

Study of Chinese Adolescents with Mental Health Problems from the perspective of social inclusion

Yifang Tu

Monash University, Melbourne, Australia

Abstract. Chinese adolescent's mental health problems are a social concern. Based on the theory of social inclusion and China's cultural background and national conditions, this paper expounds the dilemma faced by Chinese adolescents with mental problems and puts forward solutions from the perspectives of national policies, institutional settings, and schools.

Keywords: Social Inclusion; Mental Health; Adolescents.

1. Introduction

Childhood (0-12 years old) and adolescence (13 to 17 years old) are critical stages in the development of mental health[1]. These problems can persist in long term and even lead to serious mental diseases if they are neglected or not treated appropriately [2]. In recent years, with China's rapid economic development, the basic material conditions available to the younger generation have been significantly improved, but mental health issues are not getting better among Chinese adolescents but are even getting worse [3]. An epidemiological survey from 2012 to 2021 reveals that over 17.5 percent of Chinese children and adolescents have mental disorders [4]. This is associated with a variety of socio-economic factors, including family structure, academic pressure, peer relationships, culture, and multiple aspects of inequality, etc., and these factors also contribute to the social exclusion they are experiencing [5]. This means that identifying adolescents' mental health needs and pathways for care is critical to the development of treatment and prevention work.

Therefore, the perspective of social inclusion is crucial for improving mental health situation among Chinese adolescents. In this article, I am going to focus on Chinese adolescents with mental health problems, analyze the key health challenges faced by them and the potential of social inclusion to address these challenges, and explore how health policies and practices can be strengthened to better support the mental health needs of this group.

2. Literature Review

Social inclusion was first proposed by Émile Durkheim in *Le Suicie*. Social inclusion is a policy or action system that recognizes the diversity and difference of social members, gives equal rights, opportunities and resources to different social characteristics and behaviors of social members, and promotes effective interaction between individuals and the environment [6]. In addition, different scholars have also put forward the "process view", "result view" and "comprehensive view" of social inclusion. From the process view, social inclusion is a dynamic process in which individuals can extensively participate in all fields of social life [7]. From the result view, social inclusion refers to the acceptance and recognition of social members with different characteristics and their behaviors by the social system, so that people in the same social environment can share power and benefits.[8] From the comprehensive view, social inclusion is both a process and a result. Social inclusion focuses on the integrity of society and emphasizes the integration of all social groups into social systems such as social security, labor market, health services, housing, and education, so that individuals can participate in various social relations related to their daily lives, improve their vulnerable status through participation, and avoid social exclusion[9].

In conclusion, social inclusion is a dynamic concept involving governments, organizations, and individuals. It is both a subjective experience and an objective one. Therefore, Sheffield studied the



employment of persons with disabilities on the theoretical basis of social inclusion. Duan Xue'er studies the social psychological model from the perspective of social inclusion, while Liu Jinying studies the social integration of disabled elderly people. Social inclusion is often used to study the social integration of disadvantaged groups, but few papers have combined it with adolescent mental health. This paper argues that adolescents with mental illness are also a special group, and there is social exclusion. Social inclusion is conducive to improving and deepening the self-identity of sick adolescents and consolidating and expanding their social support relationship. The higher the level of social inclusion, the more opportunities for sick children to participate in society and enjoy more social welfare. In turn, they will be more satisfied with society and deeply integrated into social life. Therefore, based on the theory of social inclusion, this paper studies how to improve the social support, psychological belonging, and socio-cultural integration of adolescents with mental illness.

3. Key Challenges

Combined with China's social structure and cultural background, adolescents with mental problems mainly face challenges in the following three aspects.

In the first place, the lack of access to healthcare services is a main challenge faced by them. In comparison to developed countries, there is an insufficient number of professionals in mental health services in China, with varying levels of expertise and a lack of diversity in professional categories [10]. Besides that, the governmental financial investment is also far lower than that in high-income countries during the same period [11][12]. Due to the uneven development between urban and rural areas in China, these resources are mostly located in urban psychiatric hospitals, which makes mental health services much less accessible for adolescents living in rural areas. Besides that, the mental healthcare service system is primarily centered on medical treatment in healthcare institutions, which means a lack of community and school support and patients are left with few options. Therefore, for Chinese adolescents especially those from remote areas, it can be difficult for them to access qualified mental health services.

The second is the double pressure from school and family. In today's China, academic competition is very fierce, which means that if a student spends lots of time on treating mental problems, he or she will fall significantly behind their peers academically, which will have adverse effects on further education and future employment. At the same time, in traditional Chinese culture, parents often place high expectations on their children, including academic and future career development, which puts further pressure on adolescents [13]. Many adolescents choose to hide their true mental health status due to the fear that it will affect their studies and make their parents angry or disappointed. Therefore, the combination of pressure from the two aspects causes adolescent patients to be afraid to disclose their mental problems, and thus unable to receive early intervention and appropriate treatment.

Last but not least, people with mental health issues in China often suffer stigmatization and isolation. The traditional Confucianism values emphasize that personal and social harmony should be achieved, and people with mental disorders are often considered unable to achieve this ideal [14]. In rural and less developed areas, a lack of knowledge about mental health makes people with mental illness more likely to be viewed as having low abilities or moral deficiencies [15]. Even in some more developed areas, people are often reluctant to form close social relationships with people with a history of mental illness [16]. Amid a range of stigma and exclusion, it becomes more difficult for patients to proactively seek help due to fear of social isolation and loss on reputation.

4. Role of Social Inclusion

For addressing health challenges of Chinese adolescents with mental illness, one essential role of social inclusion is reducing stigmatization and discrimination. As social inclusion calls for the rights and dignity of vulnerable and marginalized groups, people who previously did not pay attention to the mental health of adolescents will begin to notice the plight of this group and reflect on their

previous attitudes. Interactions encouraged by social inclusion between adolescents with mental disorders and the broader community provide a chance to make the experiences of those with mental disorders more tangible and human to others, which can let more people discover that they themselves may be similar to the individuals in this group in some aspects, and then become more likely to develop empathy and understanding while realizing that they should be equal to each other and reduce the potential of discrimination. Through public awareness campaign, mental health knowledge can be passed to the public and improves their understandings about the causes, manifestations, treatments and prevention of mental illness, which helps to break down some widespread misconceptions and resulting stigmas.

Another effect of social inclusion is to directly enhance the accessibility of healthcare resources. For instance, outreach, one of the tools of promoting social inclusion provides health services to any population that might not otherwise have access to those services. In the case of Chinese adolescents with mental health issues, this method can directly address their challenge of lacking access to mental healthcare services. This helps to prevent adolescents' mental health condition from getting worse without treatment, and saves them the time it would take to seek help on their own, which partly mitigates the cause of the second challenge. In addition, it can also make up for the lack of services other than medical treatment inside healthcare institutions, which provides the patients with alternative choices. It is worth noting that making a difference in this area requires additional human and material resources.

Overall, social inclusion help address health challenges for Chinese adolescents with mental health problems by contributing to reducing stigma and discrimination and providing accessibility to mental health services.

5. Relevant Measures

To address health challenges for adolescents with mental illness, health policies and practices in China can be strengthened in the following four areas. In the first place, a network system for adolescents' mental health support should be established through fostering inter-departmental collaboration. Schools, communities, local government departments and professional institutions need to closely collaborate in the development of mental health services. Under this network system, vulnerable families in need can be identified more quickly and additional supports can be provided to them, such as directly guiding patients to appropriate service agencies and providing financial compensation to families who have difficulty paying medical expenses, thereby reducing the pressure for parents and caregivers of adolescent patients. Public awareness campaign about mental health knowledge can also be conducted more easily by reaching a wider audience and engaging with communities that might otherwise be challenging to access through the network established. In addition, the organization, collaborative actions among various social levels creates an atmosphere that lays importance on mental health problems and convey to the public the message that mental health issues deserve to be taken seriously, which can reduce discrimination and stigmatization of adolescents with mental illness.

Secondly, schools can be prioritized as the central platform for enhancing adolescents' mental health education and preventive intervention services. Since adolescents spend most of their daytime hours at school, the campus provides a readily accessible and consistent environment for them, which makes it a convenient place to deliver mental health services and implement long-term mental health programs and track progress. Mental health assessment tools can also be introduced into the campus, and the schools should organize mental health checks regularly in order to find any signs of students' mental illness and conduct early intervention in a timely manner. Besides that, by incorporating mental health education into the school curriculum, students can develop a better understanding of mental health issues, which helps to avoid discrimination and isolation among peers and conducts a more inclusive and supportive school environment for those with mental health concerns.

In addition, the workforce in adolescents' mental health area needs to be strengthened focusing on multidisciplinary team development. As mentioned above, lack of expertise and number of professionals is a major challenge. Therefore, it is recommended to expand the workforce of professionals in children and adolescents' mental health, including psychiatrists and nurses, psychological counselors, occupational therapists, speech therapists, physical therapists, social workers, and other related professionals. These professionals should be categorized and managed based on their respective disciplines, and interdisciplinary collaboration should be enhanced during the service process. This initiative can increase the amount of mental healthcare resources in total and enhance the efficiency and effectiveness of mental health services, which improves the access of mental health services in general and help to satisfy the needs of adolescents with various types and levels of symptoms.

Moreover, government-led efforts to expedite legislation and policy development with relevant government departments strengthening organization and investment are required. Government departments need to formulate regulations and policies that align with the specific conditions of the country to promote the development of children and adolescents' mental health. The government should also strengthen organization, guidance, and investment, and continue to allocate special funds to mental health service agencies to ensure adequate support in terms of financial resources, infrastructure and manpower. This can provide norms and standards for domestic mental health services and ensure the quality of services received by adolescent patients, thus preventing them from being harmed by low-quality services [17].

It is worth noting that because the determinants of mental health problems among Chinese adolescents are various and complex, the effectiveness of the above measures requires long-term observation and evaluation.

6. Conclusion

Through the analysis above, we can see that the key health challenges faced by adolescents with mental health issues in China includes lack of access to medical resources, double pressures from school and family, and stigma and social isolation. The role of social inclusion in dealing with these challenges is mainly reducing stigma and enhancing access to services and supports, and outreach is considered to be an effective tool to promote inclusion for this group. The improvement on health policies and practices need to focus on inter-departmental collaboration, school-centered intervention delivery and education programs, strengthening workforce on adolescents' mental health area, and government-led regulations and investments to address their health challenges. All in all, the health challenges and social exclusion faced by adolescents with mental problems in China are complex, so it is crucial to improve related health policies and practices from a perspective of social inclusion and based on China's specific national conditions.

References

- [1] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593-602.
- [2] Zeng, W., Chen, R., Wang, X., Zhang, Q., & Deng, W. (2019). Prevalence of mental health problems among medical students in China: A meta-analysis. *Medicine*, 98(18).
- [3] Wang Q, Tapia Granados JA. Economic growth and mental health in 21st century China. *Soc Sci Med.* (2019) 220:387–95. doi: 10.1016/j.socscimed.2018.11.031.
- [4] <https://baijiahao.baidu.com/s?id=1779371560504566569&wfr=spider&for=pc>.
- [5] Wang, C., Zhang, P., & Zhang, N. (2020). Adolescent mental health in China requires more attention. *The Lancet Public Health*, 5(12), e637.
- [6] Janice Bockmeyer, *Social Cities and Social Inclusion*, German Politics and Society. 2006, 24(4): 49-76.
- [7] Clyde, 2012, "The Republican Idea is the Core Idea of Social Inclusion Policy," *Social Science*, No. 1.

- [8] Tan Rihui, 2017, "The Social tolerance of Local residents to migrants in Megacities: Measurement and Evaluation -- A Case study of Beijing", *Journal of Social Sciences of Hunan Normal University*, No.6.
- [9] Walker, A. and Wigfield, A.,2004, "The social inclusion component of social quality", In: *European Network on Indicators of Social Quality*, European Foundation on Social Quality.
- [10] Que, J., Lu, L., & Shi, L. (2019). Development and challenges of mental health in China. *General Psychiatry*, 32(1).
- [11] World Health Organization. (2018). *World mental health atlas, 2017*.
- [12] National Health Commission. (2016). *China health and family planning statistical yearbook 2016*. Beijing: Peking Union Medical College.
- [13] Ren, L., & Pope Edwards, C. (2015). Pathways of influence: Chinese parents' expectations, parenting styles, and child social competence. *Early Child Development and Care*, 185(4), 614-630.
- [14] Yang, L. H., Chen, F. P., Sia, K. J., Lam, J., Lam, K., Ngo, H., ... & Good, B. (2014). "What matters most:" a cultural mechanism moderating structural vulnerability and moral experience of mental illness stigma. *Social science & medicine*, 103, 84-93.
- [15] Lin, Z. (2023). Go beyond the individual: an intersectional perspective on mental illness stigma in China.
- [16] Yin, H., Wardenaar, K. J., Xu, G., Tian, H., & Schoevers, R. A. (2020). Mental health stigma and mental health knowledge in Chinese population: a cross-sectional study. *BMC psychiatry*, 20(1), 1-10.
- [17] World Health Organization. (2001). *The World Health Report 2001: Mental health: new understanding, new hope*.