School Mental Health Education in Beijing: A Survey of Practitioners

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Abstract

Background: With over 222 million youth below the age of 15 in China, the need for psychological services in schools is receiving increasing attention. School mental health education has been developing over the past 20 years to meet this need and evidence shows it is being implemented, particularly in urban areas. However, no empirical studies have explored the profession from the view of practitioners.

Aims: The purpose of the present study was to conduct the first systematic survey of practitioners regarding the current practice of mental health education in Beijing.

Sample: This study surveyed 292 mental health educators in elementary and secondary schools in 6 of the 14 districts in Beijing.

Method: Participants completed a 52-item questionnaire assessing their demographics and job responsibilities including teaching, assessment, counseling, professional organization involvement, supervision, and training needs.

Results: Participants were predominantly females with undergraduate degrees in psychology or education. Most of the participants reported that mental health education was only part of their full-time job as educators. Participants reported spending time counseling students, consulting with parents and teachers, and assessing students. Participants mentioned lack of a professional organization, too many responsibilities unrelated to mental health education, and the need for more recognition for the profession. Many participants also indicated a need for better training and supervision, particularly in counseling and mental health assessment.

Conclusions: Participants reported engagement in some of the characteristic duties of school psychologists in other countries, though mental health education appears to be more similar to primary prevention programs in the West. Results are compared and contrasted with the practice of school psychology in the US and elsewhere. Implications for the future of mental health education in China are included.

Keywords: psychological health education, school psychology, China

北京學校心理健康教育：對從業者的調查

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摘要

*背景：*中國15歲以下的學齡兒童超過了2.2億，學校中的心理健康服務需求不斷增加。在過去20年，學校心理健康教育持續發展以滿足快速增長的需求，尤其是在城區有了較多的發展與應用。但是，目前還沒有關於學校心理健康教育工作的實證研究。

*目標：*本研究的目標是對北京中小學學校心理健康教育工作進行首次系統的實證調查。

*取樣：*本研究首先從北京14個區中選取了6個區作為調查區，然後在這6個區的中小學調查了292名心理健康老師。

*方法：*被試完成了一個52道題的問卷，問卷包括人口社會學資訊，工作職責如教學、評估、諮詢、參與專業組織、督導和培訓需求等。

*結果：*被試大部分都是女性，本科學歷，畢業於心理學或教育學專業。大多數被試報告稱心理健康教育只是他們工作的一部分，他們還兼做其它的很多工作。被試報告說花了一定的時間在諮詢學生、家長和老師以及評估學生上，但被試提到做了大量的與心理健康教育無關的工作，且缺少專業組織支援和專業認證。大部分被試還提到需要更好的培訓和督導，尤其是諮詢與心理健康方面的評估。

*結論：*通過與美國和其他國家地區的比較發現，儘管中國中小學的心理健康教育與其他國家相似，但心理健康老師報告說他們需要做很多其它無關心理健康教育工作的和事情。本研究還提到了心理健康教育在中國未來的應用與發展。

關鍵詞：心理健康教育、學校心理、中國

With over 222 million youth under the age of 15 in China (National Bureau of Statistics of China, 2011), the need for psychological services in schools is receiving increasing attention. Such services are called 'xin li jian kang', literally translated as "psychological health education," but discussed in western literature as school mental health education. These services have been available in China for just over 20 years (Ye & Fang, 2010); however no systematic data have been collected from school practitioners regarding current mental health education practice.

Brief History of Chinese School Mental Health Education

In 1972, when the formation of the International Committee of School Psychologists gave initial momentum to international school psychology (Cook, Jimerson, & Begeny, 2010), China's Cultural Revolution (1966-1976) labeled psychology a pseudoscience. In the late 1970s, with the Chinese government's open door policy toward foreign trade and economic investment, psychology in China entered a phase of exponential growth (Martin, 1998). The resulting increase of governmental support for psychology did much to advance the development of Chinese school mental health education.

The concept of school psychology was formally introduced to the Chinese mainland in the late 1980s (Ding, Kuo, & Van Dyke et al., 2008; Ye & Fang, 2010). Soon afterward a new position called school mental health educator was instituted in some elementary and secondary schools in China's large cities. Although the nature and primary responsibilities of their work are similar, these educators engage in concrete activities and methods that differ somewhat from school psychologists in other countries. Some have noted that school psychology is lagging in China due to the lack of standardized training and licensure (Jimerson, Skokut, Cardenas, Malone, & Stewart, 2008).

In 1988 the Central Committee of the Communist Party of China suggested that Chinese students be trained in moral and psychological domains – the first government policy referring to psychological or mental health practice in schools. Because of this policy, Chinese mental health education has always been closely related to moral education with its traditional focus on strengthening patriotism, supporting socialism and communism, and helping students construct their worldview and values (Maosen, 2011). More recently Tan (2010) defined Chinese moral education as a process that promotes students' development of moral cognitions, emotions, and practices.

In the late 1990s educational reform known as quality education was mandated in China. The fundamental aims of this ongoing reform included mental health as a necessary component in a student's healthy development and successful adaptation to society. In 1999 the Chinese Ministry of Education stated that providing effective mental health education was to be an important aspect of cultivating highly skilled citizens and therefore a necessary requisite of modern education. This policy was the first to recommend that mental health education should be implemented in all schools in large or medium-sized cities and planned for and begun in other areas.

Contemporary Practice and Challenges

Due to the unbalanced economic and social development of different regions in China, inter-

regional development of school mental health education is inconsistent (Ye & Fang, 2010). In large cities such as Beijing, the local education commissions formulate specific policies providing guidance and monitoring for mental health education. Ye and Fang noted that regional surveys suggested that mental health education is more prevalent in cities and may be nonexistent in rural areas.

Responsibilities of school mental health educators. In China no official document clearly defines the responsibilities of mental health educators. However, the Ministry of Education (2002) has specified the following regarding mental health education: (a) Approaches to implementation can vary according to school needs; (b) elective courses, activity classes, and specific mental health lectures should be included; (c) individual counseling and instruction should be offered; (d) it should be coordinated throughout the regular teaching activities of the school; and (e) efforts to actively build channels of communication and support with students' families should be included. As flexibility is permitted, the role of mental health educators may differ across schools.

Just as assessment became dominant in western school psychology because of its traditional relationship to special education (Fagan & Sachs Wise, 2000), moral education retains its traditional connection to the universal mental health course dominant in China. When Quality Education reform was implemented in the 1990's, mental health education was included because of its importance to healthy student development and successful adaption to society. Thus teaching universal mental health courses appears to be an important part of a Chinese mental health educator's responsibilities (Ye & Fang, 2010).

Chinese school mental health education has some other distinguishing features. For example, mental health educators may have other important school roles, such as being an administrator or teaching other academic subjects. However, it is not yet known how mental health educators allocate their working time to different responsibilities. Similarities and differences between Chinese mental health education and school psychology as practiced in other countries are also not fully known.

Preparation and training. Many universities in China provide preparation for school mental health educators at the bachelor degree level, and some, such as Beijing Normal University, also provide master and doctoral level programs. However, curricular standards and practical guidelines for these degrees are not yet mandated, and universities decide degree requirements independently. The Chinese government has yet to officially approve any formal training programs, degrees, practicum, internships, certifications, or accreditations in school mental health education (Ding et al., 2008; Ye & Fang, 2010).

As currently no regulations require school mental health educators to be licensed or to have a degree in psychology or school psychology, ongoing training is a matter of paramount importance. In China's large cities the education institute of each district assumes the responsibility of training its mental health educators. Such training usually includes lectures and meetings where mental health educators share their experiences. Due to the varying backgrounds of mental health educators, better understanding of their responsibilities and training needs is necessary.

Challenges. Interest in mental health education is increasing (Ye & Fang, 2010), with articles on the topic published every year in prominent Chinese psychological journals. However, theoretical research lags behind practice (Ye & Fang, 2010). Chinese society differs from western countries in culture, values, political structure, living standards, and human resources (Zhou, Bray, Kehle, & Xin, 2001); thus issues and challenges differ from those addressed in western school psychology. Several studies (Ding et al., 2008; Ye & Fang, 2010; Zhou et al., 2001) have introduced the historical development and main features of Chinese school mental health education services. Ding et al. (2008) noted that "China is at a rudimentary stage of developing school psychological services, with the lack of professional psychologists being the primary challenge" (p. 531). Understanding and analyzing the current status of mental health education in China is the first step to solving such problems effectively.

