

Difficulties and recommendations faced by school mental health education in the information age

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Abstract. Students' mental health deserves serious attention. Research shows that school mental health education helps a lot in solving the problem. But with the rise of the information age, education is facing some difficulties that didn't appear in previous ages. The purpose of this paper is to explore the difficulties faced by school mental health education and the possibility of getting out of the difficulties. This passage raises four problems including the difficulty of tracking students' mental condition, lack of online treatments and data security, Imprecise information and online dangers, and the relic of old problems. Targeting problems above, three kinds of recommendations which cores specify, digital treatments, and tradition are given. This paper mainly studies the Difficulties faced by school mental health education in the information age and gives some recommendations, including building a progressive system, adding some digital treatments, and mixing the tradition with the new age.

Keywords: mental health; education; information age.

1. Introduction

Students' mental health has always been a worldwide problem that deserves and must be paid attention to. Most of the students discussed in this paper are in their adolescence. According to the definition, this is a relatively chaotic period, often accompanied by a variety of stress from learning, social, life, etc., developmental problems, and mental illness. Those negative ideas may even turn into self-harm, or suicidal behavior [1]. Globally, about one in ten young people are affected by mental illness [2]. But the mental health condition is only more serious than the illness. An unpublished joint survey in the UK showed that half of children who had a mental disorder when they were first interviewed were still not cured at a retest three years later, showing the long-term nature of mental health problems [3]. Another study showed that 14 percent of young adults had at least one mental health problem before the age of 16. Such a group holds more possibility to experience other serious mental problems than other adults who did not have similar problems in their childhood [4].

Research has shown that school mental health education, as one of the intervention methods, accounts for a large proportion of relieving and even curing diseases in terms of psychological counseling for students, thereby alleviating or curing students' psychological problems. Students, stay in schools for a long, which can not be matched by others. Thus, for their development, schools have important roles. In aspects such as cognition, physical ability, social relations, and behavioral control, schools all show great efforts in cultivation [3]. This will naturally affect students' psychological state directly or indirectly. Usually, mental health education is carried out through many different channels in different regions. For example, in China, mental health education is defined as a process in which educators use various knowledge, principles, and skills to help educatees alleviate and resolve psychological problems, optimize psychological quality, and maintain a good attitude to their life, to enable educatees to develop normally and mature in all aspects, which is mainly carried out in three stages: prevention, solution, and treatment. In the UK, school-based mental health education promotion programs are also underway, including mental Illness prevention programs and mental health promotion programs [5].

But the arrival of the information age has made the problem more complicated. With the continuous development of information technology, young people in the new era have become proficient in the



use of various digital devices. Some studies show that more than 95 percent of teenagers in the United States own one or more mobile devices, with cell phones accounting for the majority [6]. In a 2014 study in Europe, mobile phone use and ownership rates were as high as 80 percent [7]. Research data from 2017 shows that one-third of Internet users worldwide are under the age of 18. Much research has been done on what information age brings to the mental health of adolescents. They found that excessive reliance on the Internet, in other words, digital technology, is harmful, making those adults act like patients with other addictive behaviors [8]. In those excessive and even pathological uses, many symptoms and concepts of mental illness are weakened, and the bottom line seems to constantly move back. In some cases, self-harm behaviors seem to be discussed in a common and possibly normalized way, as one study showed.

At present, few studies have integrated the information age, students' psychological problems, and school mental health education, but there are many studies between the two. The total aim of this paper is to analyze the difficulties standing in front of the school mental health education system after the coming of the information age and trying to find the possibility of getting out of the difficulties. Based on the search of data and the interpretation of background knowledge, This research will discuss some deficiencies of school mental health education in the information age.

2. Problems with Mental Health Education in Schools

2.1. Difficult to Track Students' Mental Condition

The previous method of mental health education in schools is the intervention means. Due to the influence of information technology, there will be some situations such as not timely and difficult to follow up.

At present, it is certain that social media, as a typical symbol of the information age, has many impacts on students' mental health. However, social media and the Internet are similar to magnifying glass. It's easy for them to stretch the truth. Thus, teenagers who have been bullied in the past are more likely to experience the same tragedy online, becoming victims of the new era [9]. Often these teens, who are struggling with their diseases during their daily lives, are more likely to surf more negative online content and gather together. They spend more time passively browsing information rather than interacting with others [10]. Longitudinal studies have demonstrated that students and instructors who have stronger social connections are more likely to utilize online communication tools like email and chat more frequently during their teenage years and to form stronger offline and online friendships as a result [11]. The potential advantages of using social media such as improved self-esteem were examined to be true. Experiments were conducted to test the following specific potential damages to well-being reported by social media: increased melancholy, loneliness, and cyberbullying [12].

However, the mental health education of the school often focuses on the life of the students during the school period. Some essays remind us to care for those students who nearly leave the campus, showing the limitation of the school's mental health education. It carries out psychological intervention therapy on the students using questionnaires, large classes, and popular science. These methods come from various sources, but it is still difficult to resist the rapidly changing network environment and public opinion. In particular, the fact that the Internet makes the good better and the bad worse means that mental health education in schools must include individualized plans. However, the proportion of this part is much lower than the electronic device ownership rate of teenagers, and it is not widespread.

2.2. Lack of Online Treatments and Data Security

Many schools have not set up special online consultation and talk therapy methods, and students are reluctant to have offline treatment for various reasons.

As can be seen from the current research, there are many reasons for students to be reluctant to participate in the school's mental health education and actively seek help from the school and society.

According to a UK survey, more than a quarter of respondents would rather search on the Internet than contact their primary care physician to get guidance and counseling for depression [13]. Those negative emotions like stigma, which is defined as fear of social sanction or stigma, lead to hiding or discouraging certain behaviors or behaviors. Patients may misreport mental health issues, and have negative feelings such as shame, fear, embarrassment, and other feelings about seeking help. Numerous past studies have identified it as the biggest deterrent to teens seeking help. Other reasons include family religious beliefs, self-reliance, and so on [14]. Online consultation, speech therapy, and other mental health treatment methods will have a good soothing effect on relieving students' negative emotions when they face psychological teachers or even familiar counselors and family members. However, most of the online content of mental health education includes classes and lectures which are only the indoctrination of one to the other. There are a few consultations to be selected.

However, even with the online approach, students may still be reluctant to go to school for counseling, citing emotions and feelings such as stigma, to hide their illness. There are some very specific and detailed cases mentioned in the literature, and the patients are usually students, relatives, and friends of the author. As a university teacher mentioned in his article, his student went to the mental health education center after he felt a relapse of depression. The author soon received some messages from the center and planned a conversation to learn further about the student's situation [15]. When students discover that even online counseling risks revealing secrets, they are naturally reluctant to engage in mental health education at school.

2.3. Imprecise Information and Other Online Dangers

Students search for information on the Internet to judge their psychological conditions. The student is not familiar with the theory and will fall into blind obedience, misdirection, and other negative situations. The pressure of school mental health education increases.

Low cost, anonymity, timeliness, and convenience are the main reasons for the popularity of the Internet. Students can find information about mental health problems easily through a browse. However, what they find on the web is difficult to distinguish between true and false, and anonymity exists not only for customers but may also exist on the side of those fake providers. As students who need to collect information about diseases, based on their life experience, age, and illness mentality, it is difficult to distinguish the useful ones, and they are easily misled by uncertified self-management tools and treatment options. Research done by Eysenbach et showed that the quality of information online is unsure and imprecise [13].

At the same time, online medical treatment also has obvious disadvantages. In a study of interviews with 19 psychotherapists from Austria, they gave more than a dozen negative effects of communication, ranking high on the list of serious problems such as lack of non-verbal information, lack of important disease data collection, and easy omission during treatment. At the same time, this experiment also raised the issue of patient data security and the issue of uncertainty for most people [16]. That means, even if school steps into the information era, there are still other difficulties to be solved.

2.4. The Relic of Old Problem

The shortcomings of mental health education in schools in the past will be amplified, and it will be more difficult to get students' input.

In the past, the shortcomings of the school's mental health education include that the teaching staff is not professional enough, the number of professional teachers is much too small (so it is difficult to meet the consultation needs of the whole school students, resulting in the slow progress of mental health consultation work), failing to well combine the personalized characteristics of students and the ideological tendency of school students, and the division of the organizational level of management

institutions [17]. This long-held state carries over negatively into the psycho-educational system of the information age and affects both traditional and new forms of the way.

3. Suggestion

3.1. Build a Progressive System

The first recommendation is to specify targeted and covering plans, which contain a direct route from the individual class school to three levels to carry out mental health education. The following methods may be used as an example: such as online consultation for individuals, offline volunteer service for classes, and lectures for the whole school. The purpose is to let students themselves spontaneously participate in the activities to take command of different treatments in the process. According to research, the most successful psycho-educational classroom treatments are those that emphasize encouraging help-seeking behaviors. All peer outreach interventions significantly increased the intention to seek help, demonstrating positive outcomes [3].

3.2. Add some Digital Treatments

The second recommendation is to build an online psychological education platform, but the content can not be limited to education courses. As shown in the above table data, including psychological tests, online consultation appointments, offline consultation appointments, and other content, to provide students in need of sufficient choices. In addition, it is necessary to protect the data privacy of students, understand the opinions and attitudes of students on the departure and retention of the consultation results through questionnaires, interviews, and other ways, and make relevant provisions accordingly.

3.3. Mix the Tradition to the New Age

The third suggestion is to preserve some level of offline psycho-education, especially in teaching. With the current level of technology, it is not impossible to achieve complete online mental health education. A nearly robust and abundant online psychological health care system including different services appeared to be rather sufficient in China during the COVID-19 pandemic to provide services to those in need. However, the shortcomings of several kinds of online psychological counseling treatment have been introduced above, and mental health education is not only about intervention but also about educating students and cultivating their character and personality itself. These contents determine the necessity of mental health education offline. However, to improve the traditional one, Schools should focus on what their students may receive or prefer online as well, meaning that offline can not be separated from online.

4. Conclusion

This paper mainly talks about the problems of mental health education in the information age, including the tracking of students' mental states, data security, online consultation possibilities, the authenticity of network information, and the legacy of historical information. Given these impacts, this paper tries to put forward three categories of suggestions for reference, including the implementation of a hierarchical system, targeted plans, the establishment of a network platform, and so on. Some disadvantages exist in this paper. In the analysis, this paper did not divide the status of students in terms of region, gender, and other aspects. Future research may find a more precise balance between tradition and information, helping school mental health education reach more effects.

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