

Exploration of graduate students' mental health education practice - based on the case analysis of a multi-causal psychological issue

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Abstract: Mental health education for graduate students is an important part of the training process in higher education institutions. Paying attention to the mental health status of graduate students, timely identification of issues, and provision of scientific psychological counseling are crucial tasks for graduate student advisors. In the process of addressing a case with multiple causal factors for a graduate student's psychological issues, a "three vertical and three horizontal" mechanism for investigating and tracking psychological problems was established. This method clarified a "1, 2, 3" approach to solving graduate students' mental health issues, contributing to the formation of a mental health education system for graduate students in higher education institutions, aiming to inspire advisors in carrying out mental health work with graduate students.

Key words: graduate education; mental health education; psychological distress

1 Introduction

With the rapid development of technology and the swift integration of world cultures, modern society's demand for talent has changed accordingly. In the new era, comprehensively developed individuals are required to possess not only good moral character, a solid foundation in science and culture, and robust physical health but also an active, confident, and resilient psychological quality [1]. Graduate students bear the historical mission of realizing the great rejuvenation of the Chinese nation, and the quality of graduate education is an important indicator of the nation's progress towards becoming a powerful country in education. Systematically carrying out mental health education for graduate students is a vital part of graduate training in higher education institutions and directly determines the quality of graduate student training.

2 Current status and analysis of graduate students' mental health

2.1 Domestic research status

In 2010, the Ministry of Education of China made clear requirements for the mental health work of graduate students: "Strengthen mental health education and counseling for graduate students." Since then, domestic scholars have started to conduct related research. Zhao Liying and others believe that the mental health status of graduate students is below the national adult level [2]. Liu Haiying and others conducted a survey questionnaire of graduate students in 10 universities in Shandong Province, which showed that "the positive symptom rate of graduate students' mental health was 33.3%;

obsessive-compulsive symptoms were the most prominent, accounting for 28.8%" [3]. Tao Lin's research indicates that graduate students are under multiple pressures from scientific research, finances, employment, emotions, and interpersonal interactions [4]. In the research on models of graduate students' mental health education, Zhao Tong proposed the 3+3 mental health education model for university master's students, and Wang Kaili and others proposed a "whole staff" mental health education model relying on specialty studios and secondary counseling stations.

2.2 Analysis of psychological health issues and causes among graduate students

Due to the uniqueness of their age group, social experience, self-awareness, and learning styles, the psychological problems of graduate students have distinctive characteristics.

(1) Academic and research pressure. Academic and research pressures are the main sources of psychological health problems among graduate students. The graduate program is short, the coursework is demanding, and the learning style emphasizes independence and innovation. Additionally, cross-disciplinary admissions in graduate programs lead to a weak foundation in professional knowledge, resulting in significant academic pressure.

(2) Financial burden. The financial burden is a major factor affecting the mental health of graduate students. Most graduate students lack financial independence and are reluctant to impose additional financial burdens on their families due to their age.

(3) Social and familial expectations. As a highly educated group, graduate students face high expectations from society and family. Excessive expectations inadvertently put high pressure on graduate students, leading to increased self-demand. When their current situation fails to meet their psychological expectations, they may experience feelings of guilt, self-denial, and self-doubt, which subsequently affect their life and study.

(4) Interpersonal communication barriers. The learning of graduate students often involves independent study or spending time in laboratories measuring data, testing simulations, and writing papers. Their living and learning environments are relatively isolated, leaving little time for face-to-face interactions with classmates. Even roommates may lack opportunities for communication due to different schedules. Over time, this can lead to a gradual decline in graduate students' communication and social interaction skills.

3 A case of multi-causal mental health issues

3.1 Case details

On a certain afternoon in November 2021, a first-year mental health informant reported that his roommate, X, was repeatedly pushing and pulling the blade with a hobby knife and repeatedly gesturing on his arm; the informant felt that the situation was not good and then came to report to me. Based on years of counselor work experience, I judged that student X's psychological condition was worrisome and that immediate intervention was necessary. On the way to the dormitory, I learned from the informant that X was an introvert and had not talked to his roommates actively in the past two months, and that X had only followed the dormitory's group activities silently, never expressing his suggestions or opinions, but had not found any other problems.

During the conversation with X, I learned that X had a minor conflict with a roommate before graduating from college, and the intense attitude of the roommate at that time had caused psychological trauma to X. When talking about the past, X's voice trembled and he became emotional, so I changed the topic to ask about his family. X's parents are high school teachers, and there is a 5-year-old younger brother at home. X also expressed that after starting graduate school, he found the courses difficult to understand, felt dizzy during classes, and then dozed off, worrying about not meeting the advisor's expectations and failing to graduate.

3.2 Case analysis

Based on the above information, I believe that X's current psychological issues result from the combined effects of several factors:

(1) Dormitory conflicts as the trigger for the crisis

The unresolved dormitory conflicts during the undergraduate period accumulated over time, becoming an unresolved psychological dilemma. X recounted that the image of the roommate slamming the door and leaving the room lingered in their mind. To this day, X can still hear the echo of the door slamming shut and feel the vibration of the dormitory. X wonders why the roommate treated him so intensely and whether he was really that annoying.

(2) Issues in a family with a second child

In families with a second child, the sudden decrease in parental attention to the first child leads to questioning parental love and negating self-worth. When X was in the first year of college, China's two-child policy was relaxed, and their parents had a younger brother. Since then, all of the parents' attention and love shifted to the younger brother. X noticed the decreasing care from the parents. Now, during video calls with their mother, X feels that the mother is just perfunctorily talking to him while playing with the younger brother or chatting with the father, making X believe that the parents do not really care about him.

