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Innovative Practices in the Management of College Students' Mental Health Education within the Collegiate System

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Abstract:

As an innovative approach to talent cultivation in higher education, the collegiate system provides a new and dynamic setting for the management of college students' mental health education. This study, grounded in the context of the collegiate system, systematically explores the innovative significance of mental health education management in universities. It examines the practical challenges faced during the transformation of management models, the establishment of a shared philosophy of holistic education, the construction of organizational structures, and the cultivation of localized educational features. Based on this analysis, the paper proposes targeted strategies across four key dimensions: advancing management innovation, strengthening consensus on holistic education, reconstructing organizational operation systems, and developing localized educational frameworks. The aim is to offer both theoretical insights and practical guidance for enhancing the effectiveness of mental health education and promoting students' all-round development in collegiate universities.

Keywords:

Collegiate system; College students; Mental health education; Educational management; Innovative practice

Introduction

In recent years, the widespread implementation of the collegiate system in Chinese universities has broken down traditional barriers between departments. Characterized by community-based management, interdisciplinary integration, and strengthened faculty–student interaction, this system has become an important vehicle for advancing the "Three-All Education" model—educating students through all staff, all processes, and all environments. At the same time, college students' mental health issues have become increasingly diverse and complex. Psychological challenges such as academic pressure, interpersonal adaptation, and self-identity have posed new demands on traditional mental health education models.

The conventional department-based approach to mental health education often suffers from several limitations: it is disconnected from students' daily life contexts, lacks sufficient resource integration, and fails to provide targeted interventions. In contrast, the collegiate system—centered around residential communities, interdisciplinary living environments, and a one-stop service structure—offers natural advantages for deliver-

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ing student-centered and holistic mental health education. Against this backdrop, exploring innovative practices in mental health education management within collegiate environments is not only an important step in responding to the Ministry of Education's call for management reform based on residential colleges and living communities, but also a pressing need to address the current challenges facing university mental health education and to enhance the overall quality of student development.

Conducting a systematic study on this topic carries significant theoretical and practical value. It contributes to enriching the body of knowledge in mental health education, building an educational framework suited to the collegiate system, and promoting students' holistic growth and psychological well-being.

1 The Significance of Managing College Students' Mental Health Education in Collegiate Environments

1.1 Enriching the Theoretical Framework of Mental Health Education

Traditional theories of mental health education have largely been grounded in the two-tier administrative model of universities and departments, where research on students' psychological development tends to be closely linked with disciplinary contexts. The rise of the collegiate system, however, emphasizes the agency of students and provides new theoretical perspectives and areas for inquiry. Within this institutional framework, theoretical research has gradually shifted from addressing general psychological issues to focusing on individual differences, incorporating students' psychological interactions within interdisciplinary communities into its analytical scope. This shift has expanded both the depth and breadth of mental health education theory, aligning it more closely with the holistic development needs of students.

1.2 Deepening the Psychological Construction of Residential Communities

In the past, the psychological construction of university living communities primarily focused on physical infrastructure, with limited integration into the educational process.[1] The collegiate system, which uses residential communities as basic management units, removes the physical boundary between study and life, allowing mental health education to be organically embedded into students' daily experiences. By fostering communication and interaction between faculty and students within the community space, a harmonious and inclusive interpersonal environment can be built. Consequently, mental health education is no longer confined to classrooms or counseling centers but naturally extends into everyday student life. This transformation has turned residential communities into vital sites for psychological support and has strengthened the intrinsic connection between mental well-being and the living environment.

1.3 Broadening the Pathways for Mental Health Management

Traditional mental health management models—typically led by individual departments—face challenges such as insufficient resource integration and limited interdepartmental collaboration. The collegiate system, by restructuring organizational frameworks and pooling resources from multiple departments and diverse stakeholders, creates a more collaborative management chain. This model shifts mental health management from a crisis-oriented and reactive approach to one that is preventive, continuous, and supportive. As a result,

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management practices become more open, proactive, and systematic, enhancing the operational feasibility and sustainability of mental health management in higher education.

1.4 Enriching the Second Classroom for Mental Health Education

Conventional second-classroom mental health education often relies on limited formats that fail to align closely with students' interests and developmental needs.[2] The collegiate system leverages its interdisciplinary and community-based ecology to integrate mental health education with various cultural events and practical projects, breaking through the boundaries of traditional classroom instruction. Through the structured design of diverse and contextualized activities, students can engage in experiential learning that promotes emotional awareness and cognitive growth. This approach not only diversifies the educational forms and increases engagement but also enhances the overall appeal and effectiveness of mental health education in the second classroom.

