

DEVELOPMENT OF SOLUTION-FOCUSED BRIEF THERAPY AND
EXPERIENTIAL TEACHING INSTRUCTIONAL MODEL TO IMPROVE
MENTAL HEALTH LITERACY OF UNDERGRADUATE STUDENTS


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A thesis submitted in partial fulfillment of the requirements for
the Degree of Doctor of Philosophy Program in Curriculum and Instruction
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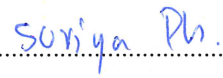
Thesis Title Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students

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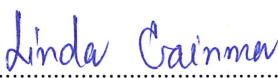
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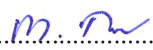
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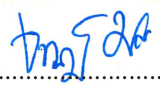
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ABSTRACT

The objectives of this research were 1) to examine the factors affecting to improve mental health literacy of undergraduate students in Guangxi Province. 2) to develop the solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students in Guangxi Vocational University of Agricultural and 3) to study the results of solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students in Guangxi Vocational University of Agricultural. The population of phase 1 were 205 former students from four majors who study Mental Health Education course in the 1st semester of 2022 academic year and 4 lecturers who were teaching Mental Health Education course from 4 University in Guangxi University, Guangxi Vocational University of Agriculture, Guilin University of Aerospace Technology, Yulin Normal University. Sample group in phase 2 were the confirming on instructional model and sample group in phase 3 were 40 students who enroll in Mental Health Education course in the Fine Arts major of Guangxi Vocational University of Agriculture. The research tools included questionnaires for students, interviews for teachers, Conformity Assessment Form of solution-focused brief therapy and experiential teaching instructional model, lesson plans using solution-focused brief therapy and experiential teaching instructional model, and "rubric scoring form. The statistics were mean, standard deviation, and frequency, percentage.

The results revealed the following.

1. The factors to enhance undergraduate students' mental health literacy of undergraduate students in Guangxi Province were internal and external factors. The former included Student knowledge and experience, student interests, needs and motivations, positive mindset, while the latter involved Teacher's teaching ability, affinity, teaching attitude, interaction with students, and teaching mode, class size, teaching atmosphere, and evaluation.

2. Solution-focused brief therapy and experiential teaching instructional model to improve Mental Health Literacy of undergraduate students include 5 components: 1) Principle and Rationale, 2) Objectives, 3) Contents, 4) Method of teaching & Materials and 5) Evaluation. The model is 100% conformed to utility standards, feasibility standards, propriety standards, and accuracy standards as assessed by 3 specialists.

3. Through experiments, the mental health literacy of undergraduate students has been effectively improved. Data presentation, 82.5% of the students showed good mental health literacy. 95% students' psychological knowledge was effectively improved, most students (92.5%) have achieved a good or excellent level of Self-help ability, and 95% students have achieved a good or excellent level of ability to help others. Mental health literacy and its items have improved by over 80% (good level). The research hypothesis is valid.

Keywords: Solution-focused brief therapy and experiential teaching instructional model; Mental Health Literacy

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Time flies like a shuttle, like a song. In the blink of an eye, the three-year doctoral study career were coming to an end. Standing on the threshold of graduation, looked back on the past, hard work and hard work have become faint memories, and sweetness and laughter have also settled. On the occasion of completing my graduation thesis, I would like to express my sincerest gratitude and best wishes to all those who care and help me.

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As the saying goes, "Long winds and breaking waves may come at times. Let's sail straight to the sea." As a conclusion, let's work together with all the people we need to thank, pursue our initial dreams, and never give up!

Zeng Yuanzhen

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Chapter 1

Introduction

Rationale

The mental health education course is a compulsory course for students in various disciplines of Guangxi Vocational University of Agriculture. Chinese Ministry of Education (2011) pointed out that mental health education is a public course that integrates knowledge teaching, psychological experience, and behavioral training. The course requires achieving the following objectives:

1. Knowledge level: Enable students to understand the relevant knowledge of mental health and the characteristics of college students' psychological development, and master the basic knowledge of self-regulation.

2. Skill level: Promote students to master self-exploration skills, psychological regulation skills, and psychological development skills.

3. Self awareness level: Establish an independent awareness of mental health development, correctly understand and accept oneself, and be able to self adjust or seek help when encountering psychological problems.

Overall, mental health education courses not only require students to master theoretical knowledge of mental health, but also require students to use knowledge to solve their own psychological problems, improve their mental health literacy, and achieve the unity of "cognition", "emotion", "volition", and "behavior".

Mental health literacy refers to the knowledge and beliefs that help identify, manage, and prevent mental illness (Jorm, 2012). As an important factor in promoting mental health, mental health literacy plays an important role in identifying mental illnesses, reducing disease stigma, and improving the mental health level of individuals and the public.

Research has shown that Chinese college students have a moderate level of mental health literacy, with women having higher scores than men (Zhang et al., 2022; Xu, 2020). They are divided into three subgroups, with a low literacy group accounting for 7.4%. This group of college students mainly lack knowledge and concepts related to mental health and diseases; More than 50% of the students in the moderate literacy group scored lower in terms of attitudes and habits towards

mental health literacy; The high literacy group scored the highest in all dimensions (Jia et al., 2023). From this, it can be seen that the characteristics of college students' mental health literacy are as follows: 1. There are relatively few college students without mental health knowledge; 2. Most college students have a certain level of understanding of mental health and disease related knowledge, but lack the skills to solve psychological problems; 3. There is cognitive bias towards mental illness; 4. Failure to develop a habit of maintaining mental health.

Solution focused approach is a clinical intervention model that fully respects individuals and believes in their own resources and potential, which is developed under the background of positive psychology. It emphasizes to focus our attention on solving problems on the positive aspects of people, and seeks to maximize the strength, advantages and capabilities of individuals / groups (Xu, 2009). Experiential teaching is a teaching method in which teachers set teaching situations according to teaching objectives, and students gain insights, master knowledge and apply it to practice through activity experience (Hu, 2008). Therefore, this study combines the focus solving mode with the experiential teaching method and applies it to the college students' mental health education curriculum of vocational university, so as to improve students' participation and sense of harvest in the classroom, achieve the teaching goal of "knowing", "feeling" and "doing", and thus improve students' mental health literacy.

As the rationale shown above, the author realizes the importance of studying "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students".

Research Questions

1. What are the factors affecting to improve mental health literacy of undergraduate students in Guangxi Province?
2. Is solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students appropriate for further implementation and how?
3. What are the results of implementing solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students in Guangxi Vocational University of Agricultural?

Research Objectives

1. To examine the factors affecting to improve mental health literacy of undergraduate students in Guangxi Province.
2. To develop the solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students in Guangxi Vocational University of Agricultural.
3. To study the results of solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students in Guangxi Vocational University of Agricultural.

Research Hypothesis

After implementing solution-focused brief therapy and experiential teaching instructional model, students' mental health literacy will be overall improved at 80% (Good Level).

Scope of the Research

Population and the Sample Group

Population

The total of 110 students from 3 classes with different levels of leaning achievement in mental health literacy who enroll on mental health education course in 1nd semester, academic year 2023 in Guangxi Vocational University Of Agriculture. Those sections involve the following.

Section A: 40 students

Section B: 35 students

Section C: 35 students

The Sample Group

The 40 students in class A who enroll on mental health education course in 1nd semester, academic year 2023 by simple random sampling.

The Variables

Independent Variable

The solution-focused brief therapy and experiential teaching instructional model.

Dependent Variables

Students' Mental health literacy

Contents

There are 6 Units 36 hours in Mental Health Education Course. The contents are shown below:

Unit 1: Overview of mental health (5 hours)

Unit 2: Self consciousness (6 hours)

Unit 3: Interpersonal communication (5 hours)

Unit 4: Learning psychology (7 hours)

Unit 6: Love and sex (7 hours)

Unit 7: Life education (6 hours)

The researcher choose Unit 1,2,3 to experiment total 16 hrs.

Time frame

Semester 1, Academic year 2023 (September 2023 - October 2023)

Advantages

For students: They can learn mental health knowledge more efficiently, master more skills to prevent and solve growth problems, and strengthen practical application in daily learning and life, so as to achieve the unity of "knowledge", "feeling" and "action" in mental health education.

For teachers: They can explore the teaching strategies and teaching methods carrying out differentiated tutoring for students of different levels, improving teaching quality and classroom efficiency.

For university: They can provide effective teaching mode and practical experience for other courses in the school.

Terms of Definitions

The factors to improve mental health literacy of undergraduate students refers to the internal and external factors collected from students using questionnaire and interviews for lecturers designed by the researcher. The internal factors involve the information about students while external factors consist of information about the teacher and circumstances. In addition, the factors will be obtained by structured interviews with the lecturers.

Development of solution-focused brief therapy and experiential teaching instructional model refers to a new instructional framework which consists of the stable teaching activities and procedures. Such a developed instructional model with 5 components: 1) Principle & Rationale, 2) Objectives, 3) Contents, 4) Methods of teaching & Materials and 5) Evaluation, is confirmed by the experts in 4 aspects: 1) Utility, 2) Feasibility , 3) Propriety and 4) Accuracy Standards (Stufflebeam and Social Impact, 2012) as the follows:

Utility standards are intended to ensure that the developed instructional model will serve the information needs of intended users.

Feasibility standards are intended to ensure that the developed instructional model will be realistic, prudent, flexible, and frugal.

Propriety standards are intended to ensure that the developed instructional model will be conducted in conformity to teaching principles and provide positive results

Accuracy standards are intended to ensure that the developed instructional model shows a measure of closeness to a true value.

Solution-Focused Brief Therapy refers to a short term psychotherapy technology with problem-solving as its core sees the individual as the subject of solving their own problems, constantly guiding them to facilitate change, and focusing on exploring the individual's own strengths, energy, and resources. The specific operation process can be summarized as the following stages: (Xu, 2014)

Step 1: Positive opening

Step 2: Problem Description

Step 3: Establish a good goal

Step 4: Explore exceptions

Step 5: summarize and provide feedback

Experiential Teaching Instructional Model refers to taking students as the main body and activities as the carrier, introducing, creating, or creating specific scenes or atmospheres that are suitable for the teaching content, allowing students to comprehend knowledge through their own feelings, and then return to practice (Chu, 2012). There are 4 steps to teach as follows (Pei, 2020).

Step 1: Creat scenarios

Step 2: Guide students to participate in teaching activities and form specific experiences

Step 3: Guide students to reflect and evaluate

Step 4: Assist students in integrating their experiences

Step 5: Set tasks for students to practice and verify

Solution-Focused Brief Therapy and Experiential Teaching Instructional Model refers to combining practical problems, creating scenarios suitable for teaching content, guiding students to explore their strengths and resources, constructing problem-solving solutions through methods such as dialogue, discussion, role-playing, and activity experience. This is an instructional model that students understand knowledge through experience and apply it to practice. There are 5 steps to teach as shown.

Step 1: Create problem scenario stage

Before class, the teacher creates scenarios of common psychological problems among undergraduate students based on the teaching content; In class, students use activity guidance sheets to describe their problem situations.

Step 2: Establish goal stage

In problem scenarios, students establish positive goals through the techniques of Solution Focused Brief Therapy.

Step 3: Scenario experience and exploring solution stage

Through methods such as dialogue, discussion, role-playing, and activity experience, students can experience and explore solutions to problems, and discover their strengths and resources.

Step 4: Set tasks, student practice stage

Set tasks based on the teaching content and have students divide into groups to carry out practical activities.

Step 5: Summary and feedback stage

Students share their feelings and solutions; Teachers summarize theoretical knowledge and provide positive feedback.

Mental health literacy refers to the knowledge, attitudes, and behavioral habits developed by individuals in promoting their own and others' mental health, and responding to their own and others' mental illnesses (Jiang, 2020). Referring to scholars' definitions of mental health literacy, Based on existing research (Bjornsen et

al., 2017; Jorm, 2012; Jorm et *al.*, 1997; Kutcher et *al.*, 2015), Researcher divided mental health literacy into 3 items and 9 standards.

Item 1: Psychological knowledge

Standard 1: Mental health knowledge

Standard 2: Psychological disorders knowledge

Standard 3: Positive mental health

Item 2: Self-help ability

Standard 1: self-awareness

Standard 2: Emotional regulation

Standard 3: Promoting one's own mental health

Item 3: Ability to help others

Standard 1: Interpersonal trust

Standard 2: Interpersonal communication skills

Standard 3: Promoting the mental health of others

Undergraduate students refers to the freshmen students who enroll on mental health education course in the 1 semester academic Year 2023 at Guangxi Vocational University Of Agriculture.

Guangxi Vocational University Of Agriculture refers to Guangxi Vocational University Of Agriculture is an independent public undergraduate vocational school, which was merged by Xingjian liberal arts college, Guangxi Agricultural Vocational and Technical College and Guangxi Animal Husbandry Research Institute, and was approved by the Ministry of Education on May 31, 2021. The goal is to cultivate high-end technical and skilled talents with both moral and technical skills, as well as a sense of "agriculture, rural areas, and farmers".

Research Framework

This research is a study of “Development of solution-focused brief therapy and experiential teaching instructional model to enhance mental health literacy of Undergraduate Students”, The researcher studied the concept of solution-focused brief therapy and experiential teaching by Xu (2014), Pei (2020) and De Shazer et *al.*(2021), analyzed the method of researcher studied the concept of solution-focused brief therapy and experiential teaching and analyzed to do research framework four steps: 1) Task design 2) Context Creation 3) Task implementation and

4) Achievement display and evaluation task. For mental health literacy the researcher studied from jiang (2020), Bjornsen et al. (2017), Jorm (2012), Jorm et al., (1997) and Kutcher et al. (2015). consisted of 1) psychological knowledge 2) self-help ability 3) ability to help others for research framework by figure 1.1.

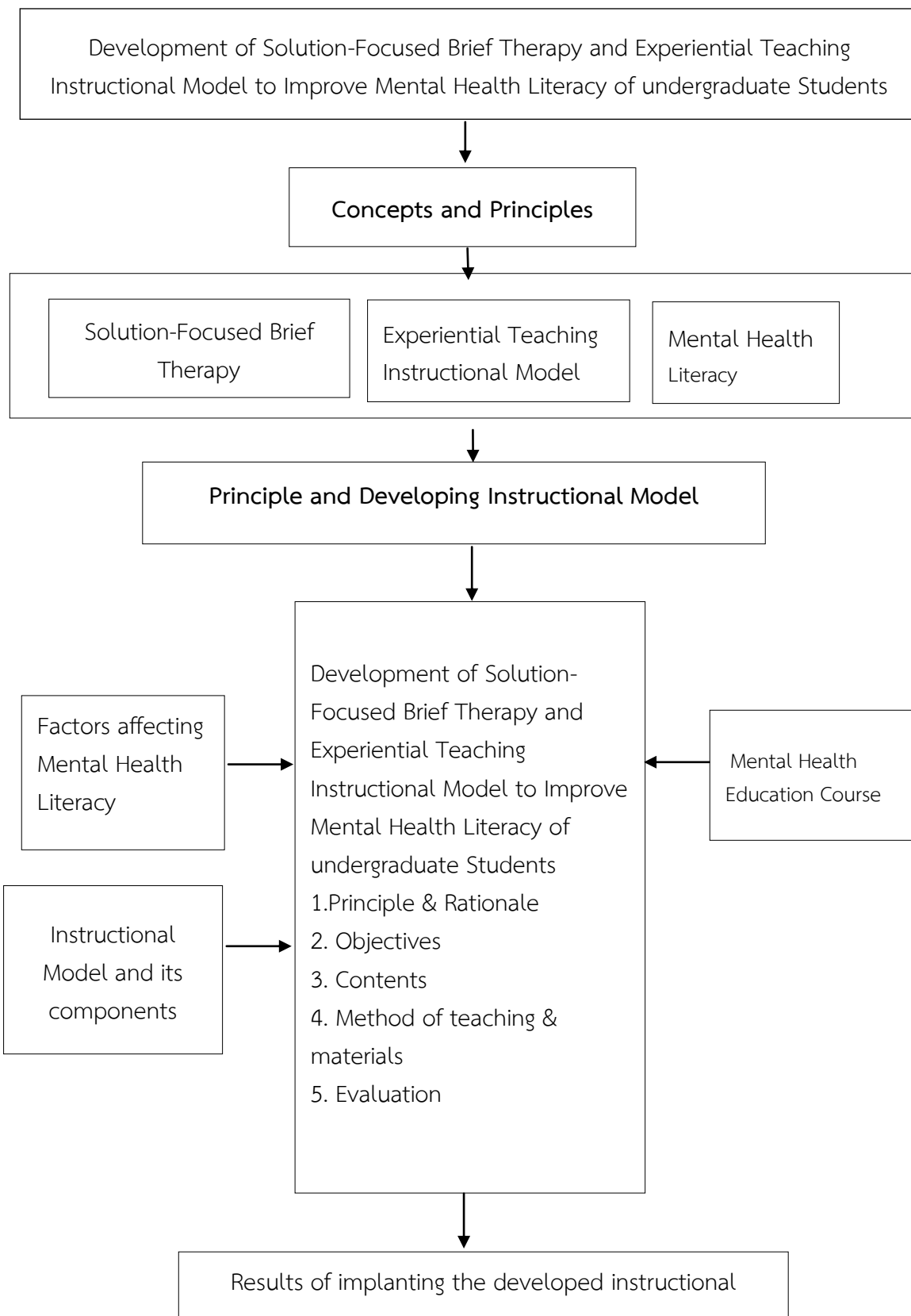


Figure 1.1 Research Framework

Chapter 2

Literature Review

In the research of “Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students”, the researcher reviewed relevant documents concerning the following, in order to construct the theoretical framework for this research.

1. The condition of teaching and learning about mental health education course for Undergraduate students in Guangxi Vocational University of Agriculture.

2. Development Instructional Model

3. Solution-Focused Brief Therapy

4. Experiential Teaching Instructional Model

5. Mental Health Literacy

6. Related research

The details as follows:

The condition of teaching and learning about Mental Health Education Course for Undergraduate students in Guangxi Vocational University of Agriculture.

Guangxi Vocational University Of Agriculture offers the course 'Psychological Health Education for College Students' for undergraduate students, which is listed as a public basic compulsory course with 2 credits and 36 class hours. (Curriculum Standards of Guangxi Vocational University of Agriculture, 2023).

Targeting all students and highlighting developmental potential

The mental health course is aimed at freshmen, and most students are psychologically healthy. The course should focus on the prevention of psychological problems and the development of mental health, rather than individual student counseling. Therefore, from the perspective of positive psychology, the course guides students to explore the positive aspects of various problems encountered in their development, explore their own resources and advantages, and effectively respond to various psychological problems; At the same time, cultivate students' awareness

of positive mental health, consciously and effectively maintain their own mental health, and improve their mental health literacy.

Adopting activity channels and advocating experience sharing

The teaching of this course is based on theory, with the principle of integrating knowledge and action and applying what is learned. The theoretical knowledge part is systematically and meticulously taught by the teacher, while the practical part is carried out through cooperative and mutual learning in groups or individuals. Teachers can flexibly use teaching methods such as group discussions, group training, classroom assignments, classroom reports, mutual evaluation of practical results, simulated situations, case analysis, and flipped classrooms in their teaching. Fully mobilize students' consciousness, initiative, and enthusiasm for learning, strengthen bilateral communication in teaching, and gradually improve their awareness and ability to apply mental health knowledge.

Emphasize process evaluation to promote student development

The evaluation system consists of formative evaluation and summative evaluation. In mental health courses, formative assessment should be the main focus, emphasizing the cultivation and stimulation of students' enthusiasm and confidence in participation, and emphasizing the development of students' abilities such as self-awareness and self adjustment.

Course weaknesses

Because all first-year undergraduate students need to study mental health courses, there are over 10 teachers teaching this course together. But due to the different professional backgrounds and teaching abilities of the instructors, there are many problems with the course.

Insufficient integration of theory and practice

Psychological health education for college students is essentially a comprehensive knowledge and action that requires learning and practice. As vocational students, it is even more important to cultivate their practical abilities. However, in practical teaching, two extreme phenomena often occur: either emphasizing the transmission of theoretical knowledge, or the curriculum tends to be subject oriented and knowledge-based; Either centered around activity experience, there is a tendency towards entertainment, making it difficult for

students to understand and summarize relevant theoretical knowledge from the activities. Few teachers achieve the integration of theory and practice.

Difficulty in meeting personalized teaching needs

Due to the lack of professional teachers, the mental health course adopts large class teaching (80-100 students), which makes it difficult for teachers to consider each student. However, each student has a different level of understanding of mental health, and their level of mental health also varies. It is difficult to balance the personalized needs of students in the teaching process.

Principle

Chinese Ministry of Education and 17 other departments in China have issued a notice on the "Special Action Plan for Comprehensively Strengthening and Improving the Mental Health Work of Students in the New Era (2023-2025)", proposing that higher vocational schools should list courses such as mental health education as public basic compulsory or restricted elective courses according to regulations, and in principle, should set up 2 credits (32-36 class hours). (Chinese Ministry of Education et al., 2023)

According to requirements, Guangxi Vocational University of Agriculture offers the course 'Psychological Health Education for College Students' for undergraduate students, which is listed as a public basic compulsory course with 2 credits and 36 class hours.

Course objectives

The mental health education course is a compulsory course for students in various disciplines of Guangxi Vocational University Of Agriculture. It is a public course that integrates knowledge teaching, psychological experience, and behavior training. The course requires achieving the following objectives (Chinese Ministry of Education, 2011).

Knowledge level: Enable students to understand the relevant knowledge of mental health and the characteristics of college students' psychological development, and master the basic knowledge of self-regulation.

Skill level: Promote students to master self-exploration skills, psychological regulation skills, and psychological development skills.

Self awareness level: Establish an independent awareness of mental health development, correctly understand and accept oneself, and be able to self adjust or seek help when encountering psychological problems.

Overall, mental health education courses not only require students to master theoretical knowledge of mental health, but also require students to use knowledge to solve their own psychological problems, improve their psychological quality, and achieve the unity of "knowledge", "emotion", and "action".

Curriculum Structure

Guangxi Vocational University Of Agriculture offers the course 'Psychological Health Education for College Students' for undergraduate students, which is listed as a public basic compulsory course with 2 credits and 36 class hours.

The course content includes mental health knowledge, self-awareness, interpersonal relationships, love and sex, emotions and stress, learning psychology, life education, crisis intervention, etc. (Curriculum Standards of Guangxi Vocational University of Agriculture, 2023)

Contents in mental health education course semester 1 in the academic year 2023 in Guangxi Vocational University of Agriculture by table 2.1.

Table 2.1 The contents in mental health education course semester 1 in the academic year 2023 in Guangxi Vocational University of Agriculture

Unit	Chapter	Contents	Times (36 hrs.)
1.Overview of mental health	1.1 Introduction to Mental Health	Definition of Health The Connotation and Standards of mental Health	5 hrs.
	1.2 Identification of common psychological problems	How to distinguish between psychologically normal and psychologically abnormal? Definition of general and serious psychological problems?	

