study and life of adolescents, serving both as a means of communication with parents and as a tool for learning and education. Adolescents spend a relatively long time on average using smartphones after school, and this trend is increasing year by year (Figure 2), with heightened interest in trendy short video content such as WeChat, Douyin, and Kuaishou (Figure 3). As adolescents are under-

going physical and emotional changes during puberty, they may not know how to assess and discern their conditions. When symptoms such as emotional changes, abnormal social behavior, changes in interests, physiological changes, cognitive biases, and improper self-evaluation arise, many adolescents may struggle to determine whether they are experiencing abnormalities. Influenced by traditional family education concepts, psychological abnormalities are often seen as menacing, and adolescents may feel ashamed to seek outside support and help, unable to adopt appropriate and scientific ways to deal with their confusion. Instead, they may secretly

use their phones to search for help. At this time, implicit psychological educational popularization presented in a popular online format can play a role in answering questions and providing online assistance. For example, the frequent occurrence of campus bullying and adolescent psychological crisis events in recent years has sparked heated social debate and concern, triggering a wave of online psychological

health education. Society has also timely introduced implicit education, such as a series of push notifications and short videos on the importance of adolescent psychological health education, how to identify psychological crises, and how to seek help when encountering a crisis, which to some extent inspire adolescents to safeguard their rights and interests.

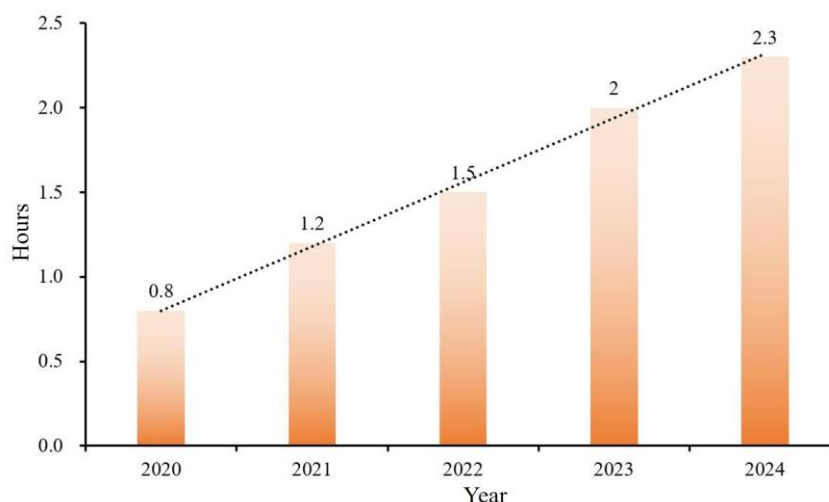


Figure 2. The per capita time trend of teenagers using smartphones after class in the past five years.

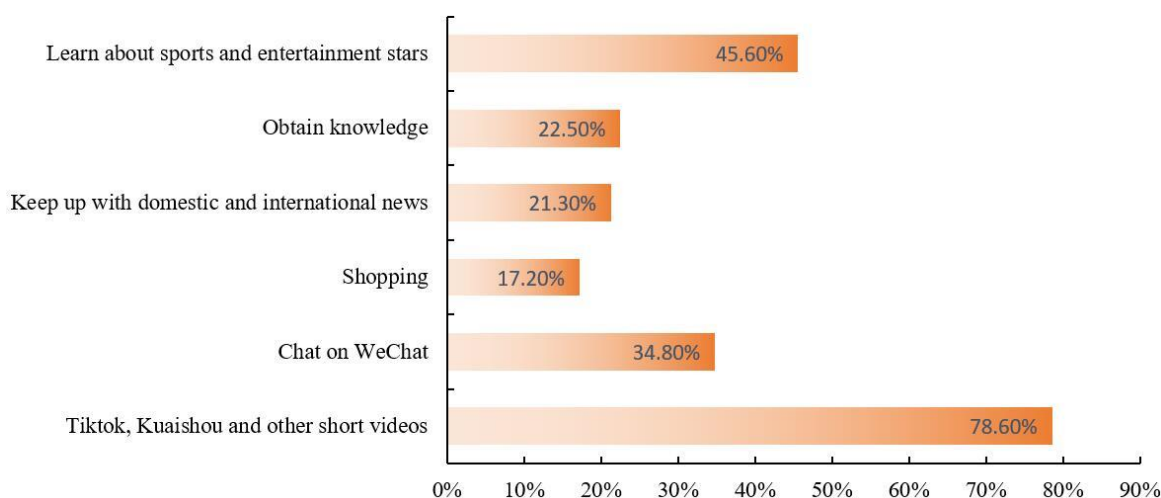


Figure 3. The purpose of teenagers using smartphones after class.

3.2. The Challenges of Adolescent Psychological Health Education

At present, although the work of adolescent psychological health education has achieved good results both in terms of system mechanism and practical effect, it still faces some challenges.

(1) Excessive competition in core subjects and lack of psychological health education courses

Chinese, mathematics, and English are well-known as the main subjects in all levels of exams in China, while other subjects are considered minor subjects. Due to the high percentage of scores attributed to Chinese, mathematics, and English, subjects like physics, chemistry, history, geography, politics, biology, and information technology are squeezed out. Under the pressure of pursuing high enrollment rates, some schools place too much emphasis on students' academic performance, with teachers focusing excessively on imparting knowledge and skills while lacking professional

knowledge in psychological health education [13]. Many parents believe that as long as their children perform well academically, other matters are not a problem, thus devoting a great deal of time and energy to the main subjects (Figure 4). At the same time, there is a lack of systematic planning for psychological health education courses in schools, and the current curriculum for adolescent psychological health is limited, with some schools not even offering such courses (Figure 4). Psychological health education faces limited funding, scarce teaching resources, and a single educational approach (Figure 4). Offline, it mainly relies on important milestones such as the beginning of school terms or holidays

for educational lectures, but the coverage is not comprehensive or in-depth. Alternatively, it relies on school psychological counseling rooms and class teachers' lectures. Online, it relies on irregular pushes via WeChat official accounts. Some schools integrate psychological health education into moral education courses, but moral education courses cannot fully replace psychological health education. Schools should track and regularly survey students' ideological dynamics, timely identify the main factors affecting the development of students' psychological quality, and provide real-time feedback on their psychological, and behavioral characteristics, and development [14, 15].

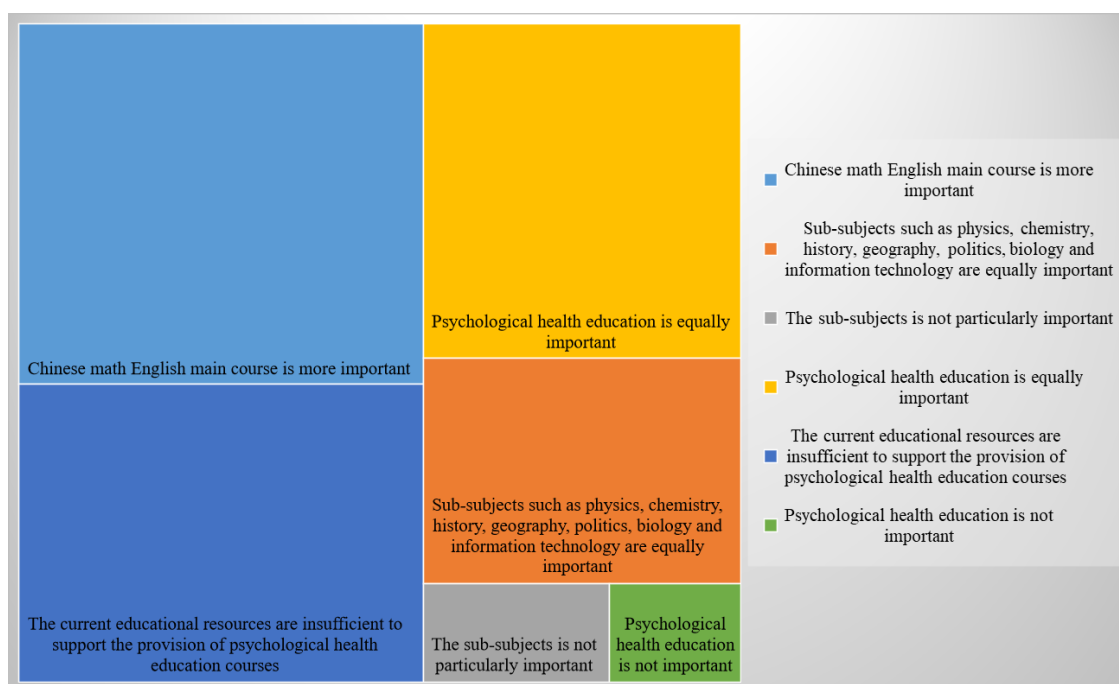


Figure 4. People's understanding of psychological health education curriculum and education.

(2) The linkage mechanism for psychological health education is incomplete, and the family support system is imperfect.

The prevention and handling of psychological health issues constitute a complex endeavor that necessitates collaboration among schools, families, society, and the government. The current psychological health education efforts lack sufficient coordination among families, enterprises, public welfare organizations, and hospitals, and the intervention in adolescent psychological crises still primarily relies on schools and families as the first discovery sites, failing to form a comprehensive assistance and referral system. The formation of adolescent psychological crises often goes through a long and gradual process with strong concealment [16]. Only families are familiar with the psychological state of adolescents before they enter school. Before assessments are conducted and psychological profiles are established, it is difficult for schools to fully grasp the psychological state of ado-

lescents in a short time. Therefore, it is particularly important to collaborate with families to conduct psychological health screenings. Meanwhile, with the rapid economic and social development, significant changes have occurred in family structures, shifting from single-child families to those with two or more children, and many families face complex situations such as divorce, remarriage, left-behind children, and single parenthood [13]. Complex family factors can easily lead to the differentiation and weakening of the adolescent family support system, which is detrimental to their healthy growth and development, the marital status of parents accounted for 78% of the factors affecting the psychological health problems of adolescents (Figure 5). At present, there is insufficient professional guidance for the refined division of labor between home and school education, especially regarding how families can analyze adolescent psychological conditions and provide scientific intervention and support, which lacks a systematic approach. Among the influencing

factors of adolescent psychological health problems, 46% are not paid attention by parents, and 83% lack professional support (Figure 5). In addition, family economic conditions and effective communication between parents and children also affect adolescent psychological health (Figure 5).

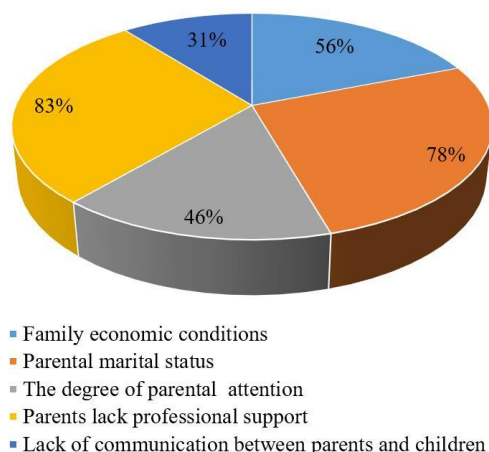


Figure 5. Family influencing factors of adolescent psychological health

(3) The allocation and retraining of teachers are insufficient, and the identification rate and rescue rate of students' psychological disorders are not enough

According to the requirements of the "Guiding Outline for Psychological Health Education in Primary and Secondary Schools (Revised in 2012)", each primary and secondary school should be equipped with at least one full-time (or part-time) psychological health education teacher. By 2025, the proportion of schools with full-time (or part-time) psychological health education teachers should reach 95%. Therefore, most primary and secondary schools currently have 1-2 psychological health teachers, with few full-time ones. Many schools have psychological health teachers with dual roles or multiple positions. Regarding salary and job title evaluation, psychological health teachers are not given enough attention. In addition, due to the large number of students in each school, it is difficult for psychological health teachers to identify abnormal behaviors among students timely. Furthermore, teacher re-education and training in primary and secondary schools are inadequate. The training for class advisors and key teachers in psychological health education is not systematic, and frontline teachers cannot identify and support students with psychological health issues, which is not conducive to reducing teacher-induced psychological crises among students and directly leads to a low recognition and rescue rate for student psychological disorders.