2 Challenges in Managing College Students' Mental Health Education within the Collegiate System

2.1 Difficulties in Transforming Traditional Management Models

Traditional university management systems—organized around departments and classes—have established mature operational mechanisms that prioritize academic training over psychological support.[3] At the administrative level, departments tend to focus on professional education and academic development, with mental health efforts confined to crisis intervention. As a result, psychological education remains insufficiently integrated into daily management. Meanwhile, the division of responsibilities between colleges and departments regarding mental health work remains unclear, leading to overlapping duties or gaps in management. Spatially, the traditional separation of living and learning environments confines psychological activities to classrooms or counseling rooms, preventing them from reaching dormitories and other daily spaces. Although the collegiate system offers community-based spatial advantages, traditional management mindsets often limit the activation of functional areas such as peer support rooms or counseling hubs, impeding the creation of comprehensive, 24-hour psychological support coverage.

2.2 Weak Consensus on the Concept of Holistic Education

The collegiate system's philosophy of "holistic education" aligns naturally with the goals of mental health education centered on students' all-round development. However, under the influence of utilitarian orientations, this concept has yet to achieve broad consensus. At the institutional level, some universities still regard the collegiate system primarily as a pedagogical or administrative innovation, treating mental health education as a secondary task. Insufficient resource allocation and the absence of psychological education metrics in core performance evaluations have rendered such work perfunctory. At the faculty and student levels, teachers tend to prioritize academic outcomes and employment prospects, showing limited engagement in mental health programs, while students—shaped by the notion of "academics above all"—often view psychological education as optional, leading to low participation rates in counseling and group workshops. Consequently, the potential of colleges as psychological support platforms remains underutilized.

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2.3 Barriers to Building an Integrated Management System

The reform of the collegiate system requires the restructuring of existing organizational mechanisms. However, the lack of a cross-system coordination framework for mental health education has constrained management efficiency.[4] Internally, the absence of regular communication between colleges and university counseling centers has resulted in low frequency and limited coverage of professional psychological services. Within the colleges themselves, unclear role definitions among mentors, counselors, and student leaders have prevented the formation of a cohesive team approach. Externally, the sharing of student psychological data between colleges and departments remains restricted, with information such as academic stress indicators failing to reach the colleges in time. This lack of coordination weakens the precision of interventions. Moreover, partnerships between colleges, families, and external psychological institutions are still underdeveloped, hindering the establishment of an integrated support network among universities, families, and society.

2.4 The Need to Build a Locally Adapted Educational Framework

Currently, mental health education within the collegiate system in China often draws heavily on models from foreign residential colleges and has yet to develop frameworks fully suited to domestic contexts. Culturally, the traditional Chinese ideals of self-cultivation and moral refinement found in historical academies have not been effectively integrated into contemporary mental health education. Many activities remain rooted in Western psychological paradigms, lacking the inclusion of courses or activities that reflect Chinese cultural concepts of emotional balance and well-being. This weakens students' sense of cultural identity and emotional resonance. Practically, some colleges merely replicate existing models rather than tailoring programs to their disciplinary structures or student characteristics. For instance, science and engineering colleges rarely offer modules on managing research-related stress or coping with academic frustration, while humanities-oriented colleges often lack programs that combine humanistic care with psychological counseling. Such misalignments limit the educational distinctiveness and effectiveness of mental health initiatives within the collegiate framework.

3 Innovative Strategies for Managing College Students' Mental Health Education in the Residential College System

3.1 Promoting Transformative Management Reform

Residential colleges must simultaneously clarify responsibilities and reconfigure spatial functions to overcome the inertia of traditional management systems (Zhang, 2024). On one hand, clear mechanisms of coordination should be established between residential colleges and academic departments. Departments ought to focus on providing psychological guidance within professional learning contexts—such as stress management for academic difficulty or research-related anxiety—while residential colleges take the lead in daily psychological support within the living community.

A "Residential College Mental Health Work Checklist" can be developed to include items such as dormitory atmosphere building and cross-disciplinary peer-support programs. Monthly joint meetings should synchronize updates on students' psychological well-being to avoid overlaps or management gaps. For in-

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stance, when a department reports a student's anxiety due to laboratory setbacks, the residential college could immediately organize a "Research Pressure Relief Workshop," forming a complete feedback and intervention cycle.

Furthermore, residential colleges can capitalize on their interdisciplinary composition by forming cross-major peer support groups, encouraging students to share experiences from diverse academic backgrounds. Such exchanges enrich students' psychological perspectives and strengthen the educational impact of community-based management.

On the other hand, residential colleges should fully activate the psychological-education potential of their spaces. Psychological counseling rooms can be upgraded into 24-hour mental wellness hubs equipped with relaxation areas and emotion-release tools, while removing formal counseling signage to reduce students' stigma and resistance. Dormitory corridors can feature "emotion message boards" and "psychology corners," with regularly updated stress-management tips. Common areas can host light, accessible activities such as evening "mind talks" or weekend group sandplay sessions, integrating mental health education seamlessly into students' daily routines. This shift transforms psychological management from reactive intervention to proactive, immersive engagement.

3.2 Building Consensus on the Concept of Whole-Person Education

Residential colleges should strengthen faculty and student recognition of holistic education through institutional design and conceptual guidance. First, psychological education should be incorporated into the core evaluation metrics of residential colleges. A dedicated budget—no less than 15% of the annual expenditure—should be allocated for hiring full-time psychological educators and developing specialized programs. A Residential College Whole-Person Education Assessment Framework should be implemented, linking performance indicators such as participation in psychological activities and improvement in student well-being to instructor evaluations, honors, and incentive mechanisms.

A required freshman course, Introduction to Holistic Development, can emphasize the equal importance of mental health and professional competence, thereby addressing the long-standing bias toward academic performance over psychological well-being.

Second, the diffusion of this concept should be tailored by group. For faculty, "Psychological Education Workshops" can train tutors to identify early signs of student distress and integrate emotional care into academic advising. Faculty should participate in at least one psychological event per week, and informal "faculty-student mental health tea talks" can foster open communication through experience sharing. For students, peer-led mental health ambassador teams can share personal growth stories to normalize psychological education. Initiatives such as mental health knowledge contests and essay competitions on holistic development can reinforce awareness. In addition, a column titled Whole-Person Exemplars on the college's social media platform could showcase cases of interdisciplinary students balancing academic achievement and emotional resilience, helping embed the belief that "a sound mind is the foundation of success."

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3.3 Reconstructing the Organizational Management System

Residential colleges should establish internal–external collaborative mechanisms to overcome organizational barriers. Internally, cooperation with the university's psychological counseling center should be formalized through a Resident Counselor Service Agreement, specifying that counselors reside in the college at least three days per week to provide individual sessions, group workshops, and mentor training.

A three-tiered working structure—comprising mentors, counselors, and student mental health representatives—should be built, with clearly defined responsibilities: mentors focus on daily observation, counselors coordinate activities, and student representatives gather feedback. Weekly meetings and monthly training sessions can clarify role boundaries and prevent inefficiency. Regular joint mental health meetings involving counseling center and departmental representatives should be held to review trends and coordinate interventions. For example, if a mental health representative detects abnormal emotions, they can immediately report to the counselor, who consults the mentor regarding academic stress and then refers the case to the in-residence counselor—forming a rapid-response chain.

Externally, a shared digital platform between residential colleges and departments should be developed for mental health information exchange. Departments can upload data related to study pressure or research frustrations, while colleges provide feedback on social adaptation and interpersonal relations. Additionally, a family–school communication mechanism can be established, sending semesterly Student Psychological Development Reports to parents and inviting them to participate in parent–child mental health workshops. Collaborations with local mental health centers and community service organizations should be built to provide professional crisis intervention training and off-campus counseling experiences. Together, these form a comprehensive network integrating "on-campus professional guidance, family emotional support, and community resources," expanding the scope and professionalism of psychological education.

3.4 Building a Culturally Rooted Educational System

Residential colleges should develop distinctive psychological education models grounded in cultural heritage and disciplinary characteristics. First, they can integrate traditional Chinese shuyuan (academy) culture with modern psychological theory by designing courses such as Traditional Self-Cultivation and Modern Psychological Adjustment, drawing from classics like The White Deer Grotto Academy Rules and The Yuelu Academy Regulations. These can explore the common ground between Confucian self-discipline and contemporary emotion regulation, or between the scholarly exchange of ideas and interpersonal harmony.

Special lecture series on "Traditional Wisdom and Mental Health" can introduce ancient practices of meditation, self-reflection, and academic travel as means of psychological adjustment. Activities combining calligraphy, traditional music, and stress-relief techniques can use artistic expression to ease anxiety. Seasonal "Mental Wellness and Traditional Culture" sessions aligned with the Chinese solar calendar can integrate traditional emotional regulation and traditional medicine concepts, allowing psychological education to grow from native cultural soil and fostering cultural identification among students.

Second, programs should align with disciplinary strengths. Engineering-oriented colleges can develop initiatives like Engineering Thinking and Psychological Resilience, guiding students to apply systematic

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analysis skills to emotional challenges—for instance, transferring debugging patience to emotion regulation. Humanities colleges can hold Humanities Classics and Inner Growth reading circles, using texts such as The Analects and Caigentan to inspire coping wisdom. Art colleges can run art-therapy workshops encouraging emotional expression through creation. Regular needs assessments should ensure that these initiatives reflect both students' lived realities and regional cultural characteristics—for example, incorporating ethnic dance and music into stress-relief programs in border-region colleges. This approach ensures that mental health education is both professionally grounded and culturally resonant, avoiding the pitfalls of uncritical Western model transplantation.

4 Conclusion

The residential college system presents both new opportunities and challenges for the management of college students' mental health education. This paper, by analyzing its practical significance and existing problems, constructs an innovative strategic framework across four dimensions: management reform, conceptual alignment, organizational reconstruction, and cultural localization.

The findings suggest that only by breaking traditional administrative inertia, embracing the principles of whole-person education, establishing efficient collaborative mechanisms, and rooting programs in local culture and disciplinary context can residential colleges fully realize their educational potential in mental health promotion. Moving forward, universities adopting the residential college model should continue deepening practice and dynamically refining their strategy systems to ensure that psychological education becomes seamlessly integrated into students' everyday life and holistic development—nurturing a generation of well-balanced, resilient, and socially responsible graduates.

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