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RESEARCH ARTICLE

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Research on the Evaluation System of Mental Health Services for University Students

Chunling Guo[1,*] & Xiaorong Huang[1]
[1]Xi ' an Siyuan University, China

Abstract: At present, the infrastructure construction of mental health services in colleges and universities in China is complete, but the corresponding supporting soft services and soft environments are still lacking. There is an urgent need to establish a complete evaluation system of mental health services to avoid unfavorable factors in the development of mental health services in colleges and universities on the one hand and to promote its efficient, reasonable, and sustainable operation on the other. This study adopts a combination of literature research and Delphi expert consultation, aiming to establish a set of scientific and reasonable index systems, which can provide powerful support for improving the mental health service level of higher education institutions in China.

Keywords: university students; mental health; evaluation system

1. Introduction

With the reform reform of China's institutions of higher learning and the increasingly fierce social competition.students are under increasing pressure, and psychological disorders have become a prominent problem faced by China's institutions of higher learning in the process of development(Yu et al., 2022).To solve this problem and improve the mental health of college students, researchers have begun to pay attention to and explore the evaluation system of college students' mental health services, aiming to assess and improve the quality and effectiveness of mental health services in colleges and universities, to ensure that students can receive timely and effective support and assistance. The study of the evaluation system of college students' mental health services helps to improve the quality and effectiveness of psychological counseling services in higher education institutions and meet students' mental health needs. Establishing a scientific and effective evaluation system,can provide guidance and reference for colleges and universities, promote the improvement and innovation of mental health services, and promote the overall development and growth of students.

2. Research Methodology

2.1 Literature research

By reviewing journal papers, bibliographies on the topic and policy materials, etc., the professional and theoretical knowledge of the issue under study was acquired. By reviewing the methods, principles and processes of developing and screening evaluation indicators in related fields, etc., to provide pathways to guide the establishment of the indicator system.

2.2 Delphin Expert Consultation

Delphin is also known as the Delphi method. The Delphi method is mainly used by experts to use their own subjective initiative to research and judge major issues in the relevant field, and is often used in relevant research fields where data and standards are lacking(Kong et al., 2006).

Corresponding Author: Chunling Guo
Xi'an Siyuan University, China
Email: catherine892425@163.com

3. Research findings

3.1 Development of indicators

This study focuses on the reference of the current national relevant laws and regulations and the relevant provisions of industry associations and societies, mainly including the Mental Health Law of the People's Republic of China; the Code of Ethics for Clinical and Counseling Psychology Work of the Chinese Psychological Association (Second Edition)(Zhang, 2018) and so on.After literature research, this study will construct 3 first-level indicators, 15 second-level indicators, and 40 third-level indicators, and the preliminary indicators are formulated as follows.

The structural indicators are the first-level indicators, and the second-level indicators under them include university-led, faculty coordination, prevention and control network construction, and infrastructure. Among them, university-led includes: establishing a leading group for mental health prevention and treatment in universities and establishing a fixed working mechanism; formulating a plan for mental health services for students in universities; establishing appropriate financial guarantee policies for mental health services in universities; and the proportion of university mental health budget to all university health budgets. Faculty coordination, on the other hand, includes: the participation of faculties; the establishment of a coordination committee for mental health services in universities and the formation of a regular meeting system. Prevention and treatment network includes: the establishment of a mental mental health prevention and treatment network; the establishment of special funding for mental health services; the development of working norms/guidelines for mental health services in colleges and universities; the construction of a mental health information system; and the number of practising health educators (including part-time) in colleges and universities. Infrastructure includes: completeness of infrastructure, standard pass rate of hardware equipment configuration.

Secondary indicators of process indicators include: staff training and capacity building, multi-faculty activities, student mental health services, mental health services for high-risk student groups, mental health services for screening student populations with mental disorders, and student participation activities. Staff training and capacity building include: coverage of training for college counselling centres' mental health professionals; types of training for college counselling centres' mental health professionals; coverage of training for departments' mental health professionals; and types of training for departments' mental health professionals. Multi-faculty activities include: number of student mental health related programs conducted by multi-faculty; clear responsibilities for student mental health related activities conducted by multi-faculty. Student mental health services include: coverage of mental health education materials; installation of bulletin boards on mental health topics; seminars on mental health topics; and other types of activities. Mental health services for at-risk student groups include: coverage of mental health education materials; seminars on mental health topics; and other types of intervention activities. Mental health services for the population of students screened for mental disorders include: anxiety/depression screening rate; anxiety/depression documentation rate; and anxiety/depression referral rate. Student engagement activities refer to the level of student participation in mental health activities.

Secondary indicators of outcome indicators include: student satisfaction, mental health status, perceptions of mental health, beliefs about mental health, and behaviour change. Student satisfaction includes: undergraduate student satisfaction, master's student satisfaction, and doctoral student satisfaction. Mental health status includes: the average score of students' self-assessed mental health status, and the degree of improvement of students' self-assessed mental health. Perceptions of mental health include: mean scores on the Student Mental Health Perceptions Test, and the extent to which students' perceptions of mental health have improved. Beliefs about mental health: alcohol misuse behaviour

change belief holding rate. Behaviour change i.e. the rate of change in alcohol misuse behaviour.

3.2 Expert consultation process

In this study, 30 questionnaires were distributed in the first round and 29 were returned, while 29 questionnaires were distributed in the second round and 28 were returned, representing a return rate of 96.6%.

3.2.1 Expert reliability analysis

In terms of the participation of experts, 30 questionnaires were distributed in the first round and 29 were returned, with a return rate of 96.7%, all of which were valid. In the second round, 29 questionnaires were distributed and 28 questionnaires were returned, with a return rate of 96.6%, all of which were valid. The overall return rate was 96.6%, which shows that the experts concerned highly approved of the content of this study and gave it full support.

In terms of the experts' degree of expertise, the calculation was mainly based on the basis and influence of the experts' judgement on the indicators (judgement coefficient, Ca) and the experts' familiarity with the indicators (familiarity coefficient, Cs). Where the judgement coefficient takes a value of 0-1, the closer it is to 1, the more influence the judgement basis has on the expert. Similarly, the closer the judgement coefficient is to 1, the more familiar the experts are with the indicators. The judgment coefficient Ca=0.8210, the expert familiarity coefficient Cr=0.7201, and the comprehensive score of professional degree is 0.7705. According to the study of Battle Flag et al(Battle et al., 2002), when the expert's professional degree coefficient is greater than or equal to 0.7 is credible, it means that the authority degree of this expert is high.

In terms of expert coordination, experts were allowed to compare the importance and feasibility of various types of indicators to obtain the corresponding coordination coefficient (W) as a reference basis. According to the chi-square test, the overall coordination coefficient in the second round was higher than that in the first round, and the tertiary indicators were the most prominent, with a coordination coefficient of 0.67 for importance and 0.61 for feasibility, indicating that the experts' views on the importance of the tertiary indicators were relatively consistent(Wang, 2017).

3.2.2 Results of the two rounds of consultation

Through the two rounds of enquiry, the final scoring results of the experts were summarized and analyzed, and the weighted average, weighted standard deviation and weighted coefficient of variation of each indicator were calculated. By eliminating the indicators with large coefficients of deviation, we finally obtained 3 primary indicators, 13 secondary indicators and 35 tertiary indicators.

The structural indicators are the first level indicators, and the second level indicators under them include university-led, faculty coordination, prevention and control network construction, and infrastructure. Among them, the university-led approach includes: establishing a leading group for mental health prevention and treatment in universities and establishing a fixed working mechanism; formulating a plan for mental health services for students in universities; establishing appropriate financial guarantee policies for mental health services in universities; and the proportion of the university mental health budget to all the university health budget. Faculty coordination, on the other hand, includes: the participation of faculties; the establishment of a coordination committee for mental health services in universities and the formation of a regular meeting system. Prevention and treatment network includes: the establishment of a mental mental health prevention and treatment network; the establishment of special funding for mental health services; the development of working norms/guidelines for mental health services in colleges and universities; the construction of a mental health information system; and the number of practising health educators (including part-time) in colleges and universities. Infrastructure includes: completeness of infrastructure, standard pass rate of hardware equipment configuration.

Secondary indicators of process indicators

include: staff training and capacity building, multi-faculty activities, student mental health services, mental health services for high-risk student groups, mental health services for screening student populations with mental disorders, and student participation activities. Staff training and capacity building include: coverage of training for college counselling centres' mental health professionals; types of training for college counselling centres' mental health professionals; coverage of training for departments' mental health professionals; and types of training for departments' mental health professionals. Multi-faculty activities include: number of student mental health related programs conducted by multi-faculty; clear responsibilities for student mental health related activities conducted by multi-faculty. Student mental health services include: coverage of mental health education materials; installation of bulletin boards on mental health topics; seminars on mental health topics; and other types of activities. Mental health services for high-risk student groups include: coverage of mental health education materials; organising talks on mental health topics; and carrying out other types of intervention activities. Student participation activities refer to the level of student participation in mental health activities.

Secondary indicators of outcome indicators include: student satisfaction, mental health status, and perceptions of mental health. Student satisfaction includes: undergraduate student satisfaction, master's student satisfaction, and doctoral student satisfaction. Mental health status includes: the average score of students' self-assessed mental health status, and the degree of improvement of students' self-assessed mental health. The perception of mental health includes: the average score of students' mental health perception test, the degree of improvement of students' mental health perception.

4. Conclusion

The Delphi method has made many contributions to the field of mental health and is commonly used for prediction, assessment and related planning and decision making in mental health development (Yu et al., 2010). A review of the literature has shown that the Delphi method can indeed assist in democratic and scientific decision-making and can improve the efficiency and effectiveness of decision-making (Zhong, 2009). Through the two rounds of consultation, it was evident that experts disagreed on the indicators of "anxiety/depression profile rate", "alcohol misuse behaviour change rate" and "alcohol misuse behaviour intervention rate" and therefore The corresponding indicators were excluded. This is because alcohol misuse is not a common behaviour in campus settings and because the criteria for alcohol misuse are not only difficult to define, but also difficult to monitor in real life situations. Despite the detailed design, the questionnaire return rate for this study did not reach 100%, and secondly, the study has not been used in practice and further validation of the evaluation system by others is needed.

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Conflict of Interest

The authors declare that they have no conflicts of interest to this work.

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