The Current Study

While Chinese psychologists have spent a great deal of time reflecting on and discussing school mental health education, no research has been conducted to ascertain the problems and challenges from the perspective of practitioners. The purpose of the present study was to conduct the first systematic survey of practitioners regarding the current practice of mental health education in Beijing.

Method

Participants and Settings

The target population for this study consisted of school mental health educators in 14 districts in Beijing (approximately 2000 schools): The accessible population consisted of 6 of these districts, 4 urban, 2 suburban. A convenience sample of 296 mental health educators from secondary and elementary schools in these districts were invited to participate in the study: Of this number, 292 participated, for a response rate of 99%. Participants included 268 females (92%) and 24 males (8%), ranging in age from 23 to 53 years (mean = 35 years; SD = 7 years). Participants reported working in 171 elementary schools, 174 junior high schools, and 139 high schools (many in combined settings--e.g., junior high and high school). Of those participating, 211 (72%) worked in ordinary schools and 71 (24%) worked in key schools (considered to be of higher quality, with higher percentages of expert teachers, often located in urban areas). Of the participants who responded, 169 (60%) had a bachelor's degree, 57 (20%) had an associate's degree, and 51 (18%) had a master's degree. In addition, 4 of the participants reported having only secondary education, and 2 had a doctoral degree. Of those with a university education, 103 (35%) had a degree in psychology, 83 (28%) had a degree in education, and 29 (10%) had a degree in Chinese. Because not all participants responded to all demographic questions, the reported percentages are based on those who did respond to each specific question.

The average years of experience working in schools was 13 (SD = 8); 129 (63%) had prior work experience as a teacher of an academic subject. In China teachers are ranked on performance, including evaluation of their instruction, student performance, and research participation (broadly defined from a simple literature review to some form of quantitative or qualitative study). Following evaluation, teachers are granted one of three ranks: basic, intermediate, or

advanced. Of the participants, 99 (34%) reported their academic rank as basic, 137 (47%) as intermediate, and 48 (16%) as advanced.

Participants reported having worked an average of 5 years (SD = 4) as mental health educators. Most (61%) of the participants reported that mental health education was only part of their full-time job as educators. The average ratio of mental health educators to students in schools in this study was approximately 1 full-time equivalent (e.g., 2 teachers working part-time as mental educators) to every 1,167 students.

Measure

The researchers developed a 52-item questionnaire. Most items were in multiple choice or forced choice format, with two open-ended questions. We considered using the Jimerson et al. (2006) International School Psychology Survey, but because the goal was to survey specifically Chinese mental health educators we needed to develop our own questionnaire based on input from Chinese collaborators. We developed the questionnaire using guidelines from Gall, Gall, and Borg (2007): For example, we kept the questionnaire as short as possible, avoided the use of technical terms, organized and worded items so they were easy to read and respond to, and avoided the use of negatively worded items. We pilot tested the questionnaire with five mental health educators in Beijing and incorporated feedback from this testing into the final version.

The final questionnaire items were grouped into seven domains: demographic information (13 items), general job-related questions (16 items), teaching-related questions (3 items), assessment-related questions (3 items), counseling-related questions (7 items), training-related questions (2 items) and profession-related questions (8 items, 2 open ended). The open-ended questions asked participants which aspects of their work they liked most and least. Similar to the research of Jimerson et al. (2006) on the most widely used international school psychology survey; we did not investigate the psychometric properties of our questionnaire. The questionnaire items did not lend themselves to such analyses, since almost none of the items are in Likert-scale format.

Procedure

The Director of the Teaching and Research Section in each of the participating districts assisted in administering the questionnaire, distributing it either by email or at a meeting of school mental health educators in the autumn of 2011. Participants were given a consent form to review and asked to complete the questionnaire anonymously. As a gift, each participant received a mental health education book (Lin & Wang, 2011).

Analysis

Descriptive statistics including means, standard deviations, and percentages were used to summarize participants' responses to the questionnaire items. Responses to the two open-ended questions were analyzed qualitatively. Two research teams, one in China and one in the US, analyzed the two open-ended questions using check coding (Miles & Huberman, 1994), reviewing comments, noting where opinions differed, and discussing differences until consensus was reached.

Results

Results indicated that participants spend their time fulfilling a variety of responsibilities (see Table

1). More than half indicated that they taught academic subjects unrelated to mental health education, the most common subjects being moral education (25%), political studies (10%), Chinese (7%), and math (7%), with a wide variety of other subjects making up the remainder. Nearly half of participants fulfilled administrative or additional duties. The next major responsibility was teaching mental health classes. Although many participants reported involvement in activities such as counseling individual students, groups, and families, these activities took up a relatively small portion of their semester time. The percentage of semester time spent by participants on each activity was calculated only for those who indicated involvement in that activity: Because different participants chose different combinations of activities, the percentages do not equal 100%.

Table 1

Responsibilities of School Mental Health Educators

Responsibilities	% of participants	Average % of semester time spent
Classes in other subjects	55%	42%
Additional duties	49%	34%
Administrative activities	42%	34%
Mental health classes	77%	32%
Individual student counseling	89%	16%
Group counseling	75%	13%
Paperwork	69%	13%
Professional development	82%	12%
Research	69%	11%
Consultation with parents/families	71%	8%
Assessment	64%	8%
Consultation with teachers/staff	66%	7%
Special topic lectures to students	61%	7%
Special topic lectures to parents/families	43%	7%
Psychology club	26%	7%
Special topic lectures to teachers/staff	54%	6%

A majority of participants (64%) indicated that mental health education classes were elective rather than required in their schools. Those who taught such classes covered a wide variety of topics, the most common being interpersonal interactions, emotions/feelings, and learning strategies (see Table 2).

Table 2

Topics Covered in Mental Health Education Classes

Topics	% of participants who teach topic
Interpersonal interactions	74%
Emotions/feelings	70%
Learning strategies	69%
Adolescence	60%
Stress reduction	59%
Self-concept/esteem	57%
Educational adjustment	56%
Family relationships	56%
Personality	46%
Career planning	45%
Psychological adjustment	45%
Human development	29%
Sand play	29%

A majority of participants (67%) also reported teaching a variety of special topic lectures: 48% to students, 27% to parents, and 25% to teachers. Adolescent issues comprised the most common topics for students, family relationships were most common for parents, and stress reduction was most common for teachers (see Table 3).

Table 3

Percentage of Participants Who Delivered Special Topics Lectures to Students, Teachers, and Parents

Topics	Students	Teachers	Parents
Issues of adolescence	36%	14%	21%
Interpersonal interactions	35%	14%	14%
Learning strategies	34%	8%	12%
Emotions	32%	25%	15%
Stress reduction	29%	27%	14%
Educational adjustment	26%	8%	12%
Career planning	17%	8%	6%
Family relationships	17%	12%	31%
Problem behaviors	11%	9%	10%

Most participants (65%) reported conducting some form of student psychological assessment. Four main reasons were given: school entrance (65%), research (64%), teacher referral (52%), and specific problems before an activity (e.g., test anxiety, 49%). Participants reported using a number of different types of testing instruments. The majority used measures of emotional problems, learning ability, psychological adaptation, and human communication (see Table 4).

Table 4

Types of Assessments Used

Types of assessments	% of participants who use type
Emotional problems	61%
Learning ability	59%
Psychological adaptation	53%
Human communication	53%
Character	47%
Personality	41%
Problem behavior	40%
Family topics	33%
Career planning	32%
Life satisfaction	26%
Intelligence	26%

The most common responsibility across participants was counseling individual students. On average they counseled three individual students each week. The most common methods used to identify students for counseling were self-referral and teacher referral, which together accounted for over half (56%) of all methods used. Participants also reported using interviews with students (15%), their own experience (12%), and results of assessments (8%) to identify students.