(3) Influence of the educational philosophy of teacher parents

Long-term high standards and strict demands by teachers and parents led to a lack of self-confidence in children raised under this educational philosophy. According to X, their parents were strict and rarely praised him. In high school, when X excitedly shared their good grades, the parents coldly told X not to be arrogant and to learn from classmates with better grades. Especially X's father, he often used students with excellent grades from his classes to motivate X, making X feel they could never meet their parents' expectations.

(4) Inadaptability to the new phase of study

Entering the graduate stage, the accelerated teaching pace, intense research atmosphere, and overwhelming research pressure bring unbearable psychological stress to students.

4 Constructing the "1, 2, 3" graduate student mental health education system

Since X's psychological issues are caused by a combination of various factors, I decided to initiate a multi-faceted approach, constructing the "1, 2, 3" graduate student mental health education system (see Figure 1), to help them overcome their psychological difficulties.

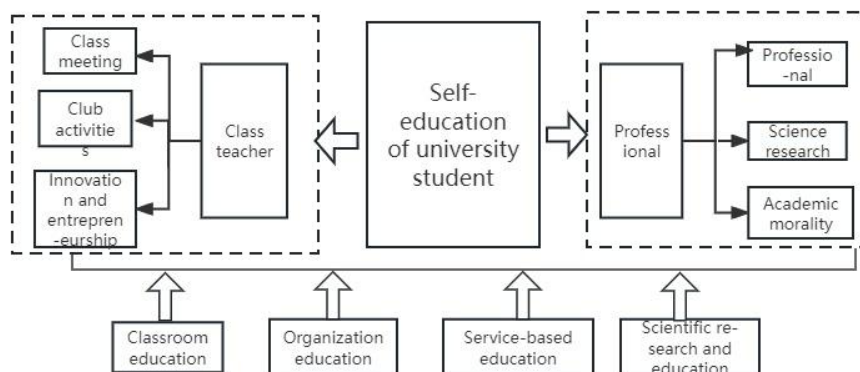


Figure 1. The "1, 2, 3" mental health education system

4.1 One primary entity for graduate student mental health education

Graduate student counselors are active promoters of widespread awareness and comprehensive prevention in graduate student mental health education. They are the specific implementers of mental health education initiatives for graduate students and also play a crucial role in the intervention of graduate student psychological crises.

4.2 Two auxiliary approaches to solving mental health problems

(1) Approach 1: Mental health education assistance should be carried out by graduate student advisors. Graduate student advisors are the primary persons responsible for graduate education. When a graduate student faces a psychological crisis, the advisor is well-positioned to intervene and is a crucial force in crisis intervention. I communicated with X's advisor, informed them about X's confusion in academics and research, and their current psychological state. The advisor promptly adjusted the training plan, worked with X to set detailed stage-by-stage research tasks, guided him to grasp the rhythm of scientific research without rushing for success, and to lay a solid foundation for natural research outcomes. Through the assistance of family and advisors in mental health education, X not only felt the warmth of family but also gained confidence in academics and research.

(2) Approach 2: I immediately contacted the parents after receiving the report from the information officer, informed them about X's abnormal behavior, and learned about X's growth environment and psychological foundation from the parents. According to X's mother, X has been introverted and not good at expressing himself since childhood, but is kind-hearted and would never harm others. Regarding the possibility of self-harm, X's mother was hesitant. I advised her to contact X as soon as possible to soothe her emotions and asked her to come to the school promptly. The parents accompanied X to the hospital for a professional assessment, resulting in a professional diagnosis and treatment. At my suggestion, the parents video-called X every night, chatting about family matters and studies, providing X with ample emotional support.

4.3 Forming three synergistic forces: advisor-advisor synergy, teacher-student synergy, and family-school synergy

This approach involves forming collaborative efforts between counselors and advisors, teachers and student cadres (information officers), and schools and families to jointly cultivate students (see Figure 2). In these three synergies, as a counselor, I actively and proactively strengthened communication with advisors and parents, sharing every slight change in X's condition, and adopted appropriate methods for psychological counseling based on these changes. Furthermore, I maximized the peer psychological support role of student cadres and mental health information officers. I arranged for a cheerful mental health information officer to accompany X for a 40-minute brisk walk on the playground every evening. This was intended to distract X's mental tension and alleviate psychological pressure through physical exertion, and to build a reliable trust relationship through similar peer experiences and emotional experiences, quickly resolving psychological troubles [5]. Through the positive influence of the information officer's sunny and optimistic attitude, we aimed to help X disperse the psychological gloom as soon as possible.

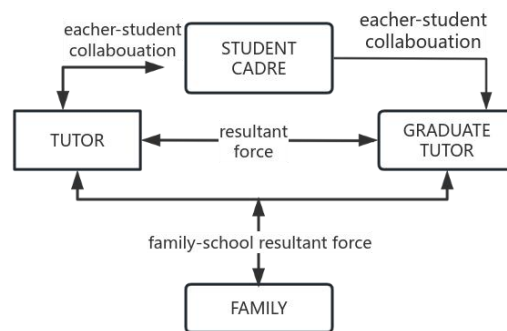


Figure 2. The family-school co-education synergy system

Conflicts of interest

The author declares no conflicts of interest regarding the publication of this paper.

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