Table 2.1 (Continued)

Unit	Chapter	Contents	Times (36 hrs.)
	1.3 Mental health literacy	Definition of Mental Health Literacy Ways to maintain mental health	
2. Self consciousness	2.1 Overview of self-awareness	Definition, classification, and development of self-awareness	6 hrs.
	2.2 self-improvement	The Way to Improve Self Awareness	
	2.3 Emotional regulation	Definition and classification of emotions; Methods of Emotional Regulation	
3. Interpersonal communication	3.1 Overview of interpersonal relationships	The definition, development stage, and characteristics of interpersonal relationships among college students	5hrs.
	3.2 Principles and Techniques of Interpersonal Communication	The psychological effects of interpersonal communication Principles and techniques of interpersonal communication	
	3.3 Psychological help seeking	psychological counseling Methods of psychological help seeking	
4. Learning psychology	4.1 Learning and Challenges in the Internet Era	Characteristics of University Learning The Challenges of Learning in the Internet Era Learning and Career	7hrs.
	4.2 Effective Learning Methods	learning method time management	

Table 2.1 (Continued)

Unit	Chapter	Contents	Times (36 hrs.)
5.Love and sex	5.1 College Students' Love Psychology	Understanding and Characteristics of Love; College Student Love	7 hrs.
	5.2 Sexual psychology and its adjustment	Sexual psychological characteristics and their adjustment	
6.Life education	Life education for college students	The Connotation and Meaning of Life How to realize the value of life	6 hrs.

Unit 1,2,3 is chosen by the research for implementing the developed model in the present study.

Development of Instructional Model

Definition of Instructional Model

Bruce Joyce (2014) defined instructional model as a relatively stable framework and program of teaching activities established under the guidance of certain teaching ideas or theories.

Fang (2002) defined instructional model as a relatively stable, systematic, and theoretical model of teaching activities formed based on certain teaching ideas and theories. Teaching mode is the concretization of combining teaching theory with practice, and also a systematic summary of teaching experience; It can be directly formed through theoretical summarization from rich teaching practice experience, or a hypothesis can be proposed under certain theoretical guidance and formed after multiple experiments.

From the definition above, it can be concluded that instructional model refers to a relatively stable theoretical framework and teaching operating procedures guided by certain teaching and learning theories to achieve specific teaching objectives.(By researcher)

Components of Instructional Model

Bruce Joyce (2014) suggests that instructional model should consist of 5 components as follows.

- Theoretical basis
- Teaching objectives
- Operating procedures
- Implementation conditions
- Teaching evaluation

Fang (2002) contends that instructional model should consist of 5 components as follows.

Teaching guiding ideology

Any teaching mode is generated under the guidance of certain teaching ideas and theories. Teaching ideas are the foundation on which teaching modes are formed, providing theoretical basis for teaching modes and enabling people to clearly understand the basic context of a certain teaching mode. The "program based teaching model" is proposed based on behaviorist learning theory; The "student-centered teaching model" is proposed based on the humanistic learning theory.

Teaching objectives

The teaching model is a teaching theory designed based on certain teaching objectives. Therefore, teaching objectives can be said to be the core factor of the teaching model and the prescribed tasks that the entire teaching activity should strive to complete. The teaching objectives determine the operating procedures of the teaching mode, and are also the basis and standard for teacher-student activities and teaching evaluation.

Operating procedures

Each teaching mode has a unique set of operating procedures, which are the steps and processes to achieve teaching objectives. For example, Herbart's teaching model emphasizes the transmission of knowledge, with four stages of operation: clarity, association, system, and method; Dewey's teaching model emphasizes the cultivation of practical abilities, and its operating procedures include five steps: scenario, problem, hypothesis, solution, and verification.

Teaching strategies

The strategy of teaching mode refers to a series of approaches, methods, and methodological systems used to achieve teaching objectives, which is the sum of various teaching methods, methods, and measures adopted by teachers and students in the teaching process.

Evaluation

The differences in teaching objectives, operating procedures, and teaching strategies among various teaching modes result in different evaluation methods and standards. Each teaching mode has evaluation methods and standards that are suitable for its own characteristics.

From the information above, the instructional model employed in the present study involve 5 components in line with the theories above i.e., principle and rationale, objectives, contents, methods of teaching & materials and evaluation.

Confirmatory Factor Analysis

To ensure the appropriateness of developed instructional model before implementation, the developed instructional model is confirmed depending on program evaluation standards 5 components: 1) Principle & Rationale, 2) Objectives, 3) Contents, 4) Methods of teaching & Materials and 5) Evaluation, is confirmed by the experts in 4 aspects: 1) Utility Standards, 2) Feasibility Standards , 3) Propriety Standards and 4) Accuracy Standards. (Stufflebeam and Social Impact, 2012) as the follows:

Utility Standards are intended to ensure that the developed instructional model will serve the information needs of intended users.

Feasibility Standards are intended to ensure that the developed instructional model will be realistic, prudent, flexible, and frugal.

Propriety Standards are intended to ensure that the developed instructional model will be conducted in conformity to teaching principles and provide positive results

Solution-Focused Brief Therapy

Background

Solution focused brief therapy is a counseling genre developed by social worker Steve de Shazer and his wife et al. in the early 1980s at the brief family

therapy center (BFTC) in Milwaukee, Wisconsin, USA, from the exploration of a large number of clinical psychotherapy practices (Deshazer & Berg, 1992).

Since the emergence of Solution-Focused Brief Therapy, in the past 25 to 30 years, Solution-Focused Brief Therapy has gradually developed into an effective treatment solution based on empirical experience. So far, Solution-Focused Brief Therapy has been widely applied in various clinical practices. One of the widely used fields of Solution-Focused Brief Therapy in China is school education, which is not only effective in addressing students' general adaptability issues, but also provides new ideas and methods for schools and teachers' educational concepts.

Theory

In the process of the emergence and development of Solution-Focused Brief Therapy, it was deeply influenced by the constructivist philosophy of postmodern society. Social constructivism believes that reality is invented rather than discovered, and knowledge is not objectively present, but rather constructed by individuals through interpersonal interaction (De Shazer et al., 1986), which is considered the foundation of postmodern psychotherapy (Ye, 2003). That is to say, 'reality' is not a world completely outside of human consciousness, and visitors' views on the essence of their problems, their abilities, and possible solutions are all formed by their subjective and social construction (Bannink, 2007). Therefore, Solution-Focused Brief Therapy is different from traditional psychological counseling therapy centered around "problems", which does not focus on discussing and exploring the causes of problems. However, this does not mean that we do not face difficulties in life, as problems are very practical and often bring pain. However, these realities are constructed, and problems are not independent of us and objectively "there", but depend on how we negotiate reality, Bring the future visitor out of the question through conversation (Deshazer et al., 1986; D. E. Miller, 1999). This has led Solution-Focused Brief Therapy to use "constructing solutions" as the tone of consultation (Trepper et al., 2010).

At the same time, Wittgenstein's philosophical ideas are also an important theoretical source of focus solving. He developed the concept of "language games" and proposed that the different meanings of words depend on the context and rules used. Influenced by the above ideas, Solution-Focused Brief Therapy regards language as an important resource, focusing on listening to the language used by the

parties and how to describe their stories. It believes that the language used to form solutions is different from the language used to describe problems, and that visitors discussing their way of life can help them create useful changes (De Shazer et al., 2021). Therefore, Solution-Focused Brief Therapy consultants often use language games to generate new More desirable meaning, which in turn helps visitors construct stories about solutions, has led some researchers to comment that "Solution-Focused Brief Therapy is a language" (G. Miller & De Shazer, 1998).

How to construct a solution? Influenced by family therapy and a systemic perspective, Solution-Focused Brief Therapy incorporates visitors, their families, and all social relationships related to the visitors into the consultation system, emphasizing that the various parts of the system are interdependent and thus developing relational questions. In addition, the overall life of visitors is also a system, and Solution-Focused Brief Therapy believes that the entire system is fixed and balanced. Problems do not occur every moment, and there must be exceptions that can be used (De Shazer et al., 2021). Emphasizing starting from successful exceptions, by expanding the positive experience range of visitors, the negative experience range is naturally reduced (Fang et al., 2006), just like the idea of "change" in the Eastern "Yin Yang Tai Chi". Once the white part expands, the black part will relatively decrease, and the entire system will change, So Solution-Focused Brief Therapy encourages visitors to actively seek exceptions and do more useful things (Dai et al.,2004).

Born in practice and nurtured in postmodernism and other trends of thought, Solution-Focused Brief Therapy has formed a unique therapeutic concept: solution oriented, taking the case as its own expert, and the treatment process mainly focuses on making the case develop a positive goal of positive description, small, specific, and good setting in the subjective framework, and expanding diversified solutions based on exceptions.

Methods of Teaching

Dai et al. (2004) divided the consultation process of Solution-Focused Brief Therapy into five basic stages.

Problem description stage

Provide an opportunity for the individual to describe the problem by asking about their motivation for seeking help. In this stage, the therapist can inquire about

the nature of the problem and the details of the event, and carefully listen to the visitor's current description of the problem, without investigating the cause of the problem. Instead, they can think about how to move the conversation towards a solution oriented approach.

Develop well-defined goals

The therapist guides the individual to clarify their desired goals with a curious, respectful, and caring attitude, and establishes counseling work goals, so that future meetings will revolve around this goal.

Explore exceptions

Actively search for various exceptional experiences in the life of the case, and delve deeply into how the case enables these exceptions to occur, thereby assisting the case in finding its own resources, so that the case can consciously and spontaneously increase the exceptional experience.

Feedback before the meeting ends

In this stage, the consultant needs to review and organize all effective solutions mentioned before the case, and then provide meaningful information back to the case in a positive way to further promote action or change.

Evaluate the effectiveness of consultation.

Guide visitors to assess whether they are satisfied with the process and results of constructing a solution, emphasizing that only the visitor can evaluate the outcome of the treatment themselves. When the visitor's evaluation indicates the end of the treatment, it indicates that the problem has been resolved.

The basic concept of Solution-Focused Brief Therapy

There are 10 basic concepts for focusing on short-term treatment:

1. Focus on how to solve rather than the cause

The cause is unnecessary in the Solution-Focused Brief Therapy process, and the important thing is how to solve it. Because the relationship between cause and effect is often difficult to determine - problems are often products of interaction. Replace the question that explores past reasons with a question that explores what can be done at this moment.

2. Sometimes, "problem symptoms" also have a positive function

The existence of problems not only presents symptoms or weaknesses, but also has positive functions. Solution-Focused Brief Therapy not only sees the

symptoms of the problem, but also the positive functions behind it, in order to find better solutions while maintaining its positive expectations. For example, the reason behind a child's fight and trouble in school is actually to bring their divorced parents to school together, and the child's fantasy still hopes that their parents can one day reunite, so he uses fighting and trouble to fulfill his wish.

3. Cooperation and communication are the key to problem-solving

In consultation, the case and the consultant have always been in a positive interactive relationship. By listening, the consultant enters the world of the case for active action guidance, and then invites the case to make further changes, assisting the case in searching for new meanings, generating new ideas and behaviors. Although the consultant is an expert in the problem-solving process, while the case is the expert who knows the problem the most, working together can easily solve the problem.

4. Improper solutions are often the root cause of the problem

The problem itself is not a problem, but rather a problem caused by improper solutions. Faced with each problem, one should consider its multifaceted and unique nature, develop flexible problem-solving methods, and believe that each case has the ability and responsibility to develop appropriate solutions and overcome difficulties.

5. Visitors are experts in solving their own problems

To respect the individual's problem-solving ability, the consultant only "triggers" the individual to use their own abilities and experience changes, rather than "creating" changes.

6. Starting from a positive meaning

Emphasize the positive power of visitors, rather than looking at their flaws; Emphasize their successful experiences rather than failures; Emphasize the possibility of visitors, rather than their limitations

7. Snowball effect

Value small changes. When small changes occur, the system becomes different from the original. As long as small changes are maintained, they accumulate into big changes. The consultant should guide the case to see the existence of small changes, value the value of small changes, and be willing to promote the occurrence and persistence of small changes.

8. Find the exception, and the solution lies within it

What has been done through the individual case to prevent the problem from occurring, and to strengthen and increase the occurrence of exceptional situations, so that this small exception becomes the beginning of change and gradually develops into more changes. The commonly used questions are: "When won't the problem happen?" and "What have you done to make you feel better

9. Reconstruct the issues of the case and create changes

Firstly, the consultant asks the visitor, "What do you want in life?" This can help the individual stop complaining, face the problem squarely, and bring out the goal of action. Subsequently, construct a scenario after solving the problem, discuss more than one solution with the visitor, identify the most effective behavior, and encourage the visitor to take more action.

10. Changes in time and space help solve problems

The basic spirit of focused short-term counseling lies in its holistic approach that includes change, interaction, and achieving goals. It can also be referred to as the consumer model, which allows a case to choose its goals and determine its goals; Assist the individual in achieving the goals they want to change, rather than imposing counseling theories on the individual.

Basic Technology of Solution-Focused Brief Therapy

1. Normalizing

Indicating the situation of the visitor is a common temporary dilemma in the developmental stage, rather than a pathological and uncontrollable disaster. Deconstruct the visitor's questions and attempt to restate the language of the case in less severe language to reduce the negative emotions of the case.

2. Pre-session change

Ask the visitor about the fact that there were some changes before their first visit. Pre consultation change is the existing strength and resource of the visitor, waiting for discovery, reminder, and development.

3. Presuppositional questions

In the conversation, the counselor uses some language to create suggestive effects, attempting to influence and change the visitor's perception, guiding them towards a positive, positive, and problem-solving direction.

4. Scaling questions

Using numerical assessments (such as 1-10), assist visitors in concretizing abstract concepts, allowing them to clearly see their current and future states, as well as changing states. Make short-term and long-term goals concrete.

5. Cheer leading

Counselors provide encouragement, support, and affirmation to visitors, especially when they find exceptions and solutions. Any expression of support for the visitor can be considered as an uplifting encouragement.

6. Compliment

Counselors always encourage and praise visitors who show positive power and resources. After the consultation is suspended, provide positive feedback and praise to the visitors for their good work.

7. Change the first sign

Small changes can trigger big changes. Guide the visitor to describe the first signs of change and take steps to address them.

8. Miracle questions

Exploring what visitors want for a different life, rather than exploring the causes of the problem. Guiding visitors from focusing on past issues to a future state of satisfaction can instill confidence while also clarifying long-term goals. Find solutions that are suitable for the visitor themselves.

9. Relationship inquiries

Asking the visitor about the possible views of important others on them, events, or changes, expanding and changing the visitor's perception, is a relational inquiry. Assist the visitor in describing the desired changes or clarifying the consultation objectives.

10. Exception questions

There are exceptions to everything, and exceptions can solve it. The responsibility of a consultant is to assist the visitor in identifying exceptions and guide them to see what happened when the complaint did not occur or was not as serious.

11. asks/ Homework

After each consultation process, homework can be assigned to the parties involved based on the consultation situation, allowing them to find exceptions,

explore themselves, and positively reinforce the effective behaviors they have found, with the aim of enhancing the effectiveness of the consultation.

12. EARS inquiry (Elicitation, Amplifying, Reinventing, Start again)

E (Elicitation) leads to exceptions and guides visitors to speak out about exceptions; Expanding and elaborating on exceptions, explaining the differences between the occurrence of exceptions and the occurrence of problems, and further exploring how exceptions occur, especially the role of visitors in the occurrence of exceptions; R (Reinforcing) enhancement, praising visitors for their success and strength in exceptional situations; S (Start again) asks again, exploring exceptions: what else is better.

13. Coping questions

People have the power and resources to solve their own problems. The consultant guides the visitor to see what they have done to prevent the situation from getting worse, which implies the visitor's problem-solving power and resources. Identify the visitor's vitality and resilience in adversity.

Cui (2020) assigns 4 processes of Solution-Focused Brief Therapy as follows.

Initial stage.

Transition phase.

Work stage: problem exploration, goal exploration, and strategy exploration

4. End stage.

Roles of Teachers and Students

Roles of Teachers

Teachers are active discoverers who can discover the shining points of students, see the positive aspects of problems, and guide students to explore and utilize their own resources; Teachers are feedback providers who provide feedback on students' performance during the teaching process.

Roles of Students

Students are experts in their own problems, and they have the best understanding of their own problems. With the guidance of teachers, they can explore their resources and use them to solve problems.

Strengths and Weaknesses of Solution-Focused Brief Therapy

Strengths of Solution-Focused Brief Therapy

O'Connell (2001) believes that the prominent characteristics of focused short-term counseling group psychological counseling are: 1) not focusing on the present and past, focusing on future orientation, and empowering members; 2) Emphasize potential, success, and praise, and build a positive team atmosphere; 3) Small changes bring big changes, step by step; 4) Encourage members to use their own resources to solve problems, emphasizing the "exceptions" when problems do not occur; 5) Leaders use focus technology to ask questions in group support, triggering members to think; 6) Refusing to label and diagnose negative self suggestion brought to students, becoming a group seeking guidance and solutions; 7) Actively participate and assist other members in finding solutions, help members become aware of their own resources, and also provide some reference for other classmates.

Weaknesses of Solution-Focused Brief Therapy

Firstly, the Solution-Focused Brief Therapy mode takes effect quickly, but the long-term effects of simple use may not have significant advantages, which also limits the in-depth development of the Solution-Focused Brief Therapy mode. Moreover, the Solution-Focused Brief Therapy model is more suitable for consultation and treatment of developmental problems, and is not suitable for dealing with more serious problems in the development of the situation. Secondly, the treatment of Solution-Focused Brief Therapy mode has certain requirements for visitors' understanding ability and knowledge background, and is not suitable for some visitors who need emotional venting (He et al., 2012). Therefore, it may to some extent affect its effectiveness.

Experiential Teaching Instructional Model

Background

Introducing experiential teaching as a unique teaching method into teaching practice originated from the training of sailors in the UK during World War II in the 1940s, and was widely used in various teaching fields after achieving results. In the early 1970s, the Experiential Education Society was established in the United States and positioned experiential education as "a philosophy and methodology of education, guided by which educators purposefully place students in direct

experience and focused reflection, enabling them to grow knowledge, develop skills, and clarify value, Harvard Professor David Cooper is an American philosopher John Dewey and a German psychologist Kurt Lewin and Swiss psychologist Jean Piaget established the experiential learning theory based on the learning theory, and constructed a four stage cycle model of experiential learning - the "experiential learning circle". They believe that experiential learning and teaching should complete a four step cycle process: specific experience, observation and reflection, abstract generalization, and active testing. The theory of experiential learning provides an important theoretical foundation for experiential teaching and is widely applied in teaching practice. In the 1990s, American scholar (M.R. Garvin) proposed the experiential teaching model and practiced it at Akron University in the United States.

The concept of experiential teaching in China only started in the 1990s and received attention. In June 1999, China proposed the educational concept of "experiencing through practice", and the term "experiencing" was explicitly applied to educational and teaching practices. In June 2001, the Ministry of Education's "Outline of Basic Education Curriculum Reform (Trial) " included "experiential goals" as one of the curriculum goals for various disciplines. From then on, the research on experiential teaching began, and a large number of theoretical and practical studies related to experiential teaching began to emerge.

Theory

David Kolb (1984), an American social psychologist and educator, put forward the theory of experiential learning completely in his book *Experience Learning: Making Experience the Source of Learning and Development*. Emphasizing that learning is the process of transforming experience and creating knowledge, it is believed that learning is a continuous process that originates from experience and continuously corrects and obtains ideas through experience, and is a process of interaction with the environment.

Cooper believed that there are two ways to obtain experiences: perception and comprehension. Perception refers to the specific experience directly obtained through the interaction between an individual's emotions, feelings, and the environment, while comprehension is the experience indirectly obtained through their own cognitive abilities. However, a single perception or understanding is difficult to obtain a comprehensive truth about facts, and it is necessary to unify perception

and understanding. The unity of perception and comprehension requires the transformation of experience, and the processing methods of experience transformation are divided into connotation transformation and extension transformation. Connotation transformation is the observation and reflection of specific experiences, while extension transformation is the examination and application of summarized concepts in new contexts.

In David Kolb's view, no single aspect can obtain the truth of facts, and experiential learning is to solve the contradiction between concrete and abstract, reflection and application. Therefore, it is proposed that the process of experiential learning is a cycle of "concrete experience, reflective observation, abstract generalization, and action application", known as the "experiential learning circle".

In the process of experiential learning, learners bring their own experience into the learning context or participate in specific experiences, generate feelings and feelings through interaction with the situation, and then reflect on the obtained feelings and feelings through communication, interaction, and other methods, making rational thinking and evaluation, and summarizing the results of reflection observation, Abstracting and summarizing one's own perceptual cognitive experience to draw conclusions. Finally, apply and test the conclusion in a new context. If the experience is verified, it will end. If it is not verified, a new round of experience cycle will be conducted.

Methods of Teaching

At present, there is no unified teaching model for experiential teaching. Due to differences in various fields and research backgrounds, many scholars have proposed different operational models for experiential teaching by combining theory with practice.

Gao (2022) proposed in his research on the application of experiential teaching in the mental health class of the second year of junior high school in a smart classroom environment that the experiential teaching model can be divided into the following four steps:

1. Create scenarios to guide students to experience.
2. Guiding the experience and improving cognitive level.
3. Communicate and share, understand theoretical knowledge
4. Practical application to promote knowledge internalization.

The application of experiential teaching has been widely praised by students, not only greatly improving their participation and satisfaction with mental health classrooms, but also cultivating their ability to think independently and increasing the possibility of applying what they have learned. Therefore, the promotion of experiential teaching in junior high school mental health classes will have a positive impact on cultivating students' comprehensive qualities.

Pei (2020) proposed in his research on the teaching design of the "Guide Practice" course in vocational schools based on the experiential teaching model, that the steps of the experiential teaching model are as follows.

1. creating situation
2. Guide students to participate in teaching activities and form specific experiences
3. Guide students to reflect and evaluate
4. Assist students in integrating their experiences
5. Set tasks for students to practice and verify

Roles of Teachers and Students

Roles of teachers

Experiential teachers are designers and leaders, and they play a leading role. They should design the context of experiential teaching before class, and reasonably arrange students to engage in role-playing and collaborative discussions during class. As the main body of interaction, teachers should actively participate, guide students in role-playing, pay attention to students' interaction situation, understand their viewpoints and opinions, respond to students' confusion, encourage students with relatively passive personalities to actively participate, and also encourage students to discuss around teaching difficulties.

Roles of students

Students are participants in experiential teaching. In experiential teaching, students engage in independent collaborative exploration and can fully express their opinions through group discussions, inter group communication, debates, and other forms, seeing different perspectives and approaches to problem-solving. In role-playing, role-playing is carried out according to the requirements of the situation, and skills are learned through the experience.

Strengths and Weaknesses of Experiential Teaching Instructional Model

Strengths of Experiential Teaching Instructional Model

There are various forms of experiential teaching, and researchers can design based on their own research objectives. The forms are vivid and interesting, which can stimulate students' enthusiasm and initiative. Students can gain knowledge and skills through the experience, which is more popular among students.

Weaknesses of Experiential Teaching Instructional Model

The research on experiential teaching has not yet formed a systematic theoretical system, and different scholars have different perspectives. There are also certain differences in the research on experiential teaching. Moreover, currently, there is no unified teaching model for experiential teaching, and researchers need to design based on their own teaching objectives.

To serve the objective of the present study, teaching methods of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model are integrated as follows.

1. Create Problem Scenario Stage
2. Development Goal Stage
3. Explore Exceptions and Solutions Phase
4. Theoretical Summary Stage

Mental Health Literacy

The Connotation of Mental Health Literacy

In the 1990s, Jorm first proposed the concept of mental health literacy (MHL) and defined it as "knowledge and concepts that help people identify, manage, and prevent mental illnesses. Early mental health literacy includes four elements: 1) the ability to identify mental illnesses or psychological distress; 2) Knowing how to seek mental health information; 3) Knowledge and concepts about risk factors, causes, self-help interventions, and how to obtain professional help for mental illness; 4) An attitude that promotes the recognition of psychological disorders and appropriate seeking help (Jorm et al., 1997a).

Jorm (2012) redefined the content of mental health literacy, emphasizing that mental health literacy should not only include knowledge, but also actions related to knowledge. The new definition includes the following 5 aspects: 1) knowledge of

preventing psychological diseases; 2) Identify psychological disorders; 3) Knowledge about seeking help and available treatment; 4) Strategies and knowledge related to self-help for general psychological problems; 5) Skills to assist patients with mental illness or those in crisis.

O'Connor et al. (2014) simplified it into three dimensions: recognition, knowledge, and attitude.

Jorm's definition of mental health literacy has been widely recognized and adopted by scholars (Furnham et al., 2014; Jung et al., 2016; Gao, 2017; Zhang, 2013). But overall, the concept defined by Jorm focuses more on knowledge related to mental illness, which we refer to as narrow mental health literacy.

In the following 10 years, research and educational practices on mental health literacy have received widespread attention worldwide. Different researchers have further expanded the connotation of mental health literacy, including feelings of shame and help-seeking efficacy (Kutcher et al., 2015; Spiker et al., 2019; Wei et al., 2015). Kutcher et al. (2016) believe that mental health literacy should include the following content: 1) understanding how to obtain and maintain a positive mental health state; 2) Understanding psychological disorders and treatment; 3) Reduce stigma associated with mental illness; 4) Enhance the effectiveness of psychological help seeking.

On the other hand, it proposes positive mental health literacy that focuses on promoting mental health (Bjornsen et al., 2019; Spiker et al., 2019). The Canadian Psychological Disease and Mental Health Alliance emphasizes the health promotion aspect of mental health literacy, which is also supported by Chinese scholars Wu Jue et al. (2018) and Jiang et al. (2020). They define mental health literacy as "the knowledge, attitudes, and behavioral habits developed by individuals in promoting their own and others' mental health and responding to their own and others' mental illnesses.

According to existing research, knowledge factors mainly include: basic knowledge and principles of mental health, psychological diseases and their treatment, psychosomatic health, crisis intervention and suicide prevention, positive mental health, etc. (Bjornsen, et al., 2017; Jorm et al., 1997; Kutcher et al., 2015; Chen et al., 2019). The skill factors mainly include: acquisition of mental health information, identification of specific psychological diseases, psychological first aid,

emotional regulation, and other skills (Jorm 2012; Jorm et al., 1997; O'Connor et al., 2014; Chen et al., 2019). Attitude factors mainly include attitudes towards the prevention and treatment of psychological disorders, reducing shame and seeking psychological help (Jorm 2012; Kutcher et al., 2015; O'Connor et al., 2014).

Measurement of mental health literacy

At present, there are two main methods for measuring mental health literacy: case interviews and questionnaire surveys. Jorm et al Attitude towards patients with mental illness and other issues. The types of questions include open-ended questions and true/false questions (Jorm et al., 1997).

Later researchers inherited and developed this measurement method, on the one hand expanding the scenarios of psychological disorders such as schizophrenia and depression, and on the other hand simplifying the questioning, mainly focusing on the identification of psychological disorders, the causes of psychological disorders, and the effectiveness of different treatment methods (Reavy et al., 2011).

Researchers have developed many scales to measure mental health literacy based on their own research objectives: Mental health disorder recognition questionnaire, MDRQ (Swami et al., 2011), Mental Health Knowledge Schedule, MAKS (Evans, 2010), Mental Health Literacy Scale, MHLS (O'Connor et al., 2015), Mental Health Literacy Questionnaire, MHLQ (Epps et al., 2007) Mental Health Work Indicator Survey and Evaluation Questionnaire (China Health Commission, 2010), National Mental Health Literacy Questionnaire (Wu et al., 2018), National Mental Health Literacy Questionnaire. (Chen et al., 2019)

Related research

Wang et al. (2022) studied “Analysis of the Current Situation and Influencing Factors of Psychological Health Literacy among Undergraduate Intern Nursing Students” . The result had founded that Through group discussions, students can be stimulated to have an interest in psychological knowledge, and intern undergraduate students (nursing majors) who are interested in psychological knowledge have higher scores in mental health literacy.

Furnham A et al. (2017) studied “Empathy and mental health literacy”. The result had founded that individuals who actively seek help due to negative psychology have a more positive attitude towards the prevention and treatment of

mental illness, eliminate stigmatization of mental illness, and have stronger mental health literacy.

Lee H Y *et al.* (2020) studied “Is health literacy associated with mental health literacy? Findings from Mental Health Literacy Scale”. The result had founded that a good social network can promote the utilization of mental health information, and individuals share their psychological issues, gain emotional support, and enhance their belief in combating negative emotions.

Maunder, R. D., & White, F. A. (2019) studied “Intergroup contact and mental health stigma: A comparative effectiveness meta-analysis”. The result had founded that exposure to individuals with experiences related to psychological disorders can lead to higher levels of mental health literacy.

Lai, H. J. *et al.* (2022) studied “The Effectiveness of Mental Health Literacy Curriculum among Undergraduate Public Health Students”. Researchers conducted an 18 week course intervention on 48 college students. The results showed that mental health literacy had significantly improved, and the effects after intervention and 6 weeks of intervention were significantly improved compared to before intervention.

Olyani, S. *et al.* (2021) studied “School-based mental health literacy educational interventions in adolescents: A systematic review”. The research conducted in Norway showed that individuals participating in all "mental health" programs significantly improved their mental health literacy compared to the control group.

Zare, S. *et al.* (2021) studied “Promoting mental health literacy in female students: a school-based educational intervention”. When researchers intervene in the mental health literacy of female students, they plan six 60 to 90 minute course interventions for the participants. As a result, it was found that the psychological health literacy of the intervention group improved.

Summary the connection of contents, Solution-Focused Brief Therapy and Experiential Teaching instructional model, Mental health literacy and Instruments or Activities by table 2.2.

Table 2.2 Module 2 mental health education of learning to experiment (16 hrs.)

Chapter/ Content/ Time	Method	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model /Step					Mental health literacy			Instruments / Activities
		S.1	S.2	S.3	S.4	S.5	D.1	D.2	D.3	
		Overview of mental health(5hrs.)	Solution-	T & L	T & L	L	L	T	√	
2.Self consciousness(6 hrs.)	Focused Brief Therapy and Experiential Teaching	T & L	T & L	L	L	T		√	Attending class Check exercise Testing Scoring Rubric	
Interpersonal communicatio n(5 hrs.)	Instructional Model	T & L	T & L	L	L	T		√	Attending class Check exercise Testing Scoring Rubric	

S.is Step T. is Teacher L. is Learner

Step 1:Create problem scenario stage

Step 2:Establish goal stage

Step 3:Scenario experience and exploring solution stage

Step 4:Set tasks, student practice stage

Step 5: Summary and feedback stage

D.1: Psychological knowledge

D.2: Self-help ability

D.3: Ability to help others

Chapter 3

Research Methodology

In the study of “Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students”, the researcher follows the following processes.

Phase 1 was conducted to answer research **objective 1**: To examine the factors affecting mental health literacy of undergraduate Students.

Phase 2 was conducted to answer research **objective 2**: To develop the solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students.

Phase 3 was conducted to answer research **objective 3**: To study the results of solution-focused brief therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students .

The details are as follows:

Phase 1 was conducted to answer research objective 1: To examine the factors affecting Mental Health Literacy of undergraduate Students.

Population

Group 1: 205 undergraduate former students year 1 of learning Mental Health Education Course, semester 1 on academic year 2022 in Guangxi Vocational University Of Agriculture.

Class 1: 55 students major in Financial Management

Class 2: 49 students major in International Economy and Trade

Class 3: 57 students major in Agricultural Technology

Class 4: 44 students major in Digital Media Technology

Research instrument

The questionnaire for students

Designing instrument 1 (The questionnaires for students)

1. Study Mental Health Education course and factors affecting mental health literacy of undergraduate students.

2. Design a questionnaire on factors to improve mental health literacy of undergraduate students at Guangxi Vocational University Of Agriculture. There are 3 Parts: Part 1 is about Common data of the respondent in overall (N=205) ; Part 2 Internal factors 14 numbers, external factors 16 numbers and Part 3 suggestion.

3. Present the draft of questionnaire to the advisors for checking correctness and completion.

4. Assess the validity of questionnaire on factors to improve mental health literacy of undergraduate students by 3 experts (List name in Appendix A) through Index of Item-Objective Congruence (IOC) according to the criteria shown below (Phongsri, 2011).

+1 = Sure that the contents are related to the topics

0 = Not sure that the contents are related to the topics

-1 = The contents are not related to the topics

The acceptable items must have the IOC values not less than 0.6. The IOC calculated from the validation measures 1.00.

5. Design Likert 5-point rating scale questionnaire on the following score rating criteria.

Score rating criteria

5 means the highest

4 means high

3 means moderate

2 means few

1 means the fewest

The factors affecting mental health literacy of undergraduate students. obtained from the students are interpreted using MEAN interpretation criteria proposed by Phongsri (2011).

4.51-5.00 means the highest

3.51-4.50 means high

2.51-3.50 means moderate

1.51-2.50 means few

1.00-1.50 means the fewest

Data Collection

1. Ask for permission for data collection.
2. Collect data through online questionnaires from the assigned students using the developed questionnaire.

Data Analysis

Descriptive Statistics i.e., Frequency, MEAN (μ), Standard Deviation (σ)

Group 2: 4 lecturers who teach mental health education course in University

Lecturer A: From Guangxi University

Lecturer B: From Guangxi Vocational University Of Agriculture.

Lecturer C: From Guilin University Of Aerospace Technology.

Lecturer D: From Yulin Normal University.

Research instrument

The interview for the lecturers

Designing instrument 2 (The interview for the lecturers)

1. Study literature on mental health literacy, enhancements of mental health literacy, and factors affecting the enhancement of mental health literacy for the undergraduate students.

2. Design 10 questions of open-ended interview on factors affecting mental health literacy for the undergraduate students at Guangxi Vocational University of Agriculture.

There are 3 Parts: Part 1 is about Common data of the respondent in overall (N=4) Part 2 both Internal factors and external factors and Part 3 suggestion.

3. Present the draft of open-ended interview to the advisors for checking correctness and completion.

4. Assess the validity of open-end interview on factors affecting mental health literacy for the undergraduate students at Guangxi Vocational University Of Agriculture.

For the students by 3 experts (List name in Appendix A) through Index of Item-Objective Congruence (IOC) according to the criteria shown below (Phongsri, 2011).

+1= Sure that the contents are related to the topics

0 = Not sure that the contents are related to the topics

-1 = Sure that the contents are not related to the topics

The acceptable items must have the IOC values not less than 0.6. The IOC calculated from the validation measures 1.00.

5. Do the questionnaire in three lecturers at. The questionnaire type is the Closed-ended questions that can only be answered by selecting from provided number to summated rating scale, 5 scales.

Data Collection

1. Ask for permission for data collection.
2. Collect data through Face to face interviews from the assigned lecturers using the developed interview.

Data Analysis

Content analysis.

Output Phase 1

The result of the factors affecting mental health literacy for the undergraduate students at Guangxi Vocational University of Agriculture by table 3.1.

Table 3.1 Summary how to conduct research from Phase 1

Topics	Details
Research Process	<ol style="list-style-type: none"> 1.Design questionnaires and interviews 2.Expert evaluation questionnaire validity 3.Collect data from students and lecturers 4.Analyze both internal and external factors
Research objective	To examine the factors affecting mental health literacy of undergraduate Students.
Research Method	<ol style="list-style-type: none"> 1.Questionnaire method 2.Interview method 3.Expert evaluation method
Research/ Target Group	<ol style="list-style-type: none"> 1. 205 undergraduate former students year 1 who learned mental health education course, semester 1 on academic year 2022 in Guangxi Vocational University of Agriculture. 2. 4 lecturers who teach mental health education course from Guangxi University , Guangxi Vocational University Of Agriculture, Guilin University Of Aerospace Technology and Yulin Normal University.

Table 3.1 (Continued)

Topics	Details
Research	1. Questionnaire 30 items
Instruments	2. Interview 10 questions
Data Analysis	1. Descriptive Statistics i.e., Frequency, mean (μ), Standard deviation (σ) for questionnaire. 2. Content analysis for interview.
Output	The result of factors to improve undergraduate students' mental health literacy.

Phase 2 was conducted to answer research objective 2: To develop the Solution-Focused Brief Therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students.

Research instrument

Conformity Assessment Form of Solution-Focused Brief Therapy and experiential teaching Instructional Model in terms of accuracy standards, propriety standards, feasibility standards, and utility standards.

Designing instrument (the questionnaire for IOC)

1. Study related concepts, principles, process about developing instructional model, including results in terms of factors affecting mental health literacy of undergraduate students from research objective 1.

2. Design the development of the Solution-Focused Brief Therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students.

To be the handout which consists of the stable teaching activities and procedures. Such a developed instructional model with 5 components: 1) Principle & Rationale, 2) Objectives, 3) Contents, 4) Methods of teaching & Materials and 5) Evaluation, is in 4 aspects standards: 1) Utility Standards, 2) Feasibility Standards, 3) Propriety Standards and 4) Accuracy Standards.

3. Assess the validity of the questionnaire of the appropriateness of the instructional model by 5 experts (List name in Appendix A) through Item-Objective Congruence (IOC) according to the criteria as shown below: (Phongsri, 2011)

+1 = If you are sure the contents measure its objectives

0 = If you are not sure that the measurement contents related its objectives

-1 = If it is certain that the contents is measured and does not related the objectives

The acceptable items must have the IOC values not less than 0.6. The IOC calculated from the validation measures 1.00.

Research instrument

Designing instrument about the questionnaire on confirming the model

1. Design a questionnaire on confirming the appropriateness of the model in terms of accuracy standards, propriety standards, feasibility standards, and utility standards.

2. Present the draft of open-ended interview to the advisors for checking correctness and completion.

3. Assess the validity of the questionnaire on confirming the appropriateness of the instructional model by 3 experts through frequency and percentage.

Data Collection

1. Ask for permission of data collection.

2. Collect appropriateness of the instructional model in terms of accuracy standards, propriety standards, feasibility standards, and utility standards from the 3 experts including, three Thai experts and two Chinese experts (List name in Appendix A) through Index of Item-Objective Congruence (IOC) according to the criteria shown below. (Phongsri, 2011).

Data Analysis

Descriptive analysis i.e. frequency and percentage.

The acceptable items must not be less than 100%.

Output Phase 2

The appropriateness of the Solution-Focused Brief Therapy and experiential teaching Instructional Model is confirmed by experts for further implementation. The acceptable items 100% by table 3.2.

Table 3.2 Summary how to conduct research from Phase 2

Topics	Details
Research Process	1.Design Handout 2.Develop assessment form of instructional model 3.Collect appropriateness of the instructional model
Research objective	To develop the Solution-Focused Brief Therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students.
Research Method	1.Text analysis method 2.Expert evaluation method
Research Instruments	Assessment Form of Solution-Focused Brief Therapy and experiential teaching Instructional Model
Data Analysis	Descriptive analysis i.e. frequency and percentage.
Output	The result of the instructional model's acceptable

Phase 3 was conducted to answer research objective 3: To study the results of Solution-Focused Brief Therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students.

Population and Sample Group

Population

The total of 110 students from 3 classes with different levels of proficiency – beginner, of international economics and trade who enroll on Mental Health Education Course in 1nd semester, academic year 2023 in Guangxi Vocational University Of Agriculture. Those sections involve the following.

Section A: 40 students

Section B: 35 students

Section C: 35 students

The Sample Group

The 40 students in class A who enroll on Mental Health Education Course in 1nd semester, academic year 2023 by simple random sampling.

Table 3.3 Posttest Only Experimental Design

GROUP	X	T1
Sample Group	Solution-Focused Brief Therapy and experiential teaching instructional model	Undergraduate students' mental health literacy

X = Solution-Focused Brief Therapy and experiential teaching instructional model

T1 = Undergraduate students' mental health literacy

Research Instrument

1. Lesson plans using Solution-Focused Brief Therapy and experiential teaching instructional model

2. Rubric scoring form

Research process to do the lesson plan

1. Study contents, objectives, methods of teaching, materials, evaluation and solution-focused brief therapy and experiential teaching instructional model

2. Design lesson plans by format given.

3. Present the lesson plan to the advisors for checking correctness, completion and improvement.

4. Assess the validity of the designed lesson plans by 3 experts through Item-Objective Congruence (IOC) according to the criteria as shown below (Phongsri, 2011):

+1 = Sure that the contents are related to the topics

0 = Not sure that the contents are related to the topics

-1 = The contents are not related to the topics

The acceptable items must have the IOC values not less than 0.6. The IOC calculated from the validation measures 1.00.

5. Conduct a try-out of the developed lessons plans with another group of samples for further improvements and implementation with the sample group.

Designing instrument 2 (Rubric scoring form)

1. Study the rubric scoring criteria aligned with mental health literacy and design 5-point range rubric scoring within 3 items consist of item 1 Psychological knowledge, item 2 Self-help ability, and item 3 Ability to help others.

2. Design rubric scoring criteria.

3. Present the developed rubric scoring criteria to the advisors for checking correctness, completion and improvement.

4. Assess the validity of the designed rubric scoring criteria by 3 experts through Item-Objective Congruence (IOC) according to the criteria as shown below (Phongsri, 2011) :

+1 = Sure that the descriptors are related to the issue of assessment

0 = Not sure that the descriptors are related to the issue of assessment

-1 = Sure that the descriptors are not related to the issue of assessment

The acceptable items must have the IOC values not less than 0.6. The IOC calculated from the validation measures 1.00.

Data Collection

1. Ask for permission of data collection

2. Collect students' performance by using rubric scoring before assessment by external raters.

Data Analysis

Categorize students' performance according to rubric scoring criteria into their levels descriptor.

Output Phase 3 (Rubric Scoring Criteria)

Results of implementing Solution-Focused Brief Therapy and experiential teaching instructional model – students' performance according to rubric scoring criteria into their levels descriptor.

Table 3.4 Summary how to conduct research from Phase 3

Topics	Details
Research Process	<ol style="list-style-type: none"> 1.Design lesson plan and rubric scoring form 2.Expert evaluation 3.Do the experiment 4.Categorize students' performance according to rubric scoring criteria into their levels descriptor.
Research objective	To study the results of Solution-Focused Brief Therapy and experiential teaching instructional model to improve mental health literacy of undergraduate students .
Research Method	<ol style="list-style-type: none"> 1.Expert evaluation method 2.experiential teaching method
Research Group	The 35 students in class who enroll on mental health education course in 1nd semester, academic year 2023.
Research Instruments	<ol style="list-style-type: none"> 1.Lesson plans using Solution-Focused Brief Therapy and experiential teaching instructional model 2. Rubric scoring form
Data Analysis	Categorize students' performance according to rubric scoring criteria into their levels descriptor.
Output	Students' performance according to rubric scoring criteria into their levels descriptor.

Based on relevant literature and research design, Solution-Focused Brief Therapy and Experiential Teaching Instructional Model is constructed, as shown in figure 3.1.

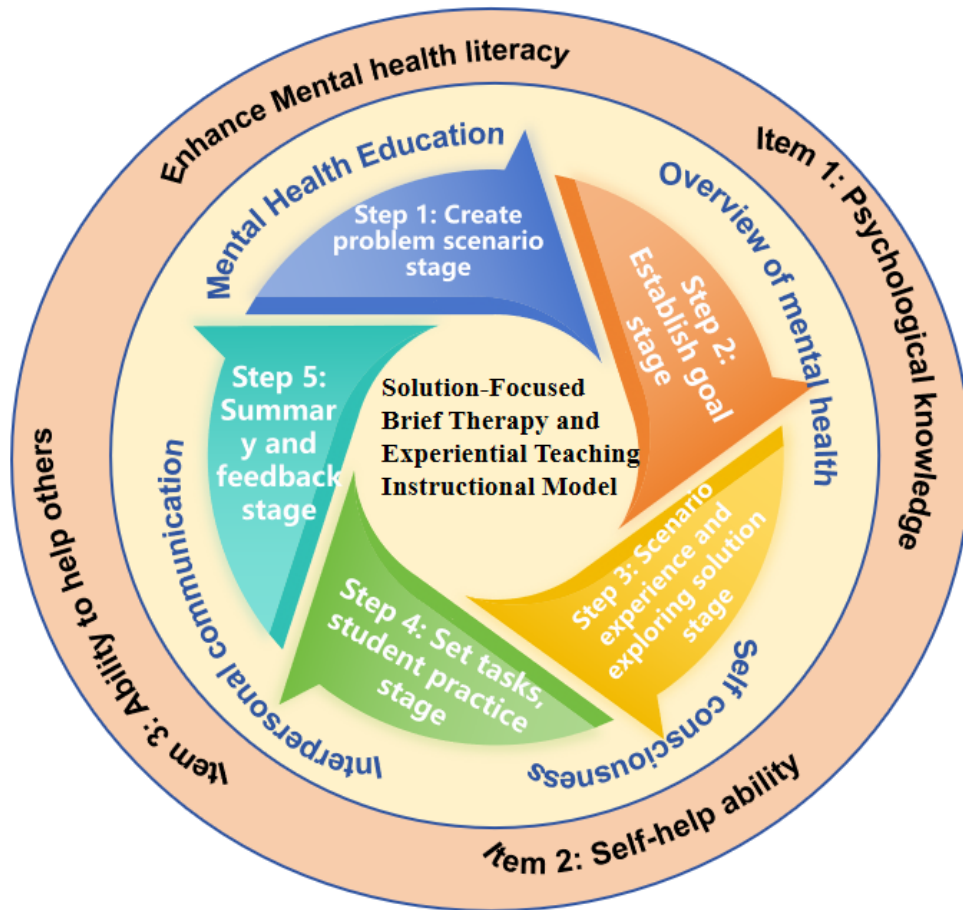


Figure 3.1 Solution-Focused Brief Therapy and Experiential Teaching Instructional Model

Chapter 4

Results of Analysis

In the study of “Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students”, the researcher studied the documents concerning the following.

Part 1: Analysis results serving objective 1-To study the factors to enhance Mental Health Literacy of Undergraduate Students in Nanning City.

Part 2: Analysis results serving objective 2-To develop Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve undergraduate students’ mental health literacy.

Part 3: Analysis results serving objective 3-To examine the effects of implementing Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve undergraduate students’ mental health literacy.

Data Analysis Results

Part 1: Analysis results serving objective 1– To study the factors to enhance Mental Health Literacy of Undergraduate Students in Guangxi province.

This section presents analysis results serving objective 1 using table and description in terms of MEAN, standard deviation, interpretation (Level of Attitude), and ranking of all factors in overview. After that, items of all factors are presented likewise.

Table 4.1 Common data of the respondent in overall (N=205)

Data	Frequency	Percentage
Gender		
A. Male	49	23.90
B. Female	156	76.10
Total	205	100.00
Student's major		
A. Financial Management	55	26.80
B. International Economy and Trade	49	23.90
C. Agricultural Technology	57	27.80
D. Digital Media Technology	44	21.50
Total	205	100.00
Age		
A. Below 17 yrs.	0	0
B. 17-20 yrs.	185	90.20
C. 21-23 yrs.	20	9.80
D. Over 23 yrs.	0	0
Total	205	100.00

From table 4.1 the common data of the respondent in overall the most gender is female, 76.10%. The most age is 17-20, 90.20%. The surveyed students come from four majors, namely financial management, International Economy and Trade, Agricultural Technology, Digital Media Technology.

Table 4.2 The result of questionnaire from students in overview (N=205)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
Internal factors (respondents)				
1. Students know that mental health education course is an important compulsory course for students.	4.20	0.78	High	3
2. Students feel that mental health education course is the great significance to personal's mental health literacy.	4.28	0.71	High	1
3. Students feel that this subject can improve their Mental health knowledge increasingly.	4.23	0.70	High	2
4. Students believe that the teaching methods used by teachers in the course are reasonable and effective, and can improve their understanding of mental health knowledge.	4.19	0.75	High	4
5. Students actively participate in classroom discussions and group work in mental health education course.	4.14	0.74	High	6
6. Students are industrious in their learning (Assignments, Projects, Participation, etc.) with the highest potential themselves.	4.09	0.76	High	10
7. Students feel that the assignments assigned by the lecturers and the feedback can help students better apply what they have learned.	4.06	0.75	High	11

Table 4.2 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
8. Students are satisfied with the friendly cooperation and interaction between students and teachers or peers in the classroom in mental health education course.	4.18	0.69	High	5
9. Students believe that homework or practical activities assigned by the lecturers can help them better apply the knowledge they have learned.	4.04	0.76	High	12
10. Students explore more knowledge by themselves after the classroom	3.90	0.86	High	13
11. Teachers can assist students in learning knowledge and solving psychological problems.	4.13	0.73	High	8
12. Students' feels satisfied with the teacher's teaching style.	4.11	0.76	High	9
13. Students believe that mentally healthy individuals do not need to study thiscourse.	2.55	1.28	Few	14
14. Through this course, students' mental health knowledge, ability to solve psychological problems and maintain mental health have been improved.	4.14	0.67	High	7
Total Average	4.02	0.61	High	
External factors (teacher, material, and circumstance)				
1. The lecturer's teaching ability affects the improvement of students' mental health literacy.	4.02	0.76	High	12

Table 4.2 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
2. The lecturer's teaching attitude affects students' enthusiasm for learning mental health education courses.	4.18	0.73	High	4
3. The lecturer emphasize the importance of students' active participation in the teaching process to enhance students' Mental Health literacy.	4.15	0.70	High	6
4. The lecturerr emphasizes the interaction and cooperation between students in the teaching process of Mental Health Education course .	4.20	0.70	High	3
5. It is important for teachers to objectively evaluate student performance and learning outcomes.	4.26	0.69	High	1
6. The textbook is suitable for mental health education courses and meets the learning needs of students.	4.04	0.73	High	11
7. The curriculum activities of mental health education courses can promote discussion and communication among students.	4.15	0.68	High	7
8. Learning tasks are challenged and encouraged the students' enthusiasm.	3.97	0.77	High	13
9. The lecturer's teaching methods can improve students' participation in the classroom and help students improve their Mental Health literacy.	4.16	0.71	High	5

Table 4.2 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
10. A good relationship between teachers and students helps improve students' learning outcomes.	4.25	0.71	High	2
11. Resources and teaching materials are interesting and able to achieve the goal.	4.05	0.77	High	10
12. Fixed learning places affect learning interest.	3.74	0.90	High	16
13. Classroom environment affects students to improve mental health literacy.	3.93	0.86	High	15
14. A positive and positive teaching atmosphere makes students more willing to participate in classroom activities.	4.13	0.71	High	9
15. Appropriate class size (below 50) helps students participate in teaching activities.	3.95	0.85	High	14
16. The content of mental health education courses is practical, and students can apply knowledge to maintain mental health in their lives.	4.15	0.70	High	8
Total Average	4.08	0.62	High	

Table 4.2 Indicates that internal factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Guangxi province overall found at high level ($\mu=4.02$). Considering only each item, it was found that factor No.2 have the highest mean ($\mu=4.28$), follow factor by No. 3 ($\mu=4.23$) and the fewest mean is factor No.13 ($\mu=2.55$).

For external factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Guangxi province overall found at

moderate level ($\mu=4.08$). Considering only each item, it was found that factor No.19 have the highest mean ($\mu=4.26$), follow by factor No.24 ($\mu=4.25$) and the fewest mean is factor No.26 ($\mu=3.74$).

Table 4.3 Common data of the respondent in the major of Financial Management (N=55)

Data	Frequency	Percentage
Gender		
A. Male	16	29.10
B. Female	39	70.90
Total	55	100.00
Age		
A. Below 17 yrs.	0	0
B. 17-20 yrs.	52	94.50
C. 21-23 yrs.	3	5.50
D. Over 23 yrs.	0	0
Total	55	100.00

From table 4.3 the common data of the respondent in major of Financial Management. the most gender is female,70.90% The most age is 17-20yrs, 94.50%.

Table 4.4 The result of questionnaire from students in the major of Financial Management (N=55)

Factors	μ	σ	Interpretation	Ranking within All Factors
Internal factors (respondents)				
1. Students know that mental health education course is an important compulsory course for students.	4.15	0.73	High	1

Table 4.4 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
2. Students feel that mental health education course is the great significance to personal's mental health literacy.	4.22	0.63	High	2
3. Students feel that this subject can improve their Mental health knowledge increasingly.	4.15	0.71	High	5
4. Students believe that the teaching methods used by teachers in the course are reasonable and effective, and can improve their understanding of mental health knowledge.	4.09	0.73	High	9
5. Students actively participate in classroom discussions and group work in mental health education course.	4.13	0.67	High	7
6. Students are industrious in their learning (Assignments, Projects, Participation, etc.) with the highest potential themselves.	4.07	0.66	High	10
7. Students feel that the assignments assigned by the lecturers and the feedback can help students better apply what they have learned.	4.04	0.74	High	11
8. Students are satisfied with the friendly cooperation and interaction between students and teachers or peers in the classroom in mental health education course.	4.15	0.65	High	6

Table 4.4 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
9. Students believe that homework or practical activities assigned by the lecturers can help them better apply the knowledge they have learned.	4.11	0.74	High	8
10. Students explore more knowledge by themselves after the classroom.	3.89	0.88	High	13
11. Teachers can assist students in learning knowledge and solving psychological problems.	4.16	0.69	High	3
12. Students' feels satisfied with the teacher's teaching style.	4.00	0.77	High	12
13. Students believe that mentally ealthy individuals do not need to study this course.	2.55	1.21	Few	14
14. Through this course, students' mental health knowledge, ability to solve psychological problems and maintain mental health have been improved.	4.16	0.63	High	4
Total Average	3.99	0.59	High	
External factors (teacher, material, and circumstance)				
1. The lecturer's teaching ability affects the improvement of students' mental health literacy.	4.04	0.72	High	12
2. The lecturer's teaching attitude affects students' enthusiasm for learning mental health education courses.	4.15	0.68	High	4

Table 4.4 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
3. The lecturer emphasize the importance of students' active participation in the teaching process to enhance students' Mental Health literacy.	4.11	0.71	High	8
4. The lecturer emphasizes the interaction and cooperation between students in the teaching process of Mental Health Education course.	4.15	0.65	High	4
5. It is important for teachers to objectively evaluate student performance and learning outcomes.	4.25	0.62	High	1
6. The textbook is suitable for mental health education courses and meets the learning needs of students.	4.09	0.70	High	10
7. The curriculum activities of mental health education courses can promote discussion and communication among students.	4.24	0.61	High	2
8. Learning tasks are challenged and encouraged the students' enthusiasm.	3.96	0.86	High	14
9. The lecturer's teaching methods can improve students' participation in the classroom and help students improve their Mental Health literacy.	4.15	0.68	High	4
10. A good relationship between teachers and students helps improve students' learning outcomes.	4.22	0.57	High	3

Table 4.4 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
11. Resources and teaching materials are interesting and able to achieve the goal.	4.02	0.76	High	13
12. Fixed learning places affect learning interest.	3.80	0.89	High	16
13. Classroom environment affects students to improve mental health literacy.	4.05	0.78	High	11
14 A positive and positive teaching atmosphere makes students more willing to participate in classroom activities.	4.11	0.71	High	8
15. Appropriate class size (below 50) helps students participate in teaching activities.	3.95	0.78	High	15
16. The content of mental health education courses is practical, and students can apply knowledge to maintain mental health in their daily lives.	4.15	0.68	High	4
Total Average	4.09	0.61	High	

Table 4.4 indicates that internal factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Guangxi province overall found at high level ($\mu=3.99$). Considering only each item, it was found that factor No.2 have the highest mean ($\mu=4.22$), follow factor by No.11 and No.14 ($\mu=4.16$). The fewest mean is factor No.13 ($\mu=2.55$).

For external factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Nanning city overall found at moderate level ($\mu=4.09$). Considering only each item, it was found that factor No.19 have the

highest mean ($\mu=4.25$), follow by factor No.21 ($\mu=4.24$) and the fewest mean is factor No.26 ($\mu=3.80$).

Table 4.5 Common data of the respondent in the major of International Economy and Trade. (N=49)

Data	Frequency	Percentage
Gender		
A. Male	10	20.40
B. Female	39	79.60
Total	49	100.00
Age		
A. below 17 yrs.	0	0
B. 17-20 yrs.	44	89.80
C. 21-23 yrs.	5	10.20
D. over 23 yrs.	0	0
Total	49	100.00

From table 4.5 the common data of the respondent in Kunming University. the most gender is female, 79.60%. The most age is 17-20 yrs., 89.80%.

Table 4.6 The result of questionnaire from students in the major of International Economy and Trade. (N=49)

Factors	μ	σ	Interpretation	Ranking within All Factors
Internal factors (respondents)				
1. Students know that mental health education course is an important compulsory course for students.	4.14	0.79	High	1
2. Students feel that mental health education course is the great significance to personal's mental health literacy.	4.22	0.74	High	4
3. Students feel that this subject can improve their Mental health knowledge increasingly.	4.27	0.70	High	2
4. Students believe that the teaching methods used by teachers in the course are reasonable and effective, and can improve their understanding of mental health knowledge.	4.22	0.77	High	4
5. Students actively participate in classroom discussions and group work in mental health education course.	4.24	0.72	High	3
6. Students are industrious in their learning (Assignments, Projects, Participation, etc.) with the highest potential themselves.	4.20	0.71	High	6
7. Students feel that the assignments assigned by the lecturers and the feedback can help students better apply what they have learned.	4.12	0.73	High	10

Table 4.6 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
8. Students are satisfied with the friendly cooperation and interaction between students and teachers or peers in the classroom in mental health education course.	4.18	0.73	High	7
9. Students believe that homework or practical activities assigned by the lecturers can help them better apply the knowledge they have learned.	4.04	0.74	High	11
10. Students explore more knowledge by themselves after the classroom	4.04	0.74	High	12
11. Teachers can assist students in learning knowledge and solving psychological problems.	4.18	0.67	High	7
12. Students' feels satisfied with the teacher's teaching style.	3.98	0.69	High	13
13. Students believe that mentally healthy individuals do not need to study this course.	2.73	1.22	Few	14
14. Through this course, students' mental health knowledge, ability to solve psychological problems and maintain mental health have been improved.	4.14	0.61	High	9
Total Average	3.91	0.57	High	

Table 4.6 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
External factors (teacher, material, and circumstance)				
1. The lecturer's teaching ability affects the improvement of students' mental health literacy.	4.06	0.88	High	11
2. The lecturer's teaching attitude affects students' enthusiasm for learning mental health education courses.	4.24	0.72	High	3
3. The lecturer emphasize the importance of students' active participation in the teaching process to enhance students' Mental Health literacy.	4.24	0.63	High	3
4. The lecturer emphasizes the interaction and cooperation between students in the teaching process of Mental Health Education course.	4.24	0.63	High	3
5. It is important for teachers to bjectively evaluate student performance and learning outcomes.	4.27	0.64	High	2
6. The textbook is suitable for mental health education courses and meets the learning needs of students.	4.06	0.72	High	11
7. The curriculum activities of mental health education courses can promote discussion and communication among students.	4.24	0.60	High	3
8. Learning tasks are challenged and encouraged the students' enthusiasm.	4.02	0.66	High	13

Table 4.6 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
9. The lecturer's teaching methods can improve students' participation in the classroom and help students improve their Mental Health literacy.	4.10	0.65	High	10
10. A good relationship between teachers and students helps improve students' learning outcomes.	4.33	0.69	High	1
11. Resources and teaching materials are interesting and able to achieve the goal.	4.16	0.72	High	8
12. Fixed learning places affect learning interest.	3.67	0.88	High	16
13. Classroom environment affects students to improve mental health literacy.	3.86	0.87	High	15
14. A positive and positive teaching atmosphere makes students more willing to participate in classroom activities.	4.20	0.65	High	7
15. Appropriate class size (below 50) helps students participate in teaching activities.	3.90	0.82	High	14
16. The content of mental health education courses is practical, and students can apply knowledge to maintain mental health in their daily lives.	4.16	0.62	High	8
Total Average	4.11	0.58	High	

Table 4.6 indicates that internal factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Guangxi province overall found at high level ($\mu=3.91$). Considering only each item, it was found that factor No3 have the highest mean ($\mu=4.27$), follow factor by No.5 ($\mu=4.24$) and the fewest mean is factor No.13 ($\mu=2.73$).

For external factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Nanning city overall found at moderate level ($\mu=4.11$). Considering only each item, it was found that factor No.24 have the highest mean ($\mu=4.33$), follow by factor No.19 ($\mu=4.27$) and the fewest mean is factor No.26 ($\mu=3.67$).

Table 4.7 Common data of the respondent in the major of Agricultural Technology major. (N=57)

Data	Frequency	Percentage
Gender		
A. Male	17	29.80
B. Female	40	70.20
Total	57	100.00
Age		
A. Below 17 yrs.	0	0
B. 17-20 yrs.	47	82.50
C. 21-23yrs.	10	7.50
D. Over 23 yrs.	0	0
Total	57	100.00

From table 4.7 the common data of the respondent in Kunming University of Science and Technology Oxbridge College, the most gender is female(70.20%), the most age is 17-20 yrs, 82.50% .

Table 4.8 The result of questionnaire from students in the major of Agricultural Technology. (N=57)

Factors	μ	σ	Interpretation	Ranking within All Factors
Internal factors (respondents)				
1. Students know that mental health education course is an important compulsory course for students.	4.26	0.88	High	1
2. Students feel that mental health education course is the great significance to personal's mental health literacy.	4.32	0.85	High	2
3. Students feel that this subject can improve their Mental health knowledge increasingly.	4.25	0.76	High	4
4. Students believe that the teaching methods used by teachers in the course are reasonable and effective, and can improve their understanding of mental health knowledge.	4.26	0.81	High	3
5. Students actively participate in classroom discussions and group work in mental health education course.	4.05	0.90	High	10
6. Students are industrious in their learning (Assignments, Projects, Participation, etc.) with the highest potential themselves.	4.09	0.89	High	9
7. Students feel that the assignments assigned by the lecturers and the feedback can help students better apply what they have learned.	4.05	0.83	High	11

Table 4.8 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within ALL Factors
8. Students are satisfied with the friendly cooperation and interaction between students and teachers or peers in the classroom in mental health education course.	4.16	0.77	High	6
9. Students believe that homework or practical activities assigned by the lecturers can help them better apply the knowledge they have learned.	4.02	0.90	High	12
10. Students explore more knowledge by themselves after the classroom	3.96	0.99	High	13
11. Teachers can assist students in learning knowledge and solving psychological problems.	4.12	0.87	High	8
12. Students' feels satisfied with the teacher's teaching style.	4.21	0.90	High	5
13. Students believe that mentally healthy individuals do not need to study this course.	2.53	1.45	Few	14
14. Through this course, students' mental health knowledge, ability to solve psychological problems and maintain mental health have been improved.	4.14	0.81	High	7
Total Average	4.03	0.73	High	
External factors (teacher, material, and circumstance)				

Table 4.8 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
1. The lecturer's teaching ability affects the improvement of students' mental health literacy.	4.02	0.83	High	11
2. The lecturer's teaching attitude affects students' enthusiasm for learning mental health education courses.	4.14	0.81	High	7
3. The lecturer emphasize the importance of students' active participation in the teaching process to enhance students' Mental Health literacy.	4.12	0.80	High	8
4. The lecturerr emphasizes the interaction and cooperation between students in the teaching process of Mental Health Education course .	4.23	0.87	High	4
5. It is important for teachers to objectively evaluate student performance and learning outcomes.	4.32	0.85	High	1
6. The textbook is suitable for mental health education courses and meets the learning needs of students.	3.98	0.83	High	15
7. The curriculum activities of mental health education courses can promote discussion and communication among students.	4.02	0.83	High	11
8. Learning tasks are challenged and encouraged the students' enthusiasm.	4.02	0.86	High	11

Table 4.8 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
9. The lecturer's teaching methods can improve students' participation in the classroom and help students improve their Mental Health literacy.	4.28	0.84	High	2
10. A good relationship between teachers and students helps improve students' learning outcomes.	4.25	0.89	High	3
11. Resources and teaching materials are interesting and able to achieve the goal.	4.04	0.93	High	10
12. Fixed learning places affect learning interest.	3.95	0.89	High	16
13. Classroom environment affects students to improve mental health literacy.	4.00	0.95	High	14
14. A positive and positive teaching atmosphere makes students more willing to participate in classroom activities.	4.11	0.84	High	9
15. Appropriate class size (below 50) helps students participate in teaching activities.	4.19	0.92	High	6
16. The content of mental health education courses is practical, and students can apply knowledge to maintain mental health in their daily lives.	4.21	0.84	High	5
Total Average	4.11	0.75	High	

Table 4.8 indicates that internal factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Nanning city overall found at high level ($\mu=4.03$). Considering only each item, it was found that factor No.2 have the highest mean ($\mu=4.32$), follow factor by No.1 ($\mu=4.26$) and the fewest mean is factor No.13 ($\mu=2.53$).

For external factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Guangxi province overall found at moderate level ($\mu=4.11$). Considering only each item, it was found that factor No.19 have the highest mean ($\mu=4.32$), follow by factor No.23 ($\mu=4.28$) and the fewest mean is factor No.26 ($\mu=3.95$).

Table 4.9 Common data of the respondent in the major of Digital Media Technology. (N=44)

Data	Frequency	Percentage
Gender		
A. Male	6	13.60
B. Female	38	86.40
Total	44	100.00
Age		
A. below 17 yrs.	0	0
B. 17-20 yrs.	42	95.50
C. 21-23yrs.	2	4.50
D. over 23 yrs.	0	0
Total	44	100.00

From table 4.9 the common data of the respondent in Kunming University of Science and Technology Oxbridge College. The most gender is female,(86.4%), the most age is 17-20 yrs, 95.50%.

Table 4.10 The result of questionnaire from students in the major of Digital Media Technology. (N=44)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
Internal factors (respondents)				
1. Students know that mental health education course is an important compulsory course for students.	4.23	0.71	High	4
2. Students feel that mental health education course is the great significance to personal's mental health literacy.	4.36	0.57	High	1
3. Students feel that this subject can improve their Mental health knowledge increasingly.	4.30	0.63	High	2
4. Students believe that the teaching methods used by teachers in the course are reasonable and effective, and can improve their understanding of mental health knowledge.	4.18	0.66	High	6
5. Students actively participate in classroom discussions and group work in mental health education course.	4.14	0.59	High	7
6. Students are industrious in their learning (Assignments, Projects, Participation, etc.) with the highest potential themselves.	3.98	0.76	High	12
7. Students feel that the assignments assigned by the lecturers and the feedback can help students better apply what they have learned.	4.05	0.68	High	9

Table 4.10 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
8. Students are satisfied with the friendly cooperation and interaction between students and teachers or peers in the classroom in mental health education course.	4.23	0.61	High	4
9. Students believe that homework or practical activities assigned by the lecturers can help them better apply the knowledge they have learned.	4.00	0.65	High	11
10. Students explore more knowledge by themselves after the classroom	3.66	0.75	High	13
11. Teachers can assist students in learning knowledge and solving psychological problems.	4.05	0.65	High	9
12. Students' feels satisfied with the teacher's teaching style.	4.25	0.58	High	3
13. Students believe that mentally healthy individuals do not need to study this course.	2.36	1.20	Few	14
14. Through this course, students' mental health knowledge, ability to solve psychological problems and maintain mental health have been improved.	4.09	0.60	High	8
Total Average	3.99	0.53	High	

Table 4.10 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
External factors (teacher, material, and circumstance)				
1. The lecturer's teaching ability affects the improvement of students' mental health literacy.	3.98	0.59	High	11
2. The lecturer's teaching attitude affects students' enthusiasm for learning mental health education courses.	4.20	0.70	High	1
3. The lecturer emphasize the importance of students' active participation in the teaching process to enhance students' Mental Health literacy.	4.14	0.63	High	5
4. The lecturer emphasizes the interaction and cooperation between students in the teaching process of Mental Health Education course.	4.18	0.58	High	4
5. It is important for teachers to objectively evaluate student performance and learning outcomes.	4.20	0.55	High	1
6. The textbook is suitable for mental health education courses and meets the learning needs of students.	4.02	0.66	High	10
7. The curriculum activities of mental health education courses can promote discussion and communication among students.	4.09	0.60	High	7

Table 4.10 (Continued)

Factors	μ	σ	Interpre- tation	Ranking within All Factors
8. Learning tasks are challenged and encouraged the students' enthusiasm.	3.86	0.67	High	13
9. The lecturer's teaching methods can improve students' participation in the classroom and help students improve their Mental Health literacy.	4.07	0.63	High	8
10. A good relationship between teachers and students helps improve students' learning outcomes.	4.20	0.63	High	1
11. Resources and teaching materials are interesting and able to achieve the goal.	3.98	0.63	High	11
12. Fixed learning places affect learning interest.	3.45	0.88	Moderate	16
13. Classroom environment affects students to improve mental health literacy.	3.77	0.80	High	14
14. A positive and positive teaching atmosphere makes students more willing to participate in classroom activities.	4.11	0.62	High	6
15. Appropriate class size (below 50) helps students participate in teaching activities.	3.70	0.80	High	15
16. The content of mental health education courses is practical, and students can apply knowledge to	4.05	0.57	High	9

Table 4.10 (Continued)

Factors	μ	σ	Interpre tation	Ranking within All Factors
maintain mental health in their daily lives.				
Total Average	4.00	0.50	High	

Table 4.10 indicates that internal factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Guangxi province overall found at high level ($\mu=3.99$). Considering only each item, it was found that factor No.2 have the highest mean ($\mu=4.36$), follow factor by No3 ($\mu=4.30$) and the fewest mean is factor No.13 ($\mu=2.36$).

For external factors affecting mental health education course enhance Mental Health Literacy of undergraduate students in Guangxi province overall found at moderate level ($\mu=4.00$). Considering only each item, it was found that factors No.16, No.19 and No.24 have the highest mean ($\mu=4.20$). Follow by factor No.18 ($\mu=4.18$) and the fewest mean is factor No.26 ($\mu=3.45$).

Summary of questionnaire survey results from students

The factors to enhance undergraduate students' mental health literacy from students in Guangxi Province were internal and external factors. The former included emphasis on courses, learning motivation, positive attitude towards mental health, adequate teaching preparation, appropriate teaching mode, the teaching level of teachers, positive teaching atmosphere while the latter involved social environment, materials, teaching methods, evaluation.

The lecturers interview analysis results

The researcher interviewed a total of 4 lecturers, each from Guangxi University, Guangxi Vocational University Of Agriculture, Guilin University Of Aerospace Technology, Yulin Normal University. The amount of lecturers' university by table 4.11.

Table 4.11 Common data of the respondents in overall.(N=4)

Data	Frequency	Percentage(%)
Gender		
A. Male	1	25.00
B. Female	3	75.00
Total	4	100.00
Experience teaching		
A. Below 3 yrs.	0	0
B.3-6 yrs.	0	0
C.7- 9 yrs.	1	25.00
D.Over 9 yrs.	3	75.00
Total	4	100
Age		
A. Below 25 yrs.	0	0
B. 26-35 yrs.	2	50.00
C. 36-49 yrs.	2	50.00
D. Over 49 yrs.	0	0
Total	4	100.00

The interview selected teachers from four schools who teach mental health education courses for interviews. From table 4.11 the common data of the respondents in Guangxi. The most gender is female, 75.00%, the most Experience teaching is 7- 9 yrs.,75.00%.The age of the interviewed lecturers is 2 each aged 26-35 yrs and 36-49 yrs, accounting for 50.00% each.

Interview Lecturers Results

After the results from interview with the 4 lecturers, the factors affecting students' learning achievement can be concluded as follows.

Question 1: Why do you accept or select to teach this subject? (Example, prefer to teach, be expert in the content, be requested, or other reasons.)

The four lecturers interviewed mentioned that they chose to teach mental health education courses because they liked it. In addition, the two lecturers also mentioned that teaching mental health education courses is a requirement of their job positions. On the other hand, teachers can understand students' psychological characteristics and existing psychological problems through class.

Question 2: What do you think is the uniqueness of the mental health education course for college students compared to other types of courses for college students?

Most the lecturers believe that the uniqueness of mental health education courses is: 1) the practicality of the courses is strong, with a focus on mastering skills while imparting knowledge. 2) A positive and positive teaching philosophy is more suitable for students' psychological characteristics, therefore, it is important to cultivate students' positive psychological qualities and pay attention to their growth and development. 3) More emotional investment can enhance the effectiveness of teaching and enhance the impact of the curriculum on the future.

Question 3: What do you think is the teaching goal of the mental health education course for college students?

The four lecturers believe the objectives of the mental health education course are: 1) to master knowledge of mental health and basic skills for maintaining mental health. 2) Using psychological knowledge to serve oneself and others. 3) Cultivate positive mental quality and improve mental Health literacy and mental health level.

Question 4: What methods will you use to achieve this teaching goal?

Most lecturers adopt methods such as case teaching, group collaboration teaching, experiential teaching, flipped classrooms, and practical assignments to achieve the course objectives.

Question 5: What preparations do you make before teaching?

Before teaching, most lecturers will prepare as follows: master the key knowledge points of the course content; Understand the basic situation and psychological characteristics of students; Choose appropriate textbooks and textbooks; Design appropriate teaching modes; Collective lesson preparation.

Question 6: Do you think the factors that affect the teaching quality of mental health education courses for college students?(Teachers [personality

traits/teaching attitude/teaching level, students learning attitude/mental health awareness/needs, teaching content, assessment methods, textbooks, etc.)

most lecturers think the factors affecting the teaching quality of mental health education courses including the following aspects: 1) Regarding teachers: their teaching ability, affinity, teaching attitude, and interaction with students. 2) On the student side: students' learning attitude, mental health awareness, learning needs, learning methods, etc. 3) In terms of materials: the applicability and practicality of the textbook, and the fun of the learning content. 4) In terms of environment: class size, suitability of venue, and active classroom atmosphere. 5) Teaching method: The teaching mode is suitable for students' characteristics and can stimulate their active participation.

Question 7: What learning tasks do you carry out to improve students' engagement ?

Most lecturers enhance students' classroom participation through learning tasks such as book clubs, game interactions, experiential teaching, student discussion and communication, and practical activities.

Question 8: What do you think are the assessment standards for mental health education courses?

Most lecturers believe that the evaluation criteria for mental health education courses can include the following: students' theoretical exam scores, satisfaction with the course, the application of psychological skills in daily life, and the improvement of students' psychological literacy.

Question 9: What difficulties do you encounter in teaching? How do you plan to solve it?

Difficulties

1) All four lecturers mentioned that the class size is too large, and teachers cannot pay attention to each student, resulting in reduced interaction with them.

2) Some students' enthusiasm for participating in the classroom is not high enough.

3) Some students do not attach enough importance to homework and practice after class.

Solution

1) Divide the class into smaller units in the form of group teaching. 2) Guide students to attach importance to mental health education courses. 3) Choose more interesting teaching methods and strengthen the interaction between teachers and students. 4) Change the course assessment method and focus on process evaluation.

Question 10: Which aspects of your teaching need to be improved, or which aspects do you want the school to support you?

1) Arrange suitable class sizes for teaching. 2) Provide suitable classroom space: movable tables and chairs, a safe and positive classroom environment. 3) Teacher refresher training. 4) Teaching discussions and designing more suitable teaching modes.

Internal Factors

Physical

1) The lecturers unanimously believe that sufficient teaching preparation can enable both teachers and students to actively participate in teaching. Teachers need to collect targeted learning materials based on students' professional and psychological characteristics; At the same time, design teaching models that are suitable for students, guide them to attach importance to mental health education courses, and attract students to participate in teaching activities.

2) The teaching level of teachers is a key factor that restricts the quality of teaching. Many teachers in mental health education courses are not psychology professionals, and the four lecturers interviewed hope that the school can provide more training in course knowledge, teaching methods, and other aspects to improve the teaching quality of the courses.

3) The four interviewed teachers all attach great importance to creating a positive teaching atmosphere, using various methods to promote communication and interaction between students, and allowing students to feel the warmth and safety of the humanistic environment.

Psychological

1) Some students believe that people with mental health do not need to study mental health education courses, so they do not listen attentively in class and do not participate in classroom activities; Because mental health education courses are not professional courses, students do not attach great importance to them and will not explore more knowledge after class.

2) Most students have a good mental health state, and even if some students experience psychological problems, it is still a developmental problem. Therefore, teachers should adhere to the thinking of positive psychology and create a warm, positive, and inclusive teaching atmosphere for students. This can make students feel respected and more willing to open up and participate in classroom teaching; At the same time, teachers set an example and encourage students to follow suit, making them more willing to help others.

External Factors

Social environment: All four lecturers promote an interactive and collaborative learning environment. They encourage group discussions, peer reviews, and collaborative projects, which can enhance students' social interaction, teamwork skills, and mutual learning.

Materials: Before teaching, each lecturer will choose suitable textbooks, and some teachers will also write textbooks based on the characteristics of the students in their school; In addition, they will also use other teaching materials, such as online courses, the latest survey data, and online heated discussions (real student cases). These materials are used to stimulate students' interest in learning, enhance their enthusiasm for participating in the classroom, and broaden their knowledge and application.

Teaching Methods: The four lecturers all use the experiential teaching mode to carry out teaching through group Cooperative learning, case discussion, group psychological guidance, role play, practical activities, etc.

Class size: All the interviewed lecturers mentioned that a large class size (with over 40 students) can result in teachers not being able to pay attention to each student and have more interaction with them. When students participate in classroom activities, their sense of participation and experience will be negatively affected.

Evaluation: The four lecturers have always believed that the mental health education curriculum is a course that emphasizes both theory and practice. Therefore, they will measure students through classroom questions and answers, grading among group members, group practice/homework, Final examination, etc; And they all attach great importance to the application of students' knowledge and their growth.

Part 2: Analysis results serving objective 2--To develop Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve undergraduate students' mental health literacy.

To serve objective 2, the collected data of confirming the appropriateness of 5 components of instructional model are analyzed in 4 areas, i.e. utility, feasibility, propriety, and accuracy and presented by frequency and percentage of the specialists as shown in table and description below.

Table 4.12 Frequency and percentage of confirmability of utility, feasibility, propriety, and accuracy of the instructional model components in 5 areas by specialists.x

No.	Components of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve undergraduate students' mental health literacy	Opinion of the Specialists															
		Utility				Feasibility				Propriety				Accuracy			
		Agree		Disagree		Agree		Disagree		Agree		Disagree		Agree		Disagree	
		Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
1	Principle and Rationale	3	100	3	0	3	100	3	0	3	100	3	0	3	100	3	0
2	Objectives	3	100	3	0	3	100	3	0	3	100	3	0	3	100	3	0
3	Contents	3	100	3	0	3	100	3	0	3	100	3	0	3	100	3	0
4	Methods of Teaching & Materials Evaluation	3	100	3	0	3	100	3	0	3	100	3	0	3	100	3	0

From Table 4.12 the confirmability of each component of the instructional model by 3 specialists 100 % all.

Principle and Rationale

The utility of principle and rationale of the instructional model is confirmed to be appropriate by 3 specialists; feasibility 3 specialists; propriety 3 specialists; and accuracy 3 specialists

Objectives

The objectives of principle and rationale of the instructional model is confirmed to be appropriate by 3 specialists; feasibility 3 specialists; propriety 3 specialists; and accuracy 3 specialists.

Contents

The contents of principle and rationale of the instructional model is confirmed to be appropriate by 3 specialists; feasibility 3 specialists; propriety 3 specialists; and accuracy 3 specialists.

Methods of Teaching & Materials

The methods of teaching & materials of principle and rationale of the instructional model is confirmed to be appropriate by 3 specialists; feasibility 3 specialists; propriety 3 specialists; and accuracy 5 specialists .

Evaluation

The evaluation of teaching & materials of principle and rationale of the instructional model is confirmed to be appropriate by 3 specialists; feasibility 3 specialists; propriety 3 specialists; and accuracy 3 specialists.

Part 3: Analysis results serving objective 3---To examine the effects of implementing Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve undergraduate students' mental health literacy.

Objective 3 analysis results are presented by reporting students' performance according to rubric score-based assessment criteria and satisfaction of mental health literacy through Solution-Focused Brief Therapy and Experiential Teaching Instructional model as specified in chapter 3 with tables and descriptive analysis.

Table 4.13 Students' Performance Results on Basis of Analytic and Holistic Rubric-Score Assessment through Solution-Focused Brief Therapy and Experiential Teaching instructional model

Aspects of assessment	\bar{X}	SD	Interpretation of quality level	Rank
Psychological knowledge	13.40	1.24	Excellent	1
Self-help ability	13.03	1.41	Excellent	2
Ability to help others	12.43	1.22	Excellent	3
Average	12.95	1.08	Excellent	

Table 4.13 indicates that after implementing Solution-Focused Brief Therapy and Experiential Teaching Instructional model, students' performance assessed by analytic at Excellent level ($\bar{X}=12.95$) and holistic rubric-scoring at Excellent level. For analytic results, Psychological knowledge is the aspect the students can develop most obviously followed by Ability to help others and Self-help ability.

Table 4.14 Relative Developmental Score of Students' mental health literacy (Summary the level: mental health literacy over all 9 Standards) Enhancement Through Solution-Focused Brief Therapy and Experiential Teaching Instructional model :

Score	Grade
41-45	Excellent
36-40	Good
32-35	Medium
27-31	Pass
Less than 27	Poor

Summary the level : mental health literacy over all 9 Standardss

Table 4.14 (Continued)

Development level	Frequency	Percentage
Excellent	14	35.00%
Good	19	47.50%
Medium	5	12.50%
Pass	2	5.00%
Poor	0	0%

From table 4.14, it can be seen that most of the students (82.50%) showed good mental health literacy. Among them, 14 were excellent (35.00%), 19 were good (47.50%), 5 were average (12.50%), and 2 were passing (5.00%). No student had a poor level of mental health literacy.

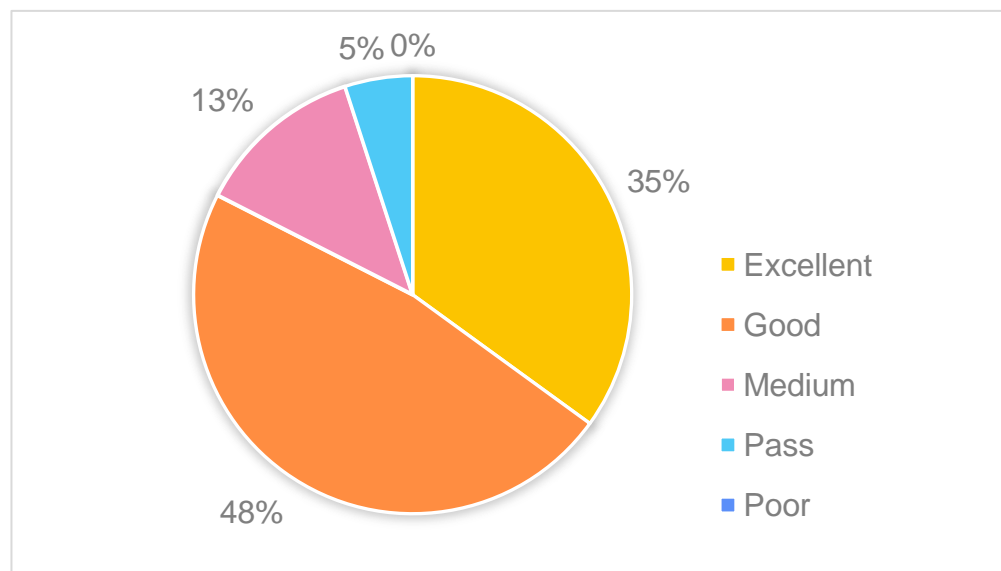


Figure 4.1 Distribution of scores for students' mental health literacy

Overall, as can be seen from Table 4.14, after implementing the Solution-Focused Brief Therapy and Experiential Teaching Instructional model, the mental health literacy of most students (82.5%) has been improved. This result is consistent with the research hypothesis that after implementing the Solution-Focused Brief

Therapy and Experiential Teaching Instructional model, students' mental health literacy will increase by 80.00% overall (Good Level or higher). Therefore, we can conclude that the Solution-Focused Brief Therapy and Experiential Teaching Instructional model is effective for improving students' mental health literacy.

Table 4.15 Relative Developmental Score of Students' mental health literacy (Criteria to evaluate 1. Psychological knowledge) Enhancement Through Solution-Focused Brief Therapy and Experiential Teaching Instructional model :

Criteria to evaluate 1. Psychological knowledge

Standard 1: Mental health knowledge

Standard 2: Psychological disorders knowledge

Standard 3: Positive mental health

Score	Grade
14-15	Excellent
11-13	Good
7-10	Medium
4-6	Pass
Less than 4	Poor

Summary the level item 1 Psychological knowledge

Development level	Frequency	Percentage
Excellent	25	62.5%
Good	14	35%
Medium	2	5%
Pass	0	0%
Poor	0	0%

From table 4.15, most students (95%) have achieved a good or excellent level of Psychological knowledge, exceeding the expected 80% in the research hypothesis. This indicates that the Solution-Focused Brief Therapy and Experiential Teaching Instructional model has a significant positive impact on students' Psychological knowledge.

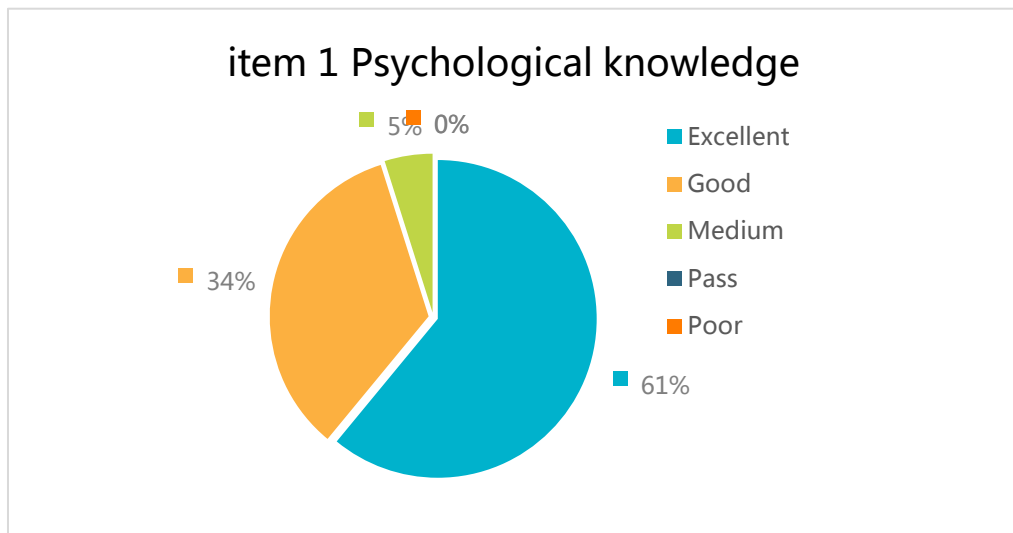


Figure 4.2 Distribution of scores for students' Psychological knowledge Self-help ability

Table 4.16 Relative Developmental Score of Students' Self-help ability (Criteria to evaluate 2.Self-help ability) Enhancement Through Solution-Focused Brief Therapy and Experiential Teaching instructional model:

Criteria to evaluate 2. Self-help ability

Standard 1: self-awareness

Standard 2: Emotional regulation

Standard 3: Promoting one's own mental health

Score	Grade
14-15	Excellent
11-13	Good
7-10	Medium
4-6	Pass
Less than 4	Poor

Summary the level item 2: Self-help ability

Table 4.16 (Continued)

Development level	Frequency	Percentage
Excellent	21	52.50%
Good	16	40.00%
Medium	3	7.50%
Pass	0	0%
Poor	0	0%

From Table 4.16, most students (92.50%) have achieved a good or excellent level of Self-help ability, exceeding the expected 80.00% in the research hypothesis. This indicates that the Solution-Focused Brief Therapy and Experiential Teaching instructional model has a significant positive impact on students' Self-help ability.



Figure 4.3 Distribution of scores for students' Self-help ability
Ability to help others

Table 4.17 Relative Developmental Score of Students' ability to help others (Criteria to evaluate 3.ability to help others) Enhancement Through Solution-Focused Brief Therapy and Experiential Teaching instructional model:

Criteria to evaluate 3. ability to help others

Standard 1: Interpersonal trust

Standard 2: Interpersonal communication skills

Standard 3: Promoting the mental health of others

Score	Grade
14-15	Excellent
11-13	Good
7-10	Medium
4-6	Pass
Less than 4	Poor

Summary the level item 3. ability to help others

Development level	Frequency	Percentage
Excellent	6	15.00%
Good	32	80.00%
Medium	2	5.00%
Pass	0	0%
Poor	0	0%

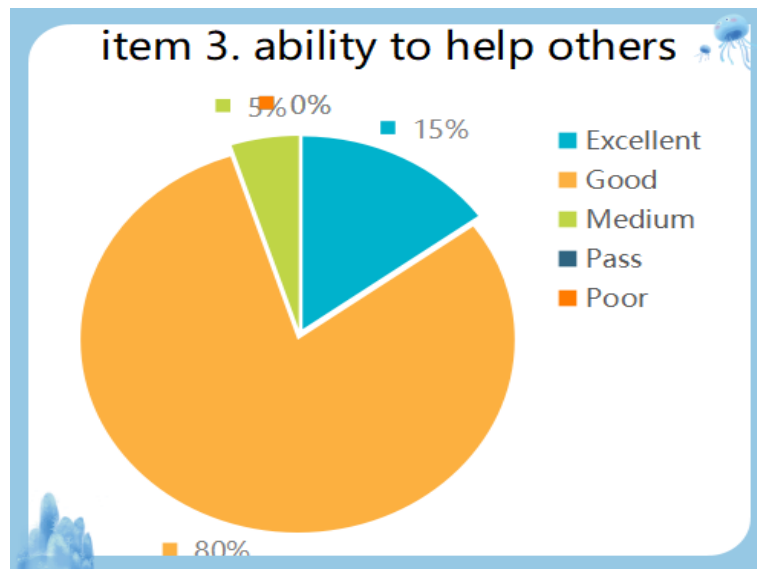


Figure 4.4 Distribution of scores for students' ability to help others

From table 4.16, most students (95.00%) have achieved a good or excellent level of ability to help others, exceeding the expected 80.00% in the research hypothesis. This indicates that the Solution-Focused Brief Therapy and Experiential Teaching instructional model has a significant positive impact on students' ability to help others.

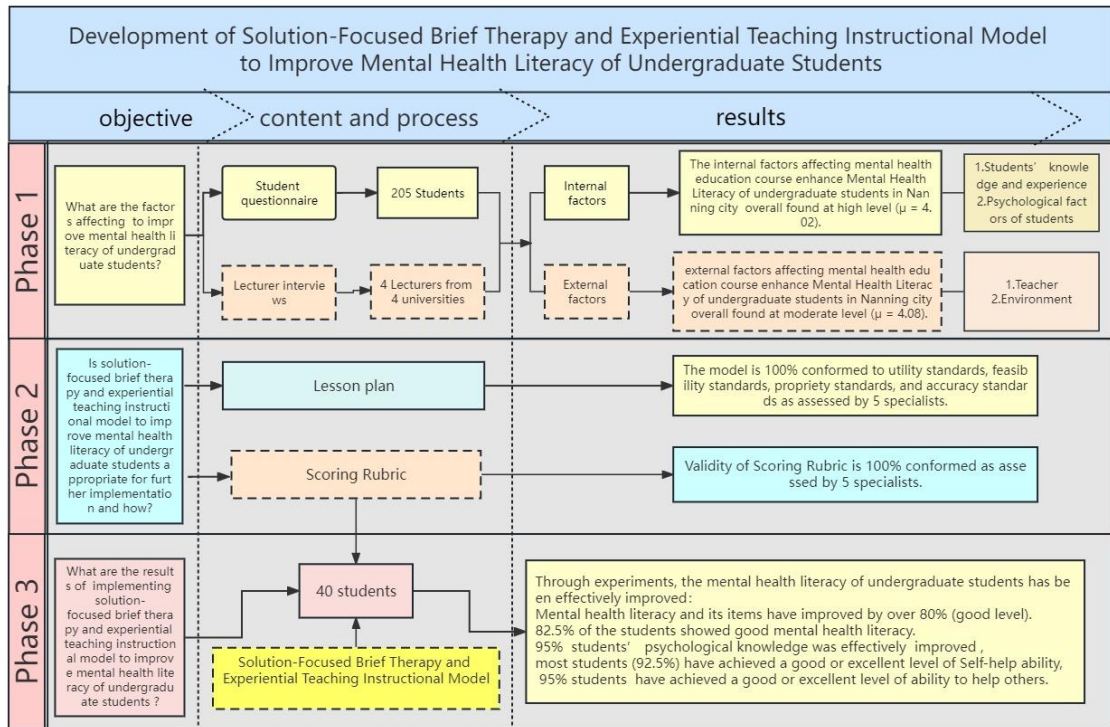


Figure 4.5 Research flowchart

Chapter 5

Conclusion, Discussion and Recommendations

The result in the study of “Development of Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve mental health literacy of undergraduate students”, the researcher presented the documents concerning the following.

Conclusion

1. The factors affecting mental health literacy of undergraduate students include two factors: the main internal factors that influence the improvement of mental health literacy in undergraduate students were identified as learning attitude, learning motivation, learning interest, and self-confidence in learning. Among them, the main external factors influencing the improvement of mental health literacy in undergraduate students are the teacher's basic teaching ability, classroom organization and implementation, personal qualities of the teacher, teaching attitude of the teacher, innovation in teaching methods, and curriculum design.

2. Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve Chinese culture English reading ability of undergraduate students include 5 components: 1) Principle and Rationale, 2) Objectives, 3) Contents ,4) Method of teaching & Materials and 5) Evaluation. The model is 100% conformed to utility standards, feasibility standards, propriety standards, and accuracy standards as assessed by 3 specialists.

3. Through experiments, the mental health literacy of undergraduate students has been effectively improved. Data presentation, 82.50% of the students showed good mental health literacy. Among them, 14 were excellent (35.00%), 19 were good (47.50%), 5 were average (12.50%), and 2 were passing (5.00%). No student had a poor level of mental health literacy. 95.00% students' psychological knowledge was effectively improved, most students (92.50%) have achieved a good or excellent level of Self-help ability, and 95.00% students have achieved a good or excellent level of ability to help others. Mental health literacy and its items have improved by over 80% (good level). The research hypothesis is valid.

Discussion

In the study "Development of Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve mental health literacy of undergraduate students", the researchers provided the following related documents.

Phase 1 Analysis results serving objective 1

The factors affecting mental health literacy of undergraduate students include two factors: the main internal factors that influence the improvement of mental health literacy in undergraduate students were identified as learning attitude, learning motivation, learning interest, and self-confidence in learning. Among them, the main external factors influencing the improvement of mental health literacy in undergraduate students are the teacher's basic teaching ability, classroom organization and implementation, personal qualities of the teacher, teaching attitude of the teacher, innovation in teaching methods, and curriculum design.

The factors to enhance undergraduate students' mental health literacy of undergraduate students in Guangxi Province were internal and external factors. The former included Student knowledge and experience, student interests, needs and motivations, positive mindset, while the latter involved Teacher's teaching ability, affinity, teaching attitude, interaction with students, and teaching mode, class size, teaching atmosphere, and evaluation.

1. Students' knowledge and experience

Most undergraduate students are psychologically healthy individuals. If they believe that mentally healthy individuals do not need to study mental health courses, they will not study this course seriously (Gao, 2022); On the contrary, they will take their studies seriously and improve their mental health literacy in the curriculum.

Wang et al. (2022) and Xu (2020) argue that mental health awareness requires time to cultivate and needs to be subtly influenced every day. If students have studied mental health courses before college, they are more likely to receive new mental health knowledge and are more willing to work hard to learn (Xu, 2020). On the other hand, if a student's family, friends, or themselves have psychological problems or illnesses, they will also be more willing to learn mental health knowledge to help themselves or others (Jiang et al., 2020).

Therefore, the knowledge and experience of students' mental health can help them study courses harder and improve their mental health literacy.

2. Psychological factors of students

The results of student questionnaires and lecturer interviews indicate that students' interests, needs, and motivations can all affect the improvement of mental health literacy. If students enjoy this course, they will work harder and actively participate in classroom activities (Gao, 2022; Sun, 2018). Alternatively, students studying mental health courses aim to apply psychological knowledge to solve practical problems, not just for academic performance. They will be willing to spend more time exploring knowledge, and their mental health literacy will significantly improve (Xu, 2020).

Four interviewed lecturers mentioned that when dealing with psychological problems and illnesses, if students can approach them with a positive attitude, they will not internalize emotions, but will adopt positive thinking, discover positive meaning in negative events, and use their strengths and resources to solve problems.

3. Teacher's teaching ability

You et al. (2016), You In 2017, it was believed that the teacher factor ranked first as the limiting factor for the teaching quality of mental health education courses for college students. The teaching ability, affinity, teaching attitude, and interaction with students of teachers (Sun, 2018; Yan & Zeng, 2018) can all affect the improvement of mental health literacy. A student questionnaire survey shows that teachers have a serious teaching attitude, pay more attention to students, and interact with them. Good teaching ability will have a positive impact on students, and students will be more willing to make contributions in the classroom, thereby improving their mental health literacy.

4. Teaching mode

The mental health education course is different from general subject courses. In interviews, most instructors believe that the uniqueness of the mental health education course lies in its strong practicality, emphasizing the mastery of skills while imparting knowledge. Therefore, scholars (Sun, 2018; Yan & Zeng, 2018; Hu, 2011) generally realize that the traditional lecture based teaching model that focuses on knowledge transfer is not suitable for mental health education courses, and positive and proactive teaching concepts are more suitable for students' psychological

characteristics. Therefore, cultivating students' mental health literacy and paying attention to their growth and development are crucial (Gao, 2017; Gao, 2022; Jia et al., 2023). More emotional investment can improve the effectiveness of teaching and enhance the impact of the curriculum on the future (Lin, 2020; Gao, 2022; Wang, 2021). Therefore, many scholars (Sun, 2018; Yan & Zeng, 2018; Hu, 2011) have adopted methods such as case teaching, group collaboration teaching, experiential teaching, flipped classroom, and practical assignments to achieve course objectives.

5. Teaching atmosphere

Hu (2011), Gao (2022), and Yan & Zeng (2018) all believe that classroom atmosphere is very important, and a warm and positive teaching atmosphere can make students feel trust and safety. In this atmosphere, students are more willing to open up and actively share and communicate in classroom activities (Sun, 2018; Yan&Zeng, 2018). Students will have more emotional and emotional experiences, a deeper understanding of mental health knowledge (Lin,2020; Gao, 2022; Wang, 2021), and a significant improvement in mental health literacy.

6. Teaching measurement and evaluation

Tian&Lian (2017) and Chen&Zuo (2019) believe that the evaluation of mental health education courses cannot simply assess the mastery of psychological knowledge, nor can it be qualified based on the acquisition of certain psychological counseling skills.

Therefore, the evaluation criteria for mental health education courses can include the following: students' theoretical exam scores, satisfaction with the course, the application of psychological skills in daily life, and the improvement of students' psychological literacy. Researchers believe that as a course centered on individual student experiences, the testing method should be based on the student's self experience. Therefore, in this teaching reform experiment, written statements such as case analysis and personal growth reports were used, and a process evaluation was conducted based on the student's classroom performance and level of activity participation.

Phase 2 Analysis results serving objective 2

Solution-Focused Brief Therapy and Experiential Teaching instructional model to improve Chinese culture English reading ability of undergraduate students include 5 components: 1) Principle and Rationale, 2) Objectives, 3) Contents ,4) Method of

teaching & Materials and 5) Evaluation. The model is 100% conformed to utility standards, feasibility standards, propriety standards, and accuracy standards as assessed by 3 specialists.

After 3 experts confirm the 5 components of the teaching model to determine the implementation of the teaching model. Through the confirmation results of 3 experts, Solution-Focused Brief Therapy and Experiential Teaching instructional model have been unanimously agreed and supported.

Principle and Rationale aspect. The utility, feasibility, propriety, and accuracy of the Principle and Rationale of this model have been unanimously recognized by experts, which shows that the Principle and Rationale of Solution-Focused Brief Therapy and Experiential Teaching instructional model is robust and has a relatively solid theoretical foundation. The teaching model is conducive to the enhance students' mental health literacy, which provides effective support in theory.

Target aspect. The teaching objectives of this model have been unanimously approved by five experts. Clear teaching objectives are the prerequisite for achieving teaching effects. The clarity and clarity of the teaching objectives of this model can enhance students' mental health literacy.

Teaching methods and materials. The content and materials of the Solution-Focused Brief Therapy and Experiential Teaching instructional model have been unanimously approved by experts. The well-designed Solution-Focused Brief Therapy and Experiential Teaching instructional activities and interesting learning experience have good adaptability to the teaching model, which can effectively Promote the improvement of students' mental health literacy.

Assessment aspect. The evaluation part has been unanimously approved by experts, emphasizing the effectiveness and appropriateness of the evaluation and feedback mechanism in improving students' mental health literacy, and can give effective feedback to students' mental health literacy.

In conclusion, the experts unanimously recognized the utility, feasibility, propriety, and accuracy of the Solution-Focused Brief Therapy and Experiential Teaching instructional model, indicating that the robustness and adaptability of the model, if implemented smoothly, can effectively enhance students' mental health literacy.

Phase 3 Analysis results serving objective 3

Through experiments, the mental health literacy of undergraduate students has been effectively improved. Data presentation, 82.50% of the students showed good mental health literacy. Among them, 14 were excellent (35.00%), 19 were good (47.50%), 5 were average (12.50%), and 2 were passing (5.00%). No student had a poor level of mental health literacy. 95.00% students' psychological knowledge was effectively improved, most students (92.50%) have achieved a good or excellent level of Self-help ability, and 95.00% students have achieved a good or excellent level of ability to help others. Mental health literacy and its items have improved by over 80% (good level). The research hypothesis is valid.

After the implementation of the Solution-Focused Brief Therapy and Experiential Teaching Instructional model, the mental health literacy has been effectively improved.

82.50% students showed good mental health literacy. Among them, 14 were excellent (35.00%), 19 were good (47.50%). The Instructional model restarts, emphasizes insights, practices, and participation, integrating the theory of mental health knowledge into practical activities, focusing on individual resources, advantages, and expectations for the future, exploring students' successful experiences, allowing them to master theoretical knowledge through experience and apply it to problem-solving (Cui, 2020; De Shazer et al., 2021). At the same time, it cultivates students' positive thinking and improves their mental health literacy. Therefore, the Solution-Focused Brief Therapy and Experiential Teaching Instructional model can not only help students better handle current problems, but also play a positive role in future learning and life.

College freshmen still have significant blind spots in both their own mental health level and their mastery and understanding of mental health knowledge, especially in terms of their strong sense of shame towards mental illness (Gao, 2022; Lee H Y et al., 2020). Therefore, many cases of mental illness were designed in the classroom, allowing students to analyze and role-play under the guidance of positive thinking, feel the emotions of the parties involved in the experience, and explore positive solutions to problems in group discussions. Data display, most students (95%) have achieved a good or excellent level of Psychological knowledge. It can be

seen that the Instructional model effectively helps students master psychological knowledge and promotes knowledge internalization.

Chinese Ministry of Education (2011) proposes college students are in a stage of self discovery and self construction. By understanding and improving themselves, they can better choose a career and lifestyle that suits them (You et al.,2016; You, 2017). Therefore, self-help ability includes self-awareness, problem-solving, and self-improvement. The data shows that through experiments, most students (92.50%) have achieved a good or excellent level of Self-help ability. The Instructional model attracts students with activities full of vitality, sincerity, and warmth, making them more willing to explore, open up, and share themselves. Through interaction with classmates, they vent their emotions, release stress, acquire psychological knowledge and skills, and master the ability to self regulate psychological distress.

The improvement of mental health literacy among college students not only requires them to be able to "help themselves", but also to be able to "help others"(Jiang et al.,2020). Therefore, under the concept of Instructional model, a 6-person learning group (see Figure 5-1) is formed to encourage students to actively pay attention to others in the group, promote their communication with each other, and improve their interpersonal skills; At the same time, design teaching games to help students develop a sense of teamwork and the ability to help others while participating in the game. Through positive feedback from each other, cultivate new perspectives for group members to view problems and improve their ability to face and solve problems positively. So, most students (95%) have achieved a good or excellent level of ability to help others after experiment.

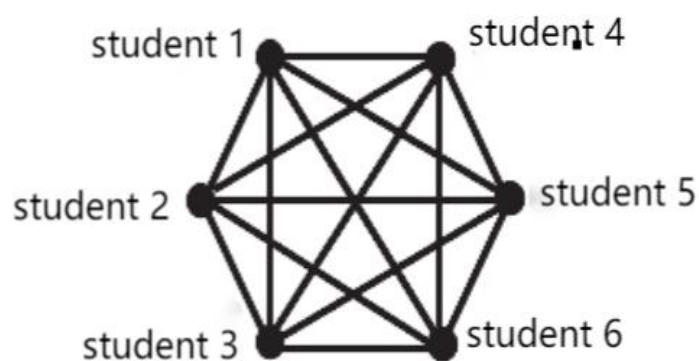


Figure 5.1 Communication Forms between Students

In summary, Psychological knowledge, Self-help ability, ability to help others are important dimensions of mental health literacy, and these aspects contribute significantly to the improvement of students' mental health literacy. The experiment proves that most of the students (82.5%) acquire good or excellent mental health literacy by implementing the teaching of Solution-Focused Brief Therapy and Experiential Teaching Instructional model.

Recommendations

The findings from the present study bring two fold suggestions: applicability of the results and future research.

Applicability of the results

The Solution-Focused Brief Therapy and Experiential Teaching Instructional model has a unique educational philosophy: focusing on the future, believing that every problem has an exceptional moment; Believe that small changes can trigger big changes; In the process of discussing and practicing with peers, explore the strengths and resources of students to solve problems.

Firstly, for students, the Solution-Focused Brief Therapy and Experiential Teaching Instructional model emphasizes positive thinking and their own strengths, which can change their attitude towards problems. When encountering difficulties and problems, it can help students change their mindset, pay attention to exceptional situations, and continuously cultivate their abilities and improve their confidence over time. On the other hand, the Solution-Focused Brief Therapy and Experiential Teaching Instructional model emphasizes group collaboration, where students gradually improve their communication, cooperation, and helping abilities within the group.

Secondly, for instructors, the Solution-Focused Brief Therapy and Experiential Teaching Instructional model can further enrich the teaching methods of mental health education. The teaching mode can help teachers change their teaching philosophy, view the problems that students encounter with a positive perspective, discover the shining points of students, and integrate theory into their practical operations through situational settings, group interaction and exploration, and practical activities, allowing students to internalize knowledge through experience and improve their learning effectiveness.

Thirdly, for universities, Solution-Focused Brief Therapy and Experiential Teaching Instructional model can gain more experience and advice in managing universities, helping teachers and students to teach better. In modern teaching, the Solution-Focused Brief Therapy and Experiential Teaching Instructional model makes the teaching form more vivid and has enormous potential advantages. It plays a unique value in the teaching process, improves some drawbacks of traditional teaching, and provides students with more learning opportunities.

Future research

1. Developing other Instructional models to apply to Mental Health Education courses

Curriculum is a dynamic field that includes three elements: the classroom, students, and teachers, with interdependent and interactive relationships among them. There are many factors that affect teaching effectiveness, and they will also change with the times and changes in students. Therefore, teachers constantly explore and find suitable teaching models for mental health education courses during the teaching process, such as project-based teaching models, practical teaching models, etc., and verify the effectiveness of the teaching models through experiments.

2. Applying Solution-Focused Brief Therapy and Experiential Teaching Instructional model to other courses

The results of this study indicate that Solution-Focused Brief Therapy and Experiential Teaching Instructional model have a positive impact on the improvement of students' mental health literacy, which provides new ideas for schools to improve students' learning enthusiasm, experiential skills, and positive thinking. Therefore, it is recommended that schools actively integrate Solution-Focused Brief Therapy and Experiential Teaching Instructional model with other courses, and integrate the language, methods, and classroom activity forms of the focus on solving educational skills learning curriculum into the teaching of other subjects. By combining the different characteristics of each subject, schools should practice the theory of focus on solving education, enhance students' positive emotions in learning, alleviate their learning anxiety, reduce negative emotions, and ultimately improve their academic performance.

3. Integrating the cultivation of mental health literacy into daily life

Psychological health literacy plays a crucial role in promoting the development of mental health education at schools in China. It internally stimulates the endogenous force for the psychological health development of teachers and students in schools, and creates a favorable environment for mental health education externally. The Solution-Focused Brief Therapy and Experiential Teaching Instructional model provides opportunities for students to overcome behavioral problems and establish good behavioral patterns. However, relying solely on classroom teaching has limited effectiveness. Therefore, the concept of Solution-Focused Brief Therapy and Experiential Teaching Instructional model can be applied to other teaching management in schools, integrating the cultivation of mental health literacy into daily life, and forming a comprehensive educational effect.

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Appendices

Appendix A

List of Specialists and Letters of Specialists Invitation
for IOC Verification

List of experts to validate research instruments

1. Assistant Professor Dr. Sarayuh Sethakajorn Administration Program
Bansomdejchaopraya Rajabhat University
2. Professor Dr. Song Fengning Psychology Program
Guangxi University
3. Assistant Professor Dr. Tan Xianzheng Psychology Program
Guangxi University

List of experts to evaluate the format Instructional Model

1. Assistant Professor Dr. Wanida Ploysangwal English Program
Bansomdejchaopraya Rajabhat University

2. Dr. Panas Jansritong Administration Program
Krirk University

3. Assistant Professor Dr. Li Yulan Psychology Program
Nanning Normal University

Appendix B
Official Letter

Ref. No. MHESI 0643.14/ 174



Graduate School
Bansomdejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19. September 2023

Subject Request for research tool validation

Dear Assistant Professor Dr.Sarayut Sethakajorn

Attachment Validation sheets

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomdejchaopraya Rajabhat University code number 6473103111, Thailand under the supervision of Assistant Professor Dr.Nuttamon Puchatree as major advisor and Associate Professor Dr.Areewan Iamsa-ard and Associate Professor Dr.Suriya Phankosol as co-advisors, the written Rubric scoring form and questionnaire as instruments will be used in the said research. In view with this, the researcher would like your expertise to validate the attached pretest-posttest and questionnaires to qualify for conduction. Knowing your experience in the field of Education, I would like to ask for your help in validating the said instrument before administering it to the participants of the study.

The research objective, definitions of terms, Rubric scoring form, questionnaire and the validation sheets are hereby attached. I will be glad to hear your suggestions and comments for the improvement of the instrument. Your positive response is highly appreciated.

Sincerely,

(Asst.Prof.Dr.Kanakorn Sawangcharoen)
Dean of Graduate School
Bansomdejchaopraya Rajabhat University

Tel. +66 0204737000 Ext.

Fax. +66 0204737000

Ref. No. MHESI 0643.14/1175



Graduate School
Bansomdejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19. September 2023

Subject Request for research tool validation

Dear Professor Dr.Song Fengning

Attachment Validation sheets

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomdejchaopraya Rajabhat University code number 6473103111, Thailand under the supervision of Assistant Professor Dr. Nuttamon Puchatree as major advisor and Associate Professor Dr. Areewan Iamsa-ard and Associate Professor Dr. Suriya Phankosol as co-advisors, the written Rubric scoring form and questionnaire as instruments will be used in the said research. In view with this, the researcher would like your expertise to validate the attached pretest-posttest and questionnaires to qualify for conduction. Knowing your experience in the field of Education, I would like to ask for your help in validating the said instrument before administering it to the participants of the study.

The research objective, definitions of terms, Rubric scoring form, questionnaire and the validation sheets are hereby attached. I will be glad to hear your suggestions and comments for the improvement of the instrument. Your positive response is highly appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to be 'Kanakorn Sawangcharoen'.

(Asst. Prof. Dr. Kanakorn Sawangcharoen)
Dean of Graduate School
Bansomdejchaopraya Rajabhat University

Tel. +66 0204737000 Ext.
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Ref. No. MHESI 0643.14/1176



Graduate School
Bansomejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

11. September 2023

Subject Request for research tool validation

Dear Assistant Professor Dr. Tan Xianzheng

Attachment Validation sheets

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomejchaopraya Rajabhat University code number 6473103111, Thailand under the supervision of Assistant Professor Dr. Nuttamon Puchatree as major advisor and Associate Professor Dr. Areewan Iamsa-ard and Associate Professor Dr. Suriya Phankosol as co-advisors, the written Rubric scoring form and questionnaire as instruments will be used in the said research. In view with this, the researcher would like your expertise to validate the attached pretest-posttest and questionnaires to qualify for conduction. Knowing your experience in the field of Education, I would like to ask for your help in validating the said instrument before administering it to the participants of the study.

The research objective, definitions of terms, Rubric scoring form, questionnaire and the validation sheets are hereby attached. I will be glad to hear your suggestions and comments for the improvement of the instrument. Your positive response is highly appreciated.

Sincerely,

(Asst. Prof. Dr. Kanakorn Sawangcharoen)
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Ref. No. MHESI 0643.14/1178



Graduate School
BansomdejchaoprayaRajabhat University
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Thonburi Bangkok 10600

19 September 2023

Subject Request for evaluation of instructional model

Dear Assistant Professor Dr. Wanida Ploysangwal

Attachment Validation sheets.

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at BansomdejchaoprayaRajabhat University code number 6473103111, Thailand under the supervision of Assistant Professor Dr. Nuttamon Puchatree as major advisor and Associate Professor Dr. Areewan Iamsa-ard and Associate Professor Dr. Suriya Phankosol as co-advisors, the instructional model will be developed in the said research. In view with this, the researcher would like your expertise to evaluate the appropriateness of such a developed instructional model. Knowing your experience in the field of Education, I would like to ask for your help in evaluating the said instructional model before its implementation.

I will be glad to hear your suggestions and comments for the improvement of the instructional model. Your positive response is highly appreciated.

Sincerely,

(Assistant Professor Dr. Kanakorn Sawangcharoen)
Dean of Graduate School
BansomdejchaoprayaRajabhat University

Tel. (662) 4737000

Fax. (662) 4737000

Ref. No. MHESI 0643.14/ 1179



Graduate School
BansomdejchaoprayaRajabhat University
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Thonburi Bangkok 10600

19 September 2023

Subject Request for evaluation of instructional model

Dear Dr.Panas Jansritong

Attachment Validation sheets.

Regarding the thesis entitled “Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students” of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at BansomdejchaoprayaRajabhat University code number 6473103111, Thailand under the supervision of Assistant ProfessorDr.Nuttamon Puchatree as major advisor and Associate Professor Dr.Areewan Iamsa-ard and Associate Professor Dr.Suriya Phankosol as co-advisors, the instructional model will be developed in the said research. In view with this, the researcher would like your expertise to evaluate the appropriateness of such a developed instructional model. Knowing your experience in the field of Education, I would like to ask for your help in evaluating the said instructional model before its implementation.

I will be glad to hear your suggestions and comments for the improvement of the instructional model. Your positive response is highly appreciated.

Sincerely,

(Assistant Professor Dr.Kanakorn Sawangcharoen)
Dean of Graduate School
BansomdejchaoprayaRajabhat University

Tel. (662) 4737000

Fax. (662) 4737000

Ref. No. MHESI 0643.14/ 1186



Graduate School
BansomdejchaoprayaRajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19 September 2023

Subject Request for evaluation of instructional model

Dear Professor Dr.Li Yulan

Attachment Validation sheets.

Regarding the thesis entitled “Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students” of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at BansomdejchaoprayaRajabhat University code number 6473103111, Thailand under the supervision of Assistant Professor Dr.Nuttamon Puchatree as major advisor and Associate Professor Dr.Areewan Iamsa-ard and Associate Professor Dr.Suriya Phankosol as co-advisors, the instructional model will be developed in the said research. In view with this, the researcher would like your expertise to evaluate the appropriateness of such a developed instructional model. Knowing your experience in the field of Education, I would like to ask for your help in evaluating the said instructional model before its implementation.

I will be glad to hear your suggestions and comments for the improvement of the instructional model. Your positive response is highly appreciated.

Sincerely,

(Assistant Professor Dr.Kanakorn Sawangcharoen)
Dean of Graduate School
BansomdejchaoprayaRajabhat University

Tel. (662) 4737000

Fax. (662) 4737000

List name the specialist to check research instruments for IOC

No	Name	Title Research	Advisors	The experts	Place
643710 3111	Zeng Yuanzhen	Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students	<p>Major Advisor Assistant Professor Dr. Nuttamon Puchatree</p> <p>Co-advisor: Associate Professor Dr. Areewan Iamsa-ard</p> <p>Co-advisor: Associate Professor Dr. Suriya Phankosol</p>	<p>The specialist to check research</p> <p>1. Assistant Professor Dr. Sarayut Sethakajorn</p> <p>Chinese 2. Professor Dr. Song Fengning</p> <p>3. Assistant Professor Dr. Tan Xianzheng</p>	<p>1. Administration Program Bansomdejchaopraya Rajabhat University</p> <p>2. Psychology Program Guangxi University</p> <p>3. Psychology Program Guangxi University</p>

List name the specialist to confirm instructional model for obj.2

No	Name	Title Research	Advisors	The experts	Place
643710 3111	Zeng Yuanzhen	Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students	<p>Major Advisor Assistant Professor Dr. Nuttamon Puchatree</p> <p>Co-advisor: Associate Professor Dr. Areewan Iamsa-ard</p> <p>Co-advisor: Associate Professor Dr. Suriya Phankosol</p>	<p>The specialist to confirm instructional model</p> <p>1 . Assistant Professor Dr. Wanida Ploysangwal</p> <p>2. Dr. Panas Jansritong</p> <p>Chinese 3 . Professor Dr. Li Yulan</p>	<p>1. English Program University of the Thai Chamber of Commerce</p> <p>2 . Administration Program Krikk University</p> <p>3. Psychology Program Nanning Normal University</p>



Ref. No. MHESI 0643.14/ 1182

Graduate School
Bansomdejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19 September 2023

Subject Request for data collection

Dear President of Guangxi Vocational University Of Agriculture

Attachment : 1. 205 copies of questionnaire
2. 1 interview paper

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomdejchaopraya Rajabhat University code number 6473103111 Thailand under the supervision of

Major Advisor : Assistant Professor Dr. Nuttamon Puchatree

Co-advisor : Associate Professor Dr. Areewan Iamsa-ard

Co-advisor : Associate Professor Dr. Suriya Phankosol

the researcher needs to collect data using questionnaire in terms of factors undergraduate students' Mental Health Literacy from 2023 year students in Guangxi Agricultural Vocational and Technical University. Hence, I'm formally requesting your assistance in distributing the attached questionnaire to the informants as referred above and please send the completed ones back to the researcher via 175 Daxue East Road, Nanning, Guangxi.

The researcher plans to use this data for her thesis completion and further necessary publication as required by the Ph.D. course.

I am grateful for your consideration of my request. I pledge to adhere to any stipulations you deem fit. You may reach me at the phone number or email address provided below in case of any related questions. I look forward to your response.

Sincerely,

(Asst. Prof. Dr. Kanakorn Sawangcharoen)
Dean of Graduate School
Bansomdejchaopraya Rajabhat University

Tel. +66 0204737000 Ext.

Fax. 66 0204737000



Ref. No. MHESI 0643.14/1183

Graduate School
Bansomdejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19 September 2023

Subject Request for data collection

Dear President of Guangxi University

Attachment : 1. 1 interview paper

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomdejchaopraya Rajabhat University code number 6473103111 Thailand under the supervision of

Major Advisor : Assistant Professor Dr. Nuttamon Puchatree

Co-advisor : Associate Professor Dr. Areewan Iamsa-ard

Co-advisor : Associate Professor Dr. Suriya Phankosol

the researcher needs to collect data using questionnaire in terms of factors undergraduate students' Mental Health Literacy from 2023 year students in Guangxi Agricultural Vocational and Technical University. Hence, I'm formally requesting your assistance in distributing the attached questionnaire to the informants as referred above and please send the completed ones back to the researcher via 175 Daxue East Road, Nanning, Guangxi.

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I am grateful for your consideration of my request. I pledge to adhere to any stipulations you deem fit. You may reach me at the phone number or email address provided below in case of any related questions. I look forward to your response.

Sincerely,

(Asst. Prof. Dr. Kanakorn Sawangcharoen)
Dean of Graduate School
Bansomdejchaopraya Rajabhat University

Tel. +66 0204737000 Ext.

Fax. 66 0204737000



Ref. No. MHESI 0643.14/1184

Graduate School
Bansomejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19 September 2023

Subject Request for data collection

Dear President of Gunlin Normal University

Attachment : 1. 1 interview paper

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomejchaopraya Rajabhat University code number 6473103111 Thailand under the supervision of

Major Advisor : Assistant Professor Dr. Nuttamon Puchatree

Co-advisor : Associate Professor Dr. Areewan Iamsa-ard

Co-advisor : Associate Professor Dr. Suriya Phankosol

the researcher needs to collect data using questionnaire in terms of factors undergraduate students' Mental Health Literacy from 2023 year students in Guangxi Agricultural Vocational and Technical University. Hence, I'm formally requesting your assistance in distributing the attached questionnaire to the informants as referred above and please send the completed ones back to the researcher via 175 Daxue East Road, Nanning, Guangxi.

The researcher plans to use this data for her thesis completion and further necessary publication as required by the Ph.D. course.

I am grateful for your consideration of my request. I pledge to adhere to any stipulations you deem fit. You may reach me at the phone number or email address provided below in case of any related questions. I look forward to your response.

Sincerely,

(Asst. Prof. Dr. Kanakorn Sawangcharoen)
Dean of Graduate School
Bansomejchaopraya Rajabhat University

Tel. +66 0204737000 Ext.

Fax. 66 0204737000



Ref. No. MHESI 0643.14/ 1185

Graduate School
Bansomejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19 September 2023

Subject Request for data collection

Dear President of Guilin University Of Aerospace Technology

Attachment : 1. 1 interview paper

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomejchaopraya Rajabhat University code number 6473103111 Thailand under the supervision of

Major Advisor : Assistant Professor Dr. Nuttamon Puchatree

Co-advisor : Associate Professor Dr. Areewan Iamsa-ard

Co-advisor : Associate Professor Dr. Suriya Phankosol

the researcher needs to collect data using questionnaire in terms of factors undergraduate students' Mental Health Literacy from 2023 year students in Guangxi Agricultural Vocational and Technical University. Hence, I'm formally requesting your assistance in distributing the attached questionnaire to the informants as referred above and please send the completed ones back to the researcher via 175 Daxue East Road, Nanning, Guangxi.

The researcher plans to use this data for her thesis completion and further necessary publication as required by the Ph.D. course.

I am grateful for your consideration of my request. I pledge to adhere to any stipulations you deem fit. You may reach me at the phone number or email address provided below in case of any related questions. I look forward to your response.

Sincerely,

(Asst. Prof. Dr. Kanakorn Sawangcharoen)
Dean of Graduate School
Bansomejchaopraya Rajabhat University

Tel. +66 0204737000 Ext.

Fax. 66 0204737000

Ref. No. MHESI 0643.14/ 1186



Graduate School
Bansomdejchaopraya Rajabhat University
1061 Itsarapap 15 Itsarapap Rd.
Thonburi Bangkok 10600

19 September 2023

Subject Request for permission to implement experiment

Dear President of Guangxi Vocational University Of Agriculture

Regarding the thesis entitled "Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students" of Mrs. Zeng Yuanzhen, a Ph.D. student majoring in Curriculum and Instruction Programme at Bansomdejchaopraya Rajabhat University code number 6473103111 Thailand under the supervision of

Major Advisor : Assistant Professor Dr. Nuttamon Puchatree

Co-advisor : Associate Professor Dr. Areewan Iamsa-ard

Co-advisor : Associate Professor Dr. Suriya Phankosol

The researcher needs to implement an experiment in compliance with approved methodology and collect data in terms of Mental Health Literacy from 30 one year students of section A majoring in international economics and trade who enroll on mental health education course at Guangxi Agricultural Vocational and Technical University during the 1st semester of academic year 2023. Hence, I'm formally requesting permission to implement the experiment and access the aforementioned data.

The researcher plans to use this data for her thesis completion and further necessary publication as required by the Ph.D. course.

I am grateful for your consideration of my request. I pledge to adhere to any stipulations you deem fit. You may reach me at the phone number or email address provided below in case of any related questions. I look forward to your response.

Sincerely,

(Asst. Prof. Dr. Kanakorn Sawangcharoen)
Dean of Graduate School
Bansomdejchaopraya Rajabhat University

Tel. +66 0204737000 Ext.

Fax. +66 0204737000

Appendix C
Research Instruments

Questionnaire For students

Instructions:

These questionnaires are the instruments for collecting data in 1 st phase of the research entitled “Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students” conducted by Zeng Yuanzhen, a Ph.D. student in Curriculum and Instruction Programme at Bansomdejchaopraya Rajabhat University under the supervision of Assistant Professor Dr. Nuttamon Puchatree, majoring advisor, Associate Professor Dr. Areewan Iamsa-ard and

Associate Professor Dr.Suriya Phankosol, co-advisor.

This questionnaire is divided into 3 sections i.e.

Section I Common data of the respondent

Section II The information on factors to enhance undergraduate students’ Mental Health Literacy.

The questionnaire type is the Closed-ended questions that can only be answered by selecting from provided number to summated rating scale, 5 scales.

The important issues of the items consist of two groups of the factors:

Internal factors

respondents and External factors teachers, circumstances, etc.

Section III Further suggestions

Data obtained from this questionnaire are only used for the purpose of conducting aforementioned research and remain confidential. Individual or personal data presentation will be avoided. Answer the questionnaire:

SECTION I Common data of the respondent

Instructions: Please put into the according to your own personal data.

1.1 Gender A. Male B. Female

1.2 Students from

- A Food Engineering
- B in Marketing
- C International Economy and Trade
- D Human Resources Management

1.3 Age

- A. below 17 yrs.
- B. 18-20 yrs.
- C. 21-23 yrs.
- D. over 23 yrs.

SECTION II Questionnaire on factors to enhance undergraduate students' Mental Health Literacy.

Instructions: Please rate the following factors affecting enhance undergraduate students' critical thinking ability by putting into the attitude level column based on the criteria given below. Each question can select only one answer.

5 means you STRONGLY agree with the item.

4 means you QUITE agree with the item.

3 means you remain NEUTRAL.

2 means you DO NOT QUITE agree with the item

1 means you DO NOT STRONGLY agree with the item

order number	Items	Answers				
		5	4	3	2	1
Part 2	Internal factors (respondents)					
1	Students know that mental health education course is an important compulsory course for students.					
2	Students feel that mental health education course is the great significance to personal's mental health literacy					
3	Students feel that this subject can improve their Mental health knowledge increasingly.					
4	Students believe that the teaching methods used by teachers in the course are reasonable and effective, and can improve their understanding of mental health knowledge.					
5	Students actively participate in classroom discussions and group work in mental health education course.					
6	Students are industrious in their learning (Assignments, Projects, Participation, etc.) with the highest potential themselves.					
7	Students feel that the assignments assigned by the lecturers and the feedback can help students better apply what they have learned.					
8	Students are satisfied with the friendly cooperation and interaction between students and teachers or peers in the classroom in mental health education course .					
9	Students believe that homework or practical activities assigned by the lecturers can help them better apply the knowledge they have learned.					
10	Students explore more knowledge by themselves after the classroom					
11	Teachers can assist students in learning knowledge and solving psychological problems.					

order number	Items	Answers				
		5	4	3	2	1
12	Students' feels satisfied with the teacher's teaching style.					
13	Students believe that mentally healthy individuals do not need to study this course.					
14	Through this course, students' mental health knowledge, ability to solve psychological problems and maintain mental health have been improved.					
External factors (lecturers, instructional model, circumstance)						
1	The lecturer's teaching ability affects the improvement of students' mental health literacy.					
2	The lecturer's teaching attitude affects students' enthusiasm for learning mental health education courses					
3	The lecturer emphasize the importance of students' active participation in the teaching process to enhance students' Mental Health literacy.					
4	The lecturerr emphasizes the interaction and cooperation between students in the teaching process of Mental Health Education course .					
5	It is important for teachers to objectively evaluate student performance and learning outcomes.					
6	The textbook is suitable for mental health education courses and meets the learning needs of students.					
7	The curriculum activities of mental health education courses can promote discussion and communication among students.					
8	Learning tasks are challenged and encouraged the students' enthusiasm.					
9	The lecturer's teaching methods can improve students' participation in the classroom and help students improve their Mental Health literacy.					
10	A good relationship between teachers and students helps improve students' learning outcomes.					

order number	Items	Answers				
		5	4	3	2	1
11	Resources and teaching materials are interesting and able to achieve the goal.					
12	Fixed learning places affect learning interest.					
13	Classroom environment affects students to improve mental health literacy.					
14	A positive and positive teaching atmosphere makes students more willing to participate in classroom activities.					
15	Appropriate class size (below 50) helps students participate in teaching activities.					
16	The content of mental health education courses is practical, and students can apply knowledge to maintain mental health in their daily lives.					

SECTION III Suggestions for improving the better instruction

.....

Thank you for your kind cooperation for completing the questionnaire!

Researcher sign
 Zeng Yuanzhen.

Interview for Lecturers

Instructions:

These interviews are the instruments for collecting data in 1st phase of the research entitled “Development of Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to Improve Mental Health Literacy of Undergraduate Students” conducted by Zeng Yuanzhen, a Ph.D. student in Curriculum and Instruction Programme at Bansomdejchaopraya Rajabhat University under the supervision of Assistant Professor Dr. Nuttamon Puchatree, majoring advisor, Associate Professor Dr. Areewan Iamsa-ard and Associate Professor Dr. Suriya Phankosol, co-advisor.

This interview is divided into 2 sections i.e.

Section I Common data of the respondent

Section II The information on factors to enhance undergraduate students’ Mental Health Literacy.

Data obtained from this interview are only used for the purpose of conducting aforementioned research and remain confidential. Individual or personal data presentation will be avoided.

Section I Common data of the respondent

1. Gender A. Male B. Female

2. Which University do you from?

A. Guangxi Guangxi Vocational University Of Agriculture,,

B. Guilin University Of Aerospace Technology

C. Guangxi University

D. Yulin Normal University

3. Experience teaching

A. Below 3 yrs. B. 3-6 yrs.

C. 7- 9 yrs. D. Over 9 yrs.

4.Age

- A.below 25 yrs . B. 25-35yrs.
 C.36-49 yrs. D. over 49 yrs.

Section II The information on factors to enhance undergraduate students' Mental Health Literacy.

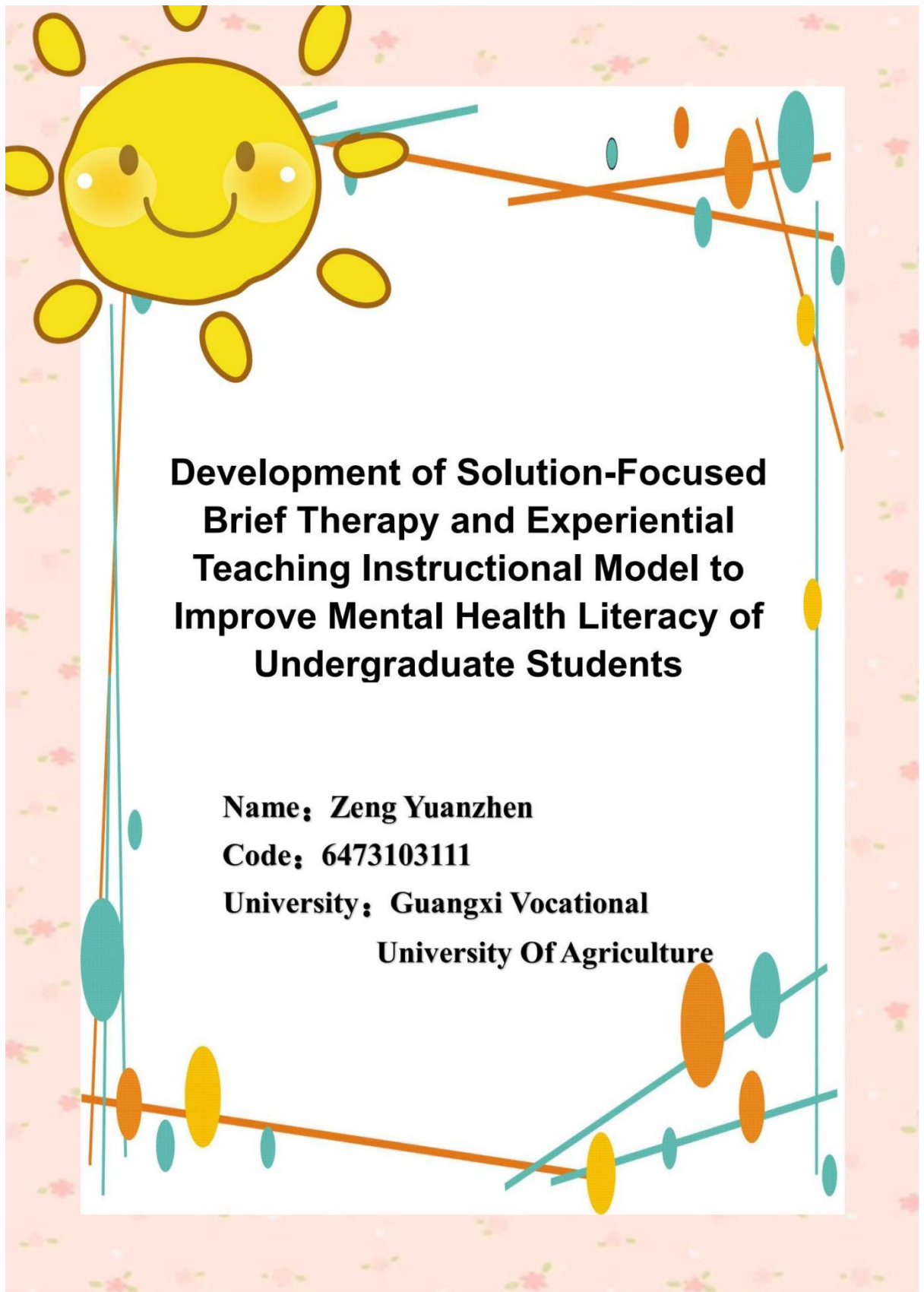
Directions: The type of question is open-ended questions, you can answer according to your actual situation. Your answers will only be used in this research and will not be disclosed individually.

- 1.Why do you accept or select to teach this subject? (Example, prefer to teach, be expert in the content, be requested, or other reasons.)
- 2.What do you think is the uniqueness of the mental health education course for college students compared to other types of courses for college students?
- 3.What do you think is the teaching goal of the mental health education course for college students?
- 4.What methods will you use to achieve this teaching goal?
- 5.What preparations do you make before teaching?
- 6.Do you think the factors that affect the teaching quality of mental health education courses for college students? (Teachers [personality traits/teaching attitude/teaching level], students [learning attitude/mental health awareness/needs], teaching content, assessment methods, textbooks, etc.)
- 7.What learning tasks do you carry out to improve students' engagement ?
- 8.What do you think are the assessment standards for mental health education courses?
- 9.What difficulties do you encounter in teaching? How do you plan to solve it?
- 10.Which aspects of your teaching need to be improved, or which aspects do you want the school to support you?

Thank you for your kind cooperation for completing the questions

Zeng Yuanzhen.

Appendix D
Handout



**Development of Solution-Focused
Brief Therapy and Experiential
Teaching Instructional Model to
Improve Mental Health Literacy of
Undergraduate Students**

Name: Zeng Yuanzhen

Code: 6473103111

University: Guangxi Vocational

University Of Agriculture



contents

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The handout is divided into 8 parts. The first part is the introduction, which introduces the components of the handout. The second part is the research framework. The third part is principle & rationale, the main introduction is the reasons and principles for improving mental health literacy through the development instructional model. The fourth part introduces the objectives of the handout. The fifth part is the teaching content of the course, selecting the chapters in the course that effectively improve mental health literacy. The sixth part is about methods of teaching & materials, which provides a detailed introduction to the specific steps of developing instructional model and the teaching materials used in the teaching process. The seventh part is evaluation. Researchers have developed methods for evaluating mental health literacy based on literature and teaching experience. The eighth part presents the teaching plan for the researcher to conduct a 16 hour teaching experiment.



Research Framework

Based on the research objectives, relevant theories are compiled and studied i.e., solution-focused brief therapy and experiential teaching instructional model and mental health literacy. These thoughts and principles are employed as the foundation of the following research framework as shown in figure 1.1

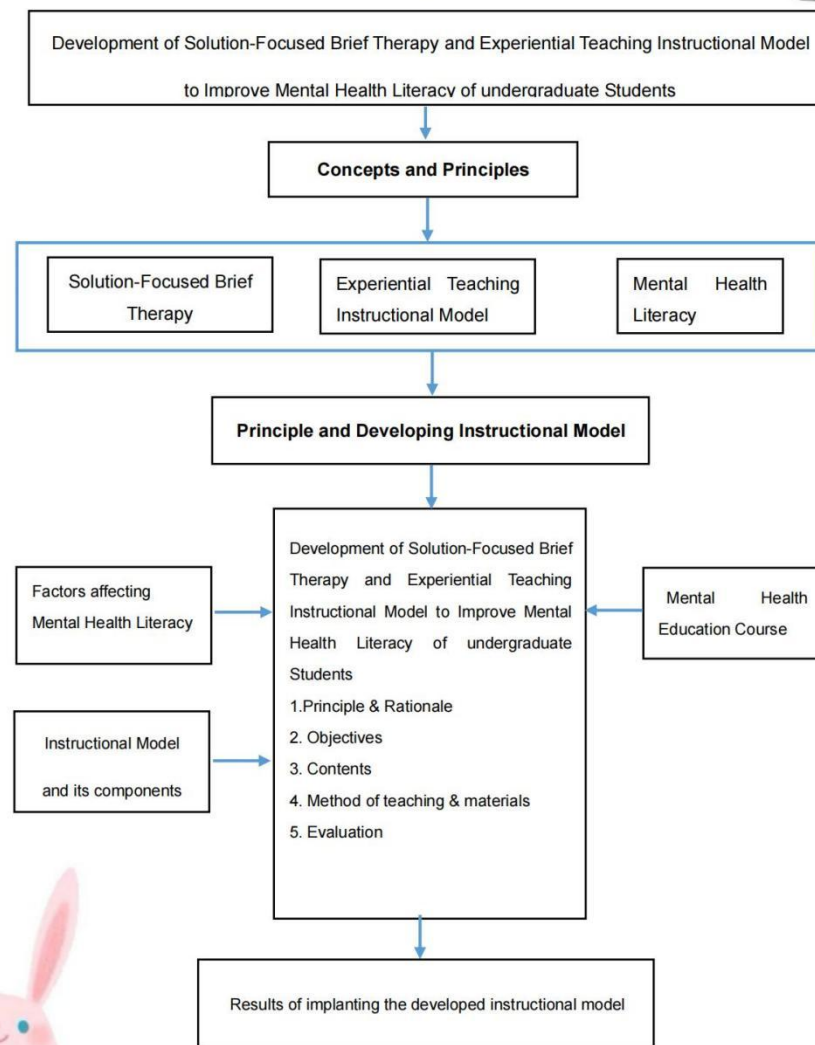
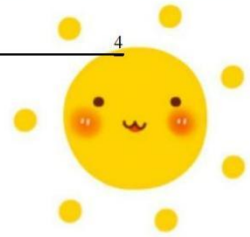


Figure 1.1 Research Framework

1. Principle & Rationale



Development Solution-Focused Brief Therapy and Experiential Teaching instructional model is a new instructional framework which consists of the stable teaching activities and procedures. The process to develop this new instructional model to enhance mental health literacy is checked by the experts based on 5 phases: 1) Principle & Rational 2) Objectives 3) Contents 4) Method of teaching & Materials 5) Evaluation.

The important to develop Solution-Focused Brief Therapy and Experiential Teaching instructional model includes the following aspects:

- 1) It can teach students knowledge related to mental health and diseases from the perspective of positive psychology.
- 2) It can guide students to approach emerging mental health problems and mental illnesses from a problem-solving perspective.
- 3) During classroom activities and group practice assignments, students learn the skills to solve psychological problems and develop the habit of maintaining mental health.

And the advantage is useful for students, They can learn mental health strengthen practical application in daily learning and life, so as to achieve the unity of "knowledge", "feeling" and "action" in mental health education. for lecturers,They can explore the teaching strategies and teaching methods carrying out differentiated tutoring for students of different levels,improving teaching quality and classroom efficiency. And for university the instructional model can be extended to other disciplines and courses.

In exploring the factors that affect the improvement of mental health literacy, the researcher conducted a survey on 205 undergraduate students who learning mental health education course, semester 1 on academic year 2022 in Guangxi Vocational University Of Agriculture.And interviewed four lecturers from different schools who taught mental health courses.

The results show that the internal and external factors affecting mental health



education course enhance Mental Health Literacy are as follows.

Internal factors from students and lecturers

1) students' knowledge and experience

① The results of the student questionnaire survey found that students who have studied mental health course before university will have the correct mental health awareness. Most undergraduate students are mentally healthy individuals. If they believe that mentally healthy individuals do not need to study mental health course, they will not study this course seriously; On the contrary, they will take their studies seriously and improve their mental health literacy in the curriculum.

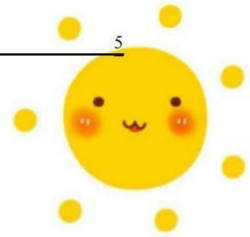
② The four lecturers interviewed all believe that mental health awareness requires time to cultivate and requires daily subtle influence. If students have learned mental health courses before university, they are more likely to accept new mental health knowledge and are more willing to put in effort to learn. On the other hand, if students' family, friends, or themselves have psychological problems or illnesses, they will also be more willing to learn mental health knowledge to help themselves or others.

Therefore, the knowledge and experience of students' mental health can help them study courses harder and improve their mental health literacy.

2) Psychological factors of students

① The results of student questionnaire and the lecturer interview show that students' interests, needs, and motivations can all affect the improvement of mental health literacy. If students enjoy this course, they will work harder and actively participate in classroom activities. Alternatively, students studying mental health courses aim to apply psychological knowledge to solve practical problems, rather than just for grades. They will be willing to spend more time exploring knowledge, and their mental health literacy will significantly improve.

② The four interviewed lecturers mentioned that when dealing with psychological problems and illnesses, if students can approach them with a positive mindset, they will not internalize emotions, but will adopt positive thinking, discover positive meaning in negative events, and use their own strengths and resources to solve problems.



External factors from students and lecturers

1) Teacher

① **Teacher Style:** The four interviewed lecturers mentioned that teachers' teaching ability, affinity, teaching attitude, and interaction with students can affect improving mental health literacy. The student questionnaire survey shows that teachers have a serious teaching attitude, pay more attention to students, and interact with them. good teaching ability will have a positive impact on students, students will be more willing to contribute in the classroom, thereby improving their mental health literacy.

② **Teaching methods:** Most the lecturers believe that the uniqueness of mental health education courses is:

The practicality of the courses is strong, with a focus on mastering skills while imparting knowledge.

A positive and positive teaching philosophy is more suitable for students' psychological characteristics, therefore, it is important to cultivate students' positive psychological qualities and pay attention to their growth and development.

More emotional investment can enhance the effectiveness of teaching and enhance the impact of the curriculum on the future.

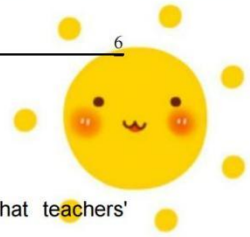
So most lecturers adopt methods such as case teaching, group collaboration teaching, experiential teaching, flipped classrooms, and practical assignments to achieve the course objectives.

③ **Instructional model:** The four interviewed lecturers adopt experiential instructional model, and will combine teaching methods such as task driven teaching and flipped classroom to carry out teaching.

2) environment

① **Teaching material:** The teaching materials for mental health courses in Guangxi universities are generally recommended by the Education Department or independently written by various universities. In addition, teachers will also use video resources and related papers on the Internet.

② **Class size:** The four interviewed lecturers mentioned that the effectiveness of small class teaching is relatively good. However, due to a shortage of teaching staff, many



universities adopt large classes (over 50 students) for teaching. In order to improve teaching effectiveness, teachers divide students into small groups and carry out teaching activities. Perhaps this is the reason for No.29 score of the student questionnaire survey is not high ($M = 3.95$).

③ **Teaching atmosphere:** Both the surveyed students and the interviewed teachers believe that classroom atmosphere is very important. In the interview, most of the interviewed lecturers believed that a warm and positive teaching atmosphere would make students feel trust and security. In this atmosphere, students are more willing to open up and actively share and communicate in classroom activities. Students will have more emotional and emotional experiences, a deeper understanding of mental health knowledge, and a significant improvement in their mental health literacy.

④ **Teaching Measurement and evaluation:** Most lecturers believe that the evaluation criteria for mental health education courses can include the following: students' theoretical exam scores, satisfaction with the course, the application of psychological skills in daily life, and the improvement of students' psychological literacy.

So the researcher takes the result from objective 1 to develop the handout about Solution-Focused Brief Therapy and Experiential Teaching instructional model. And take the result to develop lesson plan and evaluation. Preparing the materials and resource learning.

2. Objectives

To develop Solution-Focused Brief Therapy and Experiential teaching instructional model to enhance mental health literacy for undergraduate students at Guangxi Vocational University Of Agriculture.



3. Contents

Mental Health Education Course contains

Chapter 1. Overview of mental health (5 hrs.)

Chapter 2. Self consciousness of College Students (6 hrs.)

Chapter 3. Interpersonal communication (5 hrs.)

4. Methods of teaching & Materials

Solution-Focused Brief Therapy and Experiential Teaching Instructional Model refers to combining practical problems, creating scenarios suitable for teaching content, guiding students to explore their strengths and resources, constructing problem-solving solutions through methods such as dialogue, discussion, role-playing, and activity experience. This is an instructional model that students understand knowledge through experience and apply it to practice. There are 5 steps to teach as follows.

Step 1: Create problem scenario stage

Before class, the teacher creates scenarios of common psychological problems among college students based on the teaching content; In class, students use activity guidance sheets to describe their problem situations.

Step 2: Establish goal stage

In problem situations, students establish positive goals through the techniques of Solution Focused Brief Therapy.

Step 3: Scenario experience and exploring solution stage

Through methods such as dialogue, discussion, role-playing, and activity experience, students can experience and explore solutions to problems, and discover their strengths and resources.



Step 4: Set tasks, student practice stage

Set tasks based on the teaching content and have students divide into groups to carry out practical activities.

Step 5: Summary and feedback stage

Students share their feelings and solutions; Teachers summarize theoretical knowledge and provide positive feedback.

Materials

- 1) PowerPoint
- 2) Course textbook
- 3) Books on mental health knowledge
- 4) Movies related to mental health knowledge
- 5) Exercise of Course textbook

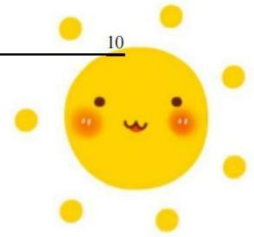
5. Evaluation

Mental health literacy refers to refers to the knowledge, attitudes, and behavioral habits developed by individuals in promoting their own and others' mental health, and responding to their own and others' mental illnesses (Jiang, 2020). Referring to scholars' definitions of mental health literacy, Based on existing research (Bjornsen et al., 2017; Jorm, 2012; Jorm et al., 1997; Kutcher et al., 2015), Researcher divided mental health literacy into 3 items and 9 standards.

Item 1: Psychological knowledge

Standard 1: Mental health knowledge

Standard 2: Psychological disorders knowledge



Standard 3: Positive mental health

Item 2: Self-help ability



Standard 1: self-awareness



Standard 2: Emotional regulation

Standard 3: Promoting one's own mental health

Item 3: Ability to help others



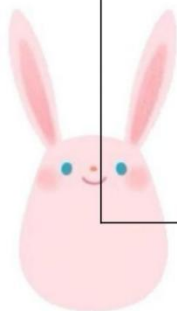
Standard 1: Interpersonal trust


Standard 2: Interpersonal communication skills

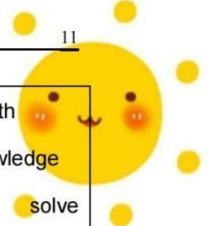
Standard 3: Promoting the mental health of others


Scoring Rubric Form

score	5	4	3	2	1
Item	Great to complete the following tasks	Basically complete the following tasks	Able to complete most task	Able to complete some tasks	Basically unable to complete tasks
Item 1. Psychological Knowledge					
Standard 1: Mental health knowledge	(1) Accurately and completely express mental health knowledge (2) Flexibly	(1) Basic accurate and complete expression of mental health knowledge (2) Able to apply most	(1) Accurately express most mental health knowledge (2) Able to apply some mental	(1) Accurately express some mental health knowledge (2) Able to apply mental	(1) Accurately express some mental health knowledge (2) Unable to apply mental



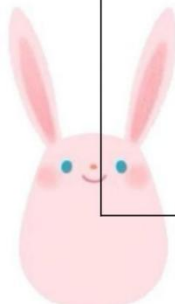
	applying mental health knowledge to solve problems	mental health knowledge to solve problems	health knowledge to solve problems	health knowledge to solve some problems	health knowledge to solve problems
Standard 2: Psychological disorders knowledge	(1) Accurately identify psychological disorders (2) Accurately and completely describe the symptoms of psychological disorders and correctly respond to them	(1) Accurately identify psychological disorders (2) Accurately and completely describe the symptoms of psychological disorders	(1) Accurately identify psychological disorders (2) Accurately describe most of the symptoms of psychological disorders	(1) Accurately identify psychological disorders (2) Accurately describe some symptoms of psychological disorders	(1) Unable to recognize psychological disorders (2) Unable to express symptoms of mental illness
Standard 3: Positive mental health	(1) Possess a positive mental health philosophy (2)	(1) Possess a positive mental health philosophy (2) Able to	(1) Possess a positive mental health philosophy (2) Able to	(1) Possess a positive mental health philosophy (2) Can	(1) Possess a positive mental health philosophy (2) Unable






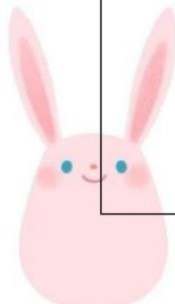
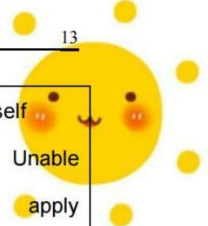
Accurately and completely express positive mental health knowledge (3) Flexibly Applying Positive Mental Health Knowledge to Improve Mental Health Level	accurately express most positive mental health knowledge (3) Apply most positive mental health knowledge to improve mental health levels	accurately express most positive mental health knowledge (3) Apply some positive mental health knowledge to improve mental health level	accurately express some positive mental health knowledge (3) Unable to use positive mental health knowledge to improve mental health level	to express positive mental health knowledge (3) Unable to use positive mental health knowledge to improve mental health level
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Item 2: Self-help ability



Standard 1: self-awareness	(1) Accurately and completely express the theory of self-awareness (2) Flexibly applying	(1) Accurately and completely express the theory of self-awareness (2) Flexibly applying	(1) Accurately and completely express the theory of self-awareness (2) Apply partial	(1) Can express partial self-awareness theory (2) Apply partial self-awareness theory to analyze	(1) Can express partial self-awareness theory (2) Unable to apply self-awareness theory to analyze
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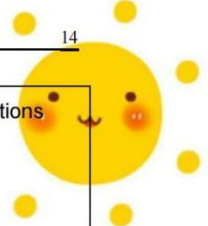
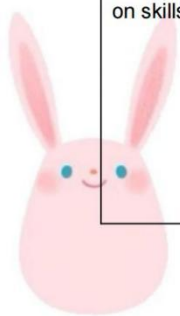
	self-awareness theory to analyze oneself (3) Flexibly apply self-awareness theory to improve oneself and enjoy oneself	self-awareness theory to analyze oneself (3) Apply partial self-awareness theory to improve oneself and enjoy oneself	self-awareness theory to analyze oneself (3) Apply partial self-awareness theory to improve oneself and enjoy oneself	oneself (3) Unable to apply self-awareness theory to improve oneself and dislikes oneself	oneself (3) Unable to apply self-awareness theory to improve oneself and dislikes oneself
Standard 2: Emotional regulation	(1) Accurately and completely express knowledge related to emotions (2) Flexible application of theory to maintain positive emotions (3) Flexible application of theory to	(1) Accurately and completely express knowledge related to emotions (2) Flexible application of theory to maintain positive emotions (3) Apply most theories to	(1) Accurately and completely express knowledge related to emotions (2) Apply most theories to maintain positive emotions (3) Apply some theories to	(1) Can express some knowledge related to emotions (2) Apply some theories to maintain positive emotions (3) Unable to use theory to regulate negative	(1) Can express some knowledge related to emotions (2) Unable to apply theory to maintain positive emotions (3) Unable to use theory to regulate negative





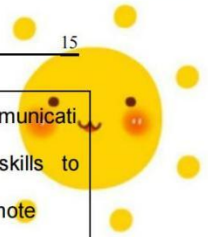
	regulate negative emotions	regulate negative emotions	regulate negative emotions	emotions	emotions
Standard 3: Promoting one's own mental health	Flexibly applying some psychological theoretical knowledge to promote one's mental health	Comprehensive application of learned psychological knowledge to promote one's mental health	Apply most of the psychological knowledge learned to promote one's mental health	Apply some of the psychological knowledge learned to promote one's mental health	Unable to apply psychological knowledge learned to promote one's mental health

Item 3: Ability to help others

Standard 1: Interpersonal trust	Trust others and maintain harmonious interpersonal relationships	Trust others and actively interact with others	Partial trust in others and proactive interaction with others	Not trusting others and unable to maintain basic social interaction with others	Not trusting others and afraid of interacting with others
Standard 2: Interpersonal communication skills	(1) Accurately and completely express interpersonal communication skills	(1) The expression of interpersonal communication skills is basically accurate and complete	(1) Accurately express most interpersonal communication skills	(1) Accurately express some interpersonal communication skills	(1) Can express some interpersonal skills
	(2) Able to	(2) Able to	(2) Able to	(2) Able to	(2) Inability to use interpersonal



	<p>(2) Flexible use of interpersonal communication skills to promote interpersonal harmony</p>	<p>use most interpersonal communication skills to promote interpersonal harmony</p>	<p>use some interpersonal communication skills to promote interpersonal harmony</p>	<p>use some interpersonal communication skills to promote interpersonal harmony</p>	<p>communication skills to promote interpersonal harmony</p> 
<p>Standard 3: Promoting the mental health of others</p>	<p>Flexibly applying some psychological theoretical knowledge to promote the mental health of others</p>	<p>Comprehensive application of learned psychological knowledge to promote the mental health of others</p>	<p>Able to apply most of the psychological knowledge learned to promote the mental health of others</p>	<p>Able to apply some of the psychological knowledge learned to promote the mental health of others</p>	<p>Unable to apply psychological knowledge learned to promote others' mental health</p>





Lesson Plan 1 (5hr.)

Solution-Focused Brief Therapy and Experiential Teaching Instructional

Model refers to an integrated teaching model that is taught in four steps in the classroom:

Before teaching the course, divide the class students into small groups, Enhance team trust and cohesion through activities.

Practice Activity 1-1 Design team poster (0.5hr.)

Activity requirement: Design a team handwritten report and display it in groups (6 people)

Material: One A3 white paper, colored pen

Design content: team name, slogan, team covenant, signatures of all members

Step 1: Create problem scenario stage (0.5hr.)

(1) Before class, the teacher creates scenarios of common psychological problems among college students based on the teaching content.

Problem scenarios 1

① Encountered academic difficulties and felt that the people around me were stronger than myself.

② Love break up.

③ The roommates in the same dormitory make a lot of noise playing games in the middle of the night, which interferes with their sleep.

Problem scenarios 2

① Psychological Case 1: College students who think they are introverted but highly pursue perfection and have a strong competitive mindset may feel bad recently due to a recent breakup, which has affected their sleep and learning efficiency. They believe that going to school in the afternoon like this is a "hopeless" performance and request a counselor to help them get rid of their negative emotional troubles.



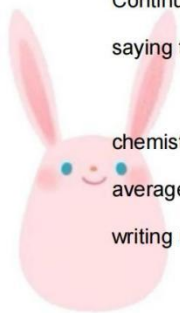
② Psychological Case 2: Female, 55 years old, she was originally a warehouse keeper and has been retired for 3 years. In the past two months, suddenly from midnight to around 3am in each question, I heard four men and one woman discussing themselves outside my window, saying that I was too strict as a custodian and understood some of their policy violations. Now, the partnership is discussing to eliminate myself. He also called the son-in-law of the police officer to conduct an investigation, proving that there was no such incident, but he could not dispel this voice and fear.

③ Psychological Case 3: Male, 14 years old, has received traditional education from his father since childhood, following the rules and demanding that he become a good child. During class, follow the teacher's instructions to place your hands on the desk and refrain from changing positions as much as possible; When I saw my sister wearing clothes with her navel exposed, I criticized her for being so uncivilized; Control yourself not to look at girls' arms.

Since last year, I have been washing my hands dozens of times, and before going to bed at night, I also need to get out of bed and repeatedly check whether the gas and water valves are closed. Although I know it's not necessary, I just can't control it.

④ Psychological Case 4: Male, 42 years old, has been in a bad mood for the past month and has been moaning and moaning all day, feeling angry at his wife urging him to go to work. His wife stated that he was a football player when he was young, and a few days ago, he was enthusiastic about organizing football matches for various units in the city. He ran around and was full of energy, claiming to contribute to the football industry in our country, but for some reason, the popularity suddenly declined. His wife recalled that this sudden cold and hot situation had also happened before, but it was not as serious as this time, with a particularly irritable temper and sometimes wanting to die. Continuously pounding oneself on the head with both hands during consultation and saying that I don't understand why it turned out like this.

⑤ Psychological Case 5: Male, 30 years old, unmarried, graduated from a chemistry department at a certain university and works in a private enterprise. My salary is average, and I work every day dealing with test tube reagents, doing laboratory tests, and writing reports. It is monotonous and boring, with little innovation or extra income. Seeing



my former classmates making a lot of money in business and owning both houses and cars, I feel very shabby and don't even have a partner. I want to change my job but find it difficult to get started; I want to take the postgraduate entrance exam, but my English is not good. After thinking about it, I wander around and feel very distressed.

⑥ Psychological Case 6: My husband passed away two months ago due to a car accident. It's very painful and regretful now. Because there was something at home at that time, I called my husband to ask him to come back early, causing him misfortune. I am currently unable to work and have symptoms such as insomnia and dizziness, but I am able to take care of my own life and work normally. My colleague advised her to receive psychological counseling. She believes that this accident is really difficult to accept, let alone related to herself. If others persuade her, she can also speak a lot of truth. But when things happen to oneself, convincing oneself is not so easy. I think it will take some time to recover.

(2) In class, students use activity guidance sheets to describe their problem scenarios.

Problem scenarios 1

① Divide the group members into two groups: "mental health group" and "mental unhealth group".

② Discuss the following issues.

"mental health group" : How will people with "mental health" react? What are the characteristics of their reactions?

"mental unhealth group": How will people who are 'psychologically unhealthy' