

Research on the Construction and Quality Improvement of Mental Health Education System in Primary and Secondary Schools

Mingxing Cheng

Anhui Vocational College Of City Management, Hefei, Anhui, 230601, China

ABSTRACT

This article systematically explores the characteristics, existing problems, and optimization paths of the mental health education system in primary and secondary schools. The system features a three-dimensional structure driven by policies, differentiated performance in development stages, and composite indicators for quality evaluation, highlighting the complexity of its institutional design and practical logic. The existing problems focus on structural contradictions, facing policy transmission attenuation, resource imbalance, and cooperation difficulties; Technical shortcomings, facing homogenization of courses, insufficient specialization in consulting, and one-sided evaluation; Mechanistic barriers, facing urban-rural barriers, team conflicts, and lack of evaluation. Optimization measures propose three major paths: building a dynamic adaptive elastic system, creating a professional support guarantee mechanism, and innovating the driving mode of quality improvement. emphasis is placed on promoting the transformation of mental health education from scale expansion to quality improvement through measures such as demand diagnosis, modular resources, hierarchical response, three-level certification, and intelligent monitoring, providing systematic solutions for educational equity and psychological literacy cultivation.

KEYWORDS

Mental health education; Primary; Secondary schools; System characteristics; Structural contradictions; Technical short comings

1 Introduction

Psychological health education in primary and secondary schools is an important cornerstone for promoting students' comprehensive development, and the quality of system construction and implementation directly affects the cultivation effect of adolescent psychological literacy^[1]. At present, China's primary and secondary school mental health education has formed a policy driven three-dimensional framework, but it still faces deep problems such as uneven urban-rural resources, homogeneous curriculum, and one-sided evaluation in practice. The contradiction arises not only from the tension between institutional design and practical implementation, but also from the lag in professional capacity building and weak collaborative mechanisms. This article is based on a systematic review of the characteristics of the system, deeply analyzing the existing core problems, and proposing optimization strategies from three aspects: dynamic adaptation, professional support, and quality driven. It provides theoretical references and practical paths for building a more inclusive, professional, and sustainable psychological health education ecosystem for primary and secondary schools.

2 Characteristics of the psychological health education system in primary and secondary schools

2.1 Policy driven three-dimensional architecture

The policy driven characteristics of the mental health education system in primary and secondary schools are manifested in its three-dimensional structural and institutional design^[2]. A vertical education management network is constructed through policy transmission mechanisms at the national, local, and school levels. At the national level, the overall framework of the network is established through relevant policies such as the "Guidelines for Mental Health Education in Primary and Secondary Schools". Provincial education departments develop implementation plans that are in line with local characteristics, city and county education institutions develop detailed operational guidelines, and finally schools develop school-based implementation plans that are in line with the learning situation, forming a dynamic transmission path of "top-level design - middle-level adaptation - grassroots implementation". Curriculum, activities, and counseling form a horizontal educational practice framework, where subject courses strengthen the foundation of psychological knowledge, thematic activities enhance the training of psychological skills, and individual counseling provides precise psychological interventions. The three complement each other through the logical chain of "knowledge imparting behavior training problem solving". The joint support system of education, healthcare, and community breaks the boundaries of traditional education, with the education department leading the construction of the curriculum system, medical and health institutions providing professional psychological assessment and crisis intervention support, and community organizations committed to integrating various resources from families and society to jointly create a complete support system of "prevention intervention recovery". The three-dimensional architecture leverages policy levers to leverage multiple resources, ensuring unity in educational direction and diversity in implementation paths,

laying the institutional foundation for improving the quality of mental health education.

2.2 Differential performance in development stages

The differences in the development stages of the mental health education system in primary and secondary schools are manifested in multidimensional structural characteristics. From a spatial perspective, urban schools rely on regional economic advantages to generate resource aggregation effects, with professional teacher allocation, digital platform construction, and characteristic course development leading the way. Rural schools are limited by problems such as teacher shortage and outdated facilities, and generally have weak foundations and curriculum marginalization, forming a "center edge" resource distribution pattern. In terms of school types, key schools rely on policy preferences and independent innovation advantages to form experience in developing mental health education courses, designing activities, and demonstrating consulting services. General schools, due to exam pressure and lack of professional abilities, generally face fragmented curriculum implementation and a lack of standardized consulting services. From the characteristics of the learning stage, primary schools follow the laws of children's cognitive development and use gamified and experiential teaching methods to strengthen the development of psychological qualities. Middle schools are under the impact of academic pressure and gradually show a trend towards exam oriented learning, with prominent issues such as compressed psychological course time and neglect of counseling needs.

2.3 Composite indicators for quality evaluation

The mental health education system in primary and secondary schools exhibits a composite indicator characteristic in quality assessment, and has successfully constructed a triple dynamic monitoring system of "student teacher home school". The improvement rate of students' psychological capital is the core outcome indicator, and the effectiveness of psychological development is quantitatively evaluated from two dimensions: resilience and emotional management ability. It not only focuses on the vertical growth of individual psychological qualities, but also on the horizontal comparison of group psychological states, providing data support for educational interventions. The achievement rate of teacher professional competence is one of the key process indicators, covering the dual needs of qualification certification admission threshold and continuous training professional growth. It not only ensures the professionalism of service provision, but also further promotes the renewal and iteration of educational concepts, and constructs a complete management process of "admission training assessment". The degree of collaboration between family and school is an important supporting indicator, which reflects the collaborative effectiveness of family education and school education through quantitative data such as parent course participation rate and service satisfaction. It measures parents' understanding of mental health education and evaluates the effectiveness of the family school collaboration mechanism in practice. The three indicators form an organic whole through a logical structure of "outcome process support", which not only avoids the bias of a single evaluation, but also enables a multi-dimensional examination of education quality, providing accurate diagnostic basis for the optimization of the system.

3 Existing core issues

3.1 Structural contradictions in system construction

The construction of the mental health education system in primary and secondary schools has exposed structural contradictions, manifested as multiple imbalances in policy transmission, resource allocation, and mechanism coordination^[3]. There is a significant phenomenon of "hot at the top and cold at the bottom" in policy implementation. Although a series of guidance documents have been issued at the national level, local education departments often interpret policies as "soft tasks" due to scattered assessment pressure and insufficient special funds, resulting in problems such as curriculum shrinkage and formalized activities at the school level, and the attenuation of policy spirit in the transmission process. In terms of resource allocation, the three-tier structure presents an unbalanced situation of "top heavy, top light". National level projects receive funding and expert support, while provincial-level platform construction shows uneven performance. Grassroots schools, especially rural schools, generally face the dilemma of teacher shortage and outdated facilities, and the proportion of professional psychological teachers is far below the national standard. The linkage mechanism has fallen into a collaborative dilemma of "linkage without action". Although education, healthcare, and community have signed cooperation agreements, due to unclear responsibility boundaries and high communication costs, there is often responsibility shifting in key links such as psychological crisis intervention and referral of special students, and an effective closed loop of "prevention intervention recovery" has not been formed. The deep tension in the construction of the structural contradiction reflection system in institutional design and practical implementation.

3.2 Technical shortcomings in the implementation process

In the implementation of mental health education in primary and secondary schools, there are obvious technical deficiencies, which have led to the breakage of the practical link of "design implementation assessment". There is a homogenization tendency in the field of curriculum development that focuses on form and neglects effectiveness. Some schools use template courses to cope with inspection machinery, ignoring stage differences and regional cultural characteristics, resulting in psychological courses becoming a "pile up of activities" and lacking in-depth training of core psychological literacy. Counseling services face the professional dilemma of "insufficient quantity and low quality". The proportion of full-time psychological teachers in primary and secondary schools nationwide only reaches 60% of the standard, and most teachers lack clinical psychological counseling qualifications. According to counseling records, 65% of practices only provide superficial guidance without developing systematic intervention measures. The evaluation system has fallen into the one-sided misconception of "valuing results and neglecting the process". 83% of schools still use a single evaluation method of pre-test and post test psychological scales, ignoring the dynamic tracking of students' psychological development trajectories. Moreover, the evaluation results are only used in the reporting materials and do not form a feedback loop with curriculum adjustments and teacher training. The technical shortcomings reflect a structural contradiction between professional capacity building and educational practice needs, which urgently needs to be overcome through standardized construction and specialized training.

3.3 Mechanistic obstacles to quality improvement

The improvement of the quality of mental health education in primary and secondary schools faces deep-seated institutional obstacles, forming a constraint loop of "resources team assessment". In terms of resource allocation, there is a clear structural barrier of "urban-rural duality". The proportion of psychological teachers in urban schools is as high as 1: 800, while the proportion in rural schools generally exceeds 1: 3000. In county-level schools, the coverage rate of specialized facilities such as digital assessment tools and group counseling rooms is less than 40%. This uneven distribution of resources directly limits the equalization of services. The construction of the team faces the contradiction of "low entry threshold - high development requirements". Although the Ministry of Education requires full-time teachers to hold a psychological counselor certificate, in actual recruitment, 62% of positions only require educational background, resulting in a mismatch between professional skills and actual intervention needs, and the rate of clinical psychology master's graduates entering primary and secondary schools is less than 15%. In the effectiveness evaluation, there is a lack of a strategy of "long-term tracking - multidimensional verification". 90% of regional evaluations are limited to static data aggregation for the academic year, ignoring the evaluation of students' social adaptation ability, dynamic monitoring of core indicators such as interpersonal relationship improvement, and the evaluation results are only used in year-end assessments without establishing feedback mechanisms with policy adjustments and resource allocation.

4 Suggestions for optimization strategies

4.1 Building a dynamically adapted elastic system

Constructing a dynamic and adaptable elastic system is the core approach to solving the mismatch between supply and demand of mental health education in primary and secondary schools^[4]. Firstly, establish a regional education demand diagnosis system that integrates multiple sources of data on academic performance, social behavior, and family background, and uses machine learning algorithms to construct a student psychological portrait model. This system accurately identifies the differentiated needs of different regions, stages, and populations, providing a scientific basis for resource allocation. On this basis, we have constructed a modular curriculum resource library, which includes core modules such as emotional management and interpersonal communication. It integrates school-based modules with local cultural characteristics and intervention modules specifically designed for psychological crises, forming a multidimensional curriculum system of "universal+characteristic+emergency". Simultaneously establish a hierarchical response mechanism to divide psychological services into three levels: routine counseling, focused intervention, and crisis management. Regular services cover all students in the form of courses and activities, with a focus on developing personalized plans for individuals at high psychological risk. Crisis management is linked to the construction of a 24-hour response channel for medical resources, and the three are dynamically evaluated for hierarchical transitions and resource linkage. This system adopts a complete process design of "diagnosis adaptation response", significantly improving the accuracy and inclusiveness of educational services, while also avoiding efficiency losses caused by improper resource allocation. Through a flexible architecture, it meets the changing needs of different educational scenarios and lays a structural foundation for improving the quality of mental health education. The innovation value lies in transforming static curriculum supply into dynamic demand response, promoting the transformation of mental health education from

a "one size fits all" model to a "precision" service.

4.2 Establish a professional support guarantee mechanism

To establish a guarantee mechanism for professional support, it is necessary to construct a three-dimensional support system for teacher development, resource allocation, and collaborative governance. To address the shortcomings of the teaching staff in terms of professional competence, we have implemented a three-level certification system consisting of "basic qualifications - specialized skills - research abilities". At the basic qualification stage, teachers need to obtain dual certification of psychological counselor qualification and educational background. During the training phase of specialized skills, intervention techniques are enhanced through modular methods such as practical guidance and group practical operation coaching. In the stage of research ability, teachers are encouraged to conduct school-based research projects and actively participate in regional academic groups, forming a professional growth path of "entry upgrade innovation". To solve the problem of insufficient number of teachers, we have constructed a configuration model consisting of "1 (full-time) + X (part-time) + N (volunteer)", ensuring that each school has at least one full-time teacher responsible for psychological education, X part-time teachers as class teachers and moral education cadres, and after systematic training, N volunteers absorb students majoring in psychology from universities and psychological counselors from the medical system to provide regular consultations at schools, building a flexible human resources network with "core stability - auxiliary supplementation - social support" as the core. In the collaborative cooperation among families, schools, and communities, nine work standards are formulated at three levels of "cognition behavior environment". In terms of cognition, educational concepts are improved through psychological classes for parents and parent-child communication workshops. In terms of behavior, operation manuals for the "Home School Psychological Intervention Process" and "Community Resource Referral Guidelines" are developed. In terms of environment, a psychological service station is established in conjunction with the community, and an education fund is established by enterprises. A collaborative governance framework with "conceptual consensus - operational norms, ecological co construction" as the core is established.

4.3 The driving mode for improving innovation quality

The driving mode for improving innovation quality requires the establishment of a collaborative mechanism for evaluating innovation, empowering technology, and transforming experience^[5]. The first priority is to establish a "three-dimensional nine degree" evaluation system, setting indicators such as knowledge mastery and thinking flexibility in the cognitive dimension, and incorporating parameters such as self-identity and emotional stability in the emotional dimension. In the behavioral dimension, we study key factors such as social adaptability and problem-solving ability, and further divide each dimension into three levels: meeting standards (basic requirements), development (growth and progress), and innovation (characteristic breakthroughs), forming a three-dimensional evaluation matrix covering 27 specific indicators. This not only ensures the comprehensiveness of educational goals, but also stimulates the innovation vitality of schools. On the basis of this, we have developed an intelligent monitoring platform that integrates a student psychological record system, a teacher professional development database, and home school interaction logs. We have also used wearable devices to achieve intelligent monitoring, classroom observation AI, and other tools to collect multimodal data in real time. We use deep learning algorithms for dynamic analysis and automatically generate personalized reports containing risk warnings and development suggestions, shifting educational intervention from "experience driven" to "data-driven". Finally, we establish a mechanism for the transformation of achievements, extract typical practices through school-based practice, and then optimize regional teaching and research centers to form a replicable plan. Finally, we promote it nationwide through the National Smart Education Platform for Primary and Secondary Schools, building a "practice extraction radiation" transformation chain. The three measures adopt a complete process design of "evaluation monitoring transformation" to shift the improvement of quality from the final evaluation to the optimization of the entire process, providing an internal driving force for the sustainable development of mental health education.

4 Conclusions

The optimization of the mental health education system in primary and secondary schools needs to break through the dual constraints of structural contradictions and technical shortcomings, and build a full chain development model of "demand diagnosis - resource adaptation - professional support - quality driven". By establishing a regional psychological portrait system, developing modular curriculum resources, implementing teacher three-level certification, and building an intelligent monitoring platform, the accuracy and professionalism of educational services can be effectively improved.

At the same time, it is necessary to strengthen the collaboration mechanism between families, schools, and communities, break down the barriers between urban and rural resources, and promote the shift of evaluation from result oriented to process tracking. Future research should further focus on the validation of long-term intervention effects, deep application of AI technology, and cross regional experience transformation, continuously improve the theoretical system and practical models of mental health education, and lay a solid foundation for the comprehensive improvement of adolescent psychological literacy.

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