Participants were asked to identify and rank the three most common problems for which they counseled students. Relationships with peers, pressure from study, and relationships with parents were the most common problems. Just over half of participants reported that they were either skilled (47%) or very skilled (8%) to provide adequate counseling for these problems, and just under half reported they were somewhat skilled (41%) or not skilled (4%).

Most participants (81%) indicated using a particular theory of counseling. Two theories were especially popular, accounting for nearly half of all the theories used: (1) cognitive therapy, including the work of Albert Ellis (26%), and (2) humanism, including the work of Carl Rogers (23%). Other theories included psychoanalysis (7%), family therapy (6%), solution focused therapy (6%), positive psychology (6%), cognitive behavioral therapy (5%), developmental psychology (4%), and behavior modification (4%), with a wide variety of other less traditional approaches reported less frequently.

When asked what professional organizations they belonged to, most participants (62%) responded that they did not belong to any. Of those who were members of a professional organization, most were members of the Psychological Association of China (30%) or the School Psychology Division of the Psychological Association of China (24%).

When asked what makes it difficult to do their job, respondents most often indicated having too many responsibilities unrelated to mental health education, lacking a professional organization, and lacking professional knowledge and skills (see Table 5). In addition participants felt they needed better training (84%), more recognition for the profession (73%), more autonomy to fulfill their responsibilities (66%), better supervision (63%), more funding (62%), and better promotion opportunities (48%).

Table 5

Factors That Make the Practice of School Mental Health Education Difficult

Factors	% of participants
Too many responsibilities unrelated to mental health education	75%
Lack of professional organization to provide support	72%
Lack of professional knowledge and skills	64%
Lack of adequate supervision	59%
Lack of money to properly fund services	58%
Low status of mental health education	56%
Low salaries for mental health educators	54%
Lack of promotion opportunity	51%
Lack of opportunities to conduct my own research	39%
Conflicts with other teachers or leaders about mental health education	37%
Professional burnout	33%

Several questions addressed training needs. In response to the question of what training would be most helpful, nearly all participants indicated the need for training in designing, implementing, and assessing mental health education classes (87%), skill-based counseling (86%), theory-based counseling (61%), mental health assessment (53%), management of student issues (53%), and holistic development of students (52%). When asked how they would prefer such training be delivered, participants preferred workshops (74%) and mental health educator meetings to share experiences (73%). Other common training preferences were university or district courses (66%), group supervision (62%), and individual supervision (59%). When asked what universities could do to better support them, participants responded with requests for more training in counseling (86%) and mental health assessment (68%), for more supervision (62%), as well as for certification or licensing programs in mental health education (58%).

A total of 266 participants (91%) answered the open-ended question about what they liked about being a mental health educator, while 225 (77%)

listed what they disliked. Participants liked helping people (34%), counseling students (29%), being with students (23%), having feelings of self-satisfaction (20%), and teaching mental health education classes (18%). Participants disliked having too many work responsibilities unrelated to mental health education (49%), lacking recognition and support from admistrators and other teachers (20%), having limited time and energy to fulfill their responsibilities (12%), lacking adequate resources (9%), and receiving insufficient professional preparation (6%).

Discussion

The results of this study provide a better understanding of mental health education in Beijing, yielding informative data not previously available. In this section we summarize and compare the study findings with the practice of school psychology in the US and elsewhere.

Participant Demographics and Background

Participants were predominantly females with undergraduate degrees in psychology or education who had had prior experience as teachers and spent only part of their time working as mental health educators. Some of these demographics differ from those of the US and countries such as Australia, Germany, and Russia, where most school psychologists work full time and have at least a master's degree (Jimerson et al., 2006; Merrell, Ervin, & Gimpel, 2006). However, the results are similar to the US and other countries in that school psychologists are predominantly female (Fagan & Sachs Wise, 2000; Jimerson, Oakland, Renshaw, Fraser, & Ruderman, 2010), although the percentage of females in this study was somewhat higher than in most other countries (Jimerson et al., 2010).