4. Discussion

In view of the current situation of adolescent psychological

health education, our government, schools, families, and other departments should jointly explore an optimized path to effectively improve the current problems and enhance the efficiency of adolescent psychological health education [17].

(1) Give full play to the family's support, education, and early warning functions

The family is the main place for young people's daily activities and has the natural advantage of educational intimacy, where parents can closely and accurately observe the physical and psychological state of young people. Therefore, we should take the family as the unit to build the first line of defense. First, we should change educational concepts and improve educational literacy. Health should be regarded as an important cornerstone for children's comprehensive development and growth into talents, with equal emphasis on moral, intellectual, physical, aesthetic, and labor education to promote children's overall development. Parents should proactively understand and grasp the growth characteristics, psychological laws, types of psychological crises, and main symptoms at different stages, actively participate in psychological health training organized by schools, communities, and others, and have corresponding emergency response capabilities for possible emotional, physiological, and cognitive changes at different stages. Second, we should create a harmonious environment and enhance parent-child relationships. Family conflicts and disagreements can affect parents' positive attention to adolescents, which in turn can affect adolescents' executive functions and social skills [17, 18]. A fragmented and conflictual family atmosphere can have a negative reinforcing effect, directly transmitting negative stress to adolescents and exacerbating the development of depressive emotions and pessimistic behaviors. Therefore, regardless of changes in family structure and relationships, we should try to avoid severe family conflicts and disagreements and actively create a peaceful and inclusive parent-child relationship. Third, we should strengthen communication and guidance, and enhance early warning and prevention. We should closely monitor children's ideological trends and daily behaviors, strengthen educational guidance and communication at critical moments, cultivate a rational, calm, and healthy mindset, strengthen routine early warning and prevention, and when children exhibit abnormal changes, contact schools for joint intervention, conduct professional psychological counseling, and seek medical intervention when necessary [18].

(2) Give full play to the functions of school education, monitoring, and intervention

Firstly, the school should establish and improve educational curricula to deepen knowledge education. Psychological health education should be consistently integrated into the entire teaching process. Psychological health education can be carried out through group counseling, psychological training, problem analysis, scenario design, role-playing, game counseling, psychological drama, special lectures, etc., to fundamentally educate adolescents to cherish life, face setbacks, and live a sunny life.

Secondly, the school should establish psychological screening archives and improve the monitoring and early warning mechanisms. Strengthen the construction of psychological counseling rooms and improve psychological health education curricula. Adopt a combination of offline home visits and online assessments to collaborate with parents in establishing psychological profiles for adolescents. The content of the psychological profiles should include "family overview-growth experience-significant events-past psychological history-self-evaluation", etc. Comprehensively screen and focus on key groups upon enrollment, formulate early warning intervention measures and contingency plans, and conduct regular screenings and dynamic updates. Improve the "school-teacher-class-dormitory/individual" four-level early warning network, with class teachers and subject teachers regularly visiting student dormitories and analyzing students' psychological status [13, 14].

Thirdly, the school should strengthen teacher resources and expand cooperation and training. They also should equip and strengthen professional teams, cultivate a solid part-time team, and provide incentives for full-time and part-time teams through award evaluation policies, incorporating them into the evaluation criteria for teacher promotions [18]. Guide teachers to continuously update their learning and enhance their psychological health education capabilities, regularly monitor and monitor teachers' psychological health status, and minimize the risk of teacher-induced adolescent psychological crises are also important. At the same time, schools should strengthen contacts and cooperation with community organizations, enterprises, institutions, public interest groups, cultural institutions, etc., and organize various sports, cultural, entertainment, and psychological quality expansion activities that are beneficial to the physical and psychological health of adolescents. Through educational activities that integrate moral, intellectual, physical, aesthetic, and labor education, we can nourish the heart and strengthen the body [19].

