

A Cross-Cultural Comparative Study of Mental Health Education in Middle Schools in China and the United States

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Effective mental health education plays a crucial role modern Chinese middle school education. This study investigates the features and differences in middle school mental health education in China and USA by making a comparative analysis from the perspective of educational orientation, teaching training, and implementation paths. It was found that the American model is guided by clear professional standards and equipped with complete service systems, whereas the Chinese model, though having expanding exponentially, seems to be weaker in providing highly specialized educational services. Mental education in US shows the core ideology of being “driven by professional standards and “activity-based”, while that in China shows to be “driven by administrative policy” and “knowledge-based”. Based on a comparison of the effectiveness of the two models, the study proposes constructing a typically Chinese framework for the mental health education for middle school students, based on students’ real psychological needs, and the dynamic balance between the professional norms and the adaptation to local cultural characteristics.

Keywords: mental health education, middle school students, China, USA, comparative analysis

Introduction

Middle school students are often characterized by a rapid awakening of self-esteem, frequent emotional fluctuations, sensitive and fragile interpersonal relationships and often accompanied by rising academic pressure (Zhao, 2026). Meanwhile, they are confronted with multiple issues such as adolescent identity and career planning. Therefore, mental health education for middle school students plays a particularly important role in the transition period of teenagers’ rapid physical and psychological development. The *Special Action Plan for Comprehensively Strengthening and Improving Students’ Mental Health Work in the New Era (2023-2025)* (Ministry of Education, 2023) promoted the educational work for achieving students’ mental health to a national strategic level.

However, the real-time efforts seem to be less effective as have been expected (Zhao, 2026; Chen & Wang, 2026). An existing survey data showed that although mental health education courses and related psychological services have been widely offered in most of the Chinese middle schools, the overall mental health level of students has not been improved simultaneously (Zhu, He, & Zhao, 2026). The normalized mental issues such as

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anxiety, depression are still widespread. This drew researchers' attention to the shortcomings of mental health education in Chinese and related structural problems such as system design, educational logic and implementation mode of mental health education.

Having been initiated and developed a longer time, mental health education in American middle schools has accumulated significant experiences in professional standard construction, multi-layer services, and teacher training. This study, from a cross-cultural perspective, focused on the differences between the mental education system among respectively Chinese and US middle schools, in attempt to draw useful lessons from the American experiences.

Literature Review

The development of mental health education in American schools can be traced back to the early infiltration of psychology into school education at the end of the 19th century (Sleese et al., 2024). Driven by professional forces, it experienced upgrades in professionalism, standardization, and institutionalization. Several key nodes in the process laid the basis on the current pattern. In 1946, the National Mental Health Act formally defined the main responsibility of the federal government in campus mental health services (Brand, 1996). The establishment of the National Association of School Psychologists (NASP) in 1969 marked the formation of an independent professional community of campus psychologists (Fagan & Wise, 2007). The National Health Education Standard was issued in 1995 and revised in 2007. Established a unified educational goal and content framework for mental health education in primary and secondary schools in the United States (Fagan & Wise, 2007).

In the long-term practice, mental health education in American middle schools has formed the core characteristics of professional autonomy, standards first, and service drive. School psychologists rely on trade associations to formulate unified talent training standards, practice norms, and ethical standards, and build clear professional boundaries and standardized service processes (Sleese et al., 2024). Based on the psychological developmental characteristics of middle school students, mental health education in American middle schools has gradually refined hierarchical service standards for adolescents and integrated specialized modules including adolescent emotion management, risk behavior prevention and academic stress relief into the regular service system.

The overall development of mental health education in middle schools of China presents a characteristic of leapfrog progress driven by policies, administrative promotion, and practical follow-up. It was not until 1994 that mental health education was first officially included country's formal education policy system. In 2012, the basic principles, core contents, and implementation paths of mental health education secondary schools were further clarified by *Guidelines for Mental Health Education in Primary and Secondary Schools (Revised)* issued by Chinese Ministry of Education (Ministry of Education, 2012). The action plan released in 2023 marks that China's mental health education in middle schools has officially entered a high-quality development stage of improving quality and efficiency after fully covering all segments.

This administrative-led development model of mental health education is more efficient in integrating resources and achieving the full coverage of educational segments. However, the shortcomings of such leapfrog development were also prominent. Firstly, studies found that the unified promotion at the policy-making level tends to adapt less adequately to the individualized needs of students and discrepancies still exist across different regions and different learning situations (Hu, 2020). For instance, the gap in mental health education quality between urban and rural middle schools, key schools and ordinary schools continues to widen; secondly, practice

is highly dependent on administrative pressure, lacking internal driving forces for autonomous development and regular operation (Yu & Wang, 2022); thirdly, some specific mental health problems among adolescents such as academic anxiety have not yet been formed (Lin, 2021).

Comparative Analysis

Different Definitions of Mental Health

The National Health Education Standard of US treats it as a part of the macro-framework of individuals' overall health. In the mainstream middle school psychological educational texts, topics are such as nutrition and health, exercise management, drug prevention, disease prevention and control, emotional adjustment, interpersonal adaptation, and risk decision-making. According to this definition, mental health education has always been deeply related to students' overall lifestyle and physical. This definition pays attention to the growth of adolescent students from all angles.