The fact that most participants had a bachelor's degree and functioned only part time as mental health educators may be related to the lack of professional training, certification programs, and standards in China, as well as the recency of mental health education developmen.. This may also help explain the fact that the average age of participants in this study was 35 years, while the average age of school psychologists in the US is 47 years (Curtis, Castillo, & Gelley, 2012) and between 35 and 44 in other countries (Jimerson et al., 2010).

The high percentage of females in this study suggest that recruiting more male mental health educators could be beneficial, particularly as there are nearly twice as many male as female school-age youth in China (National Bureau of Statistics of China, 2011). The reasons for the low number of male mental health educators are unclear: This scarcity may be due in part to the significant majority of females as teachers in Chinese schools (Caldarella et al., 2009).

The number of participants working in elementary and secondary schools was balanced, suggesting that mental health education is being broadly implemented in Beijing. We were also encouraged to find that the average ratio of mental health educators to students in schools was approximately 1 full-time equivalent to every 1,167 students. This is lower than the ratio for school psychologists in the US (Curtis et al., 2012) and most other countries (Jimerson, Stewart, Skokut, Cardenas, & Malone, 2009).

Job Responsibilities

Teaching. Results suggest that most participants spent a large portion of their day engaging in duties

unrelated to mental health education, such as teaching academic classes and engaging in administrative duties. This expectation leaves a relatively small proportion of time for other responsibilities such as assessing and counseling students. Many felt that being a mental health educator seemed secondary to their primary role as teachers. This differs from school psychologists in the US and other countries, who spend most of their time providing psycho-educational evaluations and intervention services (Bramlett, Murphy, Johnson, Wallingsford, & Hall, 2002; Jimerson et al., 2006). This finding also supports the idea that mental health education could benefit from more clear specification of professional roles and standards, a need many participants noted.

We found it interesting that mental health education classes are more often elective than required in Beijing schools. Most participants also reported teaching a variety of special topic lectures. These findings are consistent with Ministry of Education (2002) recommendations that mental health education include elective courses, activity classes, and mental health specific lectures. However, questions remain concerning what percentage of students elect to take the classes and whether students who need mental health assistance choose to enroll. The research did not clarify why these classes are elective, though this may be due to the greater emphasis placed on academic subjects.

School mental health education seems similar to primary prevention programs, which target all students. The goal of primary prevention is to improve student learning and health and also to decrease the number of students at risk for social/behavioral problems (Sailor, Dunlap, Sugai, & Horner, 2008). US schools are increasingly engaged in primary prevention through positive behavior support, which involves three tiers of intervention, with secondary and tertiary levels of support available for students who do not respond to primary prevention (Walker et al., 1996). Social and emotional learning, a process that teaches children how to acknowledge and manage their emotions, recognize the emotions of others, establish friendships, and handle challenges effectively (Collaborative for Academic, Social, and Emotional Learning, 2003), is also being increasingly incorporated into school-wide prevention (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Such approaches might be helpful to mental health education in China.

Those who teach mental health education classes appear to cover a wide variety of topics. Participants indicated a need for more training and assistance with designing and evaluating these classes; thus they seem likely to benefit from a more standardized, evidence-based curriculum. If the training and support needs expressed by participants can be addressed, mental health education appears to have great potential for universal primary prevention.

Assessment. Most participants reported conducting some form of psychological assessment, though this only took about 8% of their time. This is less time spent than in the US where school psychologists spend almost half their time conducting assessments (Castillo, Curtis, & Gelley, 2010; Bramlett et al., 2002) and also appears to be less time spent on assessments than school psychologists in other countries (Jimerson et al., 2006). This difference may be due to several factors including that most Chinese participants' primary expertise was as teachers of an academic subject, and most reported lack of training in assessment. In addition, most were functioning as mental health educators only part time.

Results indicated that participants were primarily assessing for emotional and psychological issues, in contrast to school psychologists in the US who spend more of their time addressing academic problems due to the profession's tie to special education (Bramlett et al., 2002). Another interesting finding was that participants appeared to focus more on the anxiety students experienced before important tests or examinations. This may be due to the emphasis placed on high stakes testing in China, where test scores determine whether students qualify to continue their academic education. This testing determines not only students' educational opportunities, but also the economic and social quality of their future lives (Romanowski, 2006). Given such pressure, it is not surprising that test anxiety was a common focus of participants' assessments.