(3) Give full play to the assessment, linkage, and service functions of education departments

Firstly, the education departments should improve the evaluation mechanism and utilize the guiding role effectively, to establish guidelines for psychological health education in schools and a regular self-examination-reexamination-spot check mechanism for psychological health education guidance, focusing on guiding the teaching of psychological health education, the prevention and intervention system for psychological crises, and other related aspects.

Secondly, they should strengthen frontline student work and set up a benchmark, to implement the home visit system for primary and secondary school teachers, and include home-school communication in teacher evaluations. Maximizing the smooth communication channels between home and school, timely and thoroughly understanding the psychological state of adolescents in their families, strengthening humanistic care and psychological counseling, and ensuring thorough dynamic monitoring of psychological health amidst

the intricate daily life of learning are essential measures [18-21].

Thirdly, we also should create a favorable educational environment and deliver a well-coordinated effort, such as optimizing the guidance of departments such as education, health, cybersecurity, and public security, refining the collaborative intervention mechanisms among schools, families, communities, and hospitals, enhancing social psychological service capabilities, leveraging the strengths of all sectors of society, and monitoring psychological crises among adolescents through online and offline channels.

5. Conclusions

Addressing the issues existing in the current psychological health education for adolescents, such as inadequate psychological health courses, incomplete linkage mechanisms, imperfect family support, insufficient teacher staffing and re-education training, and inadequate identification and assistance for students' psychological crises, it is necessary to establish a "four-in-one" collaborative working mechanism for adolescent psychological health education, involving the participation of families, schools, and society in a comprehensive and all-round manner throughout the entire process of health education, monitoring and early warning, consulting services, and intervention and disposal. This requires improving the system for preventing and intervening in psychological crises, strengthening the curriculum and education system, solidifying the foundation of students' psychological health education, adhering to prevention as the primary approach, advancing the prevention measures, conducting solid psychological health monitoring, strengthening the talent team, improving psychological early warning and intervention, and optimizing the coordination mechanism. Only in this way can we better align with the new era's educational evaluation reform, create a favorable social atmosphere, and better promote the healthy growth and development of adolescents.

Abbreviations

LED Light-Emitting Diode

Author Contributions

Shuyi He is the sole author. The author read and approved the final manuscript.

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Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] Sun, H. Analysis of influencing factors and countermeasures of adolescent psychological health, *People's Tribune*. 2024, (08), 19-24.
- [2] Cheng, L., Qian, L., Song, J. Strengthen family, school, social and medical cooperation and the whole society to jointly protect the psychological health of adolescents, *People's Education*, 2024, (06), 12-15.
- [3] Gu, H., Li, L., Shi, Y. Meta-integration of evaluation index system of adolescent students' psychological health education-based on CIPP evaluation model, *Western China Quality Education*. 2024, 10(05): 117-122.
<https://doi.org/10.16681/j.cnki.wcqe.202405028>
- [4] Hammond, S. P., Cooper, N. J., & Jordan, P. Mental health, identity and informal education opportunities for adolescents with experience of living in state care: a role for digital storytelling, *Cambridge Journal of Education*, 2021, 51(6), 713–732.
<https://doi.org/10.1080/0305764X.2021.1919057>
- [5] Tayfur, S. N., Prior, S., Roy, A. S. et al. Associations between Adolescent Psychosocial Factors and Disengagement from Education and Employment in Young Adulthood among Individuals with Common Mental Health Problems, *Journal of Youth and Adolescence*, 2022, 51, 1397–1408.
<https://doi.org/10.1007/s10964-022-01592-7>
- [6] Shen, Y. Preventive measures of adolescent psychological health problems from the perspective of home-school collaboration, *Journal of Seeking Knowledge Guide*, 2023, (33), 11-13. <https://doi.org/10.14161/j.cnki.qzdk.2023.33.043>
- [7] Peng, M., Huang, Y. Family, school and community cooperation to promote adolescent psychological health education: Problem review and solution path: An analysis based on interactive ritual chain theory, *Forum on Contemporary Education*, 2023, (06), 96-104.
<https://doi.org/10.13694/j.cnki.ddjylt.20230912.001>
- [8] Ministry of Education of the People's Republic of China. Guidelines for psychological health education in primary and secondary schools [EB/OL]. [2002].
http://www.moe.gov.cn/jyb_xxgk/gk_gbgg/moe_0/moe_8/moe_27/tnull_450.html
- [9] Ministry of Education of the People's Republic of China. Guidelines for psychological health education in primary and secondary schools (Revised in 2012) [EB/OL]. [2012-12-07].
http://www.moe.gov.cn/srcsite/A06/s3325/201212/t20121211_145679.html
- [10] CPC Central Committee, State Council. The overall plan for deepening the reform of educational evaluation in the new era [EB/OL]. [2020-10-13].
https://www.gov.cn/zhengce/2020-10/13/content_5551032.htm
- [11] General Office of the Ministry of Education of the People's Republic of China. Notice on strengthening the management of students' psychological health [EB/OL]. [2021-07-07].
https://www.gov.cn/zhengce/zhengceku/2021-07/24/content_5627089.htm
- [12] Ministry of Education of the People's Republic of China and 17 other departments. Comprehensively strengthen and improve the special action plan for students' psychological health in the new era (2023-2025) [EB/OL]. [2023-04-20].
https://www.gov.cn/zhengce/zhengceku/202305/content_6857361.htm
- [13] Guo, X., Liu, M. A brief analysis of the challenges and opportunities of psychological health education in primary and secondary schools in the new era, *Educational Practice and Research (C)*, 2024, (02), 32-36.
<https://doi.org/10.14160/j.cnki.13-1259/g4-c.2024.02.006>
- [14] Zhou, S. Construction of middle school students' psychological health education path from the perspective of curriculum ideology and politics, *Heilongjiang Education (Education and teaching)*, 2024, (S1), 91-93.
- [15] Green, J. G., Oblath, R. & Holt, M. Teacher and School Characteristics Associated with the Identification and Referral of Adolescent Depression and Oppositional Defiant Disorders by U.S. Teachers, *School Mental Health*, 2022, 14, 498–513.
<https://doi.org/10.1007/s12310-021-09491-1>
- [16] Farley, J., Duppong Hurley, K., Lambert, M. C., & Gross, T. J. Profiles of Behavioral, Academic, and Demographic Characteristics of Middle School Students with Emotional or Behavioral Needs, *Journal of Emotional and Behavioral Disorders*, 2023, 31(3), 171-183. <https://doi.org/10.1177/10634266221099241>
- [17] Dong, Y. Common types of psychological crisis in high school students and home-school intervention strategies, *Guangxi Education*, 2024, (05), 16-19.
- [18] Wei, J. From "Chicken soup for the Soul" to the improvement of quality skills -- Exploration of the teaching mode of high school mental health education activity course under the perspective of deep teaching, *Mental Health Education in Primary and Secondary School*, 2024(16): 24-26.
- [19] Noam, G. G., Hermann, C. A. Where education and mental health meet: Developmental prevention and early intervention in schools, *Development and Psychopathology*. 2002, 14(4), 861-875. <https://doi.org/10.1017/s0954579402004108>
- [20] Kim, H., Park, K.-H., Park, S. Gender Differences in Lifestyle and Mental Health among Senior High School Students in South Korea, *Int. J. Environ. Res. Public Health*. 2021, 18, 10746. <https://doi.org/10.3390/ijerph182010746>
- [21] Dockweiler, K. A., & Kaufman, R. School psychology: Increasing awareness, enhancing policies, and reducing short-ages, *Psychology in the Schools*, 2024, 61, 2255-2273.
<https://doi.org/10.1002/pits.23162>