The definition in China's *Guidelines for Mental Health Education in Primary and Secondary Schools (Revised)* defined the term in a narrow sense, focusing on self-awareness, learning ability improvement, interpersonal relationship, emotional management, and career planning (Ministry of Education, 2012). This definition fits the goal of Chinese middle school students' growth. Yet it has some limitations. First, it tends to break the correlation between individual students' physical and mental development and ignore the deep influence of adolescent students' physical development on their psychological state. Second, it appears to be isolated from students' various daily life scenes, which makes mental health education confined to the campus only.

The mental health education in American middle schools is deeply rooted in the tradition of individualistic culture. It emphasizes the individual's self-management, independent decision-making, responsibilities, and awareness of interpersonal boundaries, and presupposes middle school students as rational subjects who can judge independently, take responsibility independently, and actively adjust their mental state. The mental health education in middle schools in China has always carried a distinct function of moral education empowerment, and formed an integrated educational orientation of psychological education and moral embellishment, integrating students' mental state with their sense of social responsibility and collective consciousness. Individual mental health development has always been bonded with social expectations, collective well-being, and growth responsibility. This value orientation conforms to the cultural tradition of collectivism in China, and can guide middle school students to shape a sound personality in interpersonal relationships and collective life.

Curriculum Standards and Design

By widely-used textbook of *Health and Wellness* published in the US it adopts the K-12 full-course spiral progressive design. Some core themes such as emotional management, interpersonal communication, stress coping and risk prevention and control are repeatedly presented in the junior and senior high schools, in conformity with the development of middle school students' cognitive capability.

In contrast, textbooks in China are divided grades. Each teaching unit of each grade is relatively independent, focusing on the phased growth of students during different periods. It shows a lack of cohesion across different periods and the content is prone to repetition and disconnection. This seems to hardly meet the needs of the sustainable psychological development of middle school students.

In terms of content selection, American textbooks show strong interdisciplinary integration, drawing from other fields such as medicine, law, sociology and behavioral science. Chinese middle school textbooks focus on

basic psychological knowledge, and the language is easy to understand, and the cases are close to campus life. However, the content is insufficient in breadth and the more recent issues such as internet addiction and adolescent anxiety were not sufficiently expounded.

Classroom Observation of Teaching Patterns

Through the comparative observation of “teamwork” theme classes in middle schools in China and US, it was found that they all emphasize situational experience, reflection, and sharing. However, American teachers are more emotionally involved in the classroom, and keep capturing the subtle emotional changes of the students. Through immediate, positive, and enthusiastic feedback, they can protect adolescent student’ self-esteem and self-identity, build an equal, inclusive, and free classroom atmosphere, and fully adapt to the psychological characteristics of middle school students who are sensitive and eager to be recognized. In China, the teaching stresses preset classroom objectives and elaborate designs. But the classroom atmosphere is relatively serious, the interaction between teachers and students tends to be formal, and the emotional and inclusive immediate feedback is insufficient. The adequate attention to emotional empathy between teachers and students greatly reduces the effectiveness of mental health education.

Teacher Training

US has established a quality and systematic training system for primary and secondary school mental health teachers, and defined the starting point of MA degree and the admission standard of Ph.D. degree. All practitioners must complete more than 60 professional courses certified by NASP, particularly core courses such as mental health assessment, adolescent psychological counseling, adolescent behavior management, psychological ethics, and crisis intervention. Only with a state-level certification can they enter secondary schools to carry out mental health services. High-standard entry threshold and systematic training process ensure the professional ability of the teachers. On the other hand, teachers of mental health education in Chinese middle schools show characteristics of regional differentiation and professional hierarchy differentiation. For instance, key middle schools in first-tier cities have mostly hired teachers with MA degree in psychology and their professional ability can meet the needs. However, there is a shortage of full-time teachers in county middle schools and township middle schools. A large amount of mental education work is done by moral education teachers and even administrative personnel. These practitioners have not received systematic training in adolescent psychology, and their understanding of adolescent psychological development tends to be insufficient. They can only complete the course teaching, but have difficulty in conducting scientific mental health evaluation, consultation, and early intervention. This pattern of having semi-professional and non-professional teachers has become the core bottleneck restricting the quality and efficiency of mental health education in middle schools in China.

Conclusion

By making a comparative analysis from the above perspectives, this study intends to look into the advantages and disadvantages in mental health principles and practices in middle schools in China and US. More importantly, it intended to trace the shortcomings in each practice through in-depth comparison, and to tap the unique advantages that can be adopted in Chinese unique mental health educational ecology. All the practical differences of mental health education in middle schools between China and the United States are, in the final analysis, the concrete projection of two cultural traditions, and educational ideologies in the field of middle school education.

With an open and inclusive attitude, it critically absorbs the transferable experience of American mental health education, such as professional standards, hierarchical intervention model, and systematic teacher training, and fills in the shortcomings of insufficient specialization, imperfect system, and weak effectiveness of psychological education in middle schools in China. On the other hand, mental health education in Chinese middle schools should be based on China's cultural context and the characteristics of Chinese teenagers' mental development.

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