Counseling. Nearly all the study participants reported engaging in individual counseling, taking an average of 16% of their time, more than double the time US school psychologists spend counseling students (Castillo et al., 2010). Just over half of participants reported that they felt skilled or very skilled in counseling, whereas 98% of school psychologists in the US feel very confident or somewhat confident with their counseling abilities (Bramlett et al., 2002). The greater confidence of US school psychologists may be due to the additional training and supervision they receive.

Most participants indicated knowledge and use of established psychological theories. We wondered why behavioral and cognitive-behavioral approaches were not more common, as these are common among school practitioners in the US and other countries (Jimerson, Oakland, & Yu, 2010). A surprisingly wide variety of theories was used by the participants, suggesting that they may be unsure of which theoretical approach to use: This seems consistent with their reported lack of confidence in their counseling skills and with their positions as teachers of academic subjects who work only part time as mental health educators.

Participants in the study appeared to be functioning more like school counselors than school psychologists. US school counselors typically serve the entire school population, addressing family and academic problems, guiding academic and career planning, conducting classroom presentations, and consulting with teachers and parents, as well as engaging in prevention and early intervention activities (Fagan & Sachs Wise, 2000; National Association of School Psychologists, 2012). Results from this study are similar to findings in Taiwan where teacher counselors' responsibilities include assessment, guidance, and individual and group counseling (Ding et al., 2008).

Training and Professional Issues

Forming a professional organization for mental health educators would appear to be of great benefit, as the professional organizations that currently exist do not seem to be adequately meeting the needs of these educators. This was evident from the fact that over two thirds of the participants did not belong to one of the established psychological organizations in China. In contrast, a high majority of US school psychologists belong to either national or state organizations (Curtis et al., 2012); other nations surveyed also had higher professional organization membership rates than these Chinese participants (Jimerson et al., 2006). A professional organization could clearly advocate for the profession and

delineate roles and responsibilities, as well as training and supervision requirements, as does the National Association of School Psychologists in the US.

Participants also mentioned the need for more recognition for the profession, similar to surveys of school psychologists in other countries (Jimerson et al., 2006). The predominance of teachers assigned to fill part-time mental health educator positions, rather than being specifically trained and employed full time for this work, may be a reason the profession lacks recognition. Establishing more full-time mental health educator positions would give the profession more credibility.

Many participants indicated a need for better training and supervision to improve their knowledge and skills. Participants also indicated a preference for training delivered via workshops, mental health educator meetings, and university or district courses. Universities could contribute in addressing these requests, in addition to filling the apparent need for more training programs. Universities could also work with government agencies to establish licensing and credentialing programs in mental health education. Without such specialized training, supervision, and licensing, the delivery of mental health education is unlikely to have the full preventive and treatment benefits it is intended to have. Despite the challenges in the profession, the majority of respondents appeared to find their work rewarding, particularly their time spent helping and counseling students, as do school psychologists in other countries (Jimerson et al., 2006).

Limitations and Directions for Future Research

Some limitations are acknowledged in the current study. When asked to retrospectively report the amount of time they engaged in various professional duties, participants may not have estimated accurately. Geographic limitations of the sample should be noted, as all participants were from Beijing and, given the lack of standardized implementation of school mental health services across China, study results may not be generalizable to the rest of the nation. Also this is the first known study of current school mental health education practice from the viewpoint of practitioners, and more research is needed. Replication of this study would be helpful to compare the experiences of mental health educators in other parts of China, particularly rural areas which are less developed (Ye & Fang, 2010).

Conclusion

Participants in this study reported engagement in some of the characteristic duties of school psychologists in other countries (e.g., prevention, counseling, assessment), but we agree with others (Jimerson et al., 2008; Ding et al., 2008) that school psychology as a profession does not appear to be fully established in China. However, we believe that the establishment and growth of mental health education is positive. If nurtured, this work could eventually lead to the full development of school psychology and/or school counseling professions in China. Even without such development, the increased focus of Chinese teachers on mental health has the potential to result in positive outcomes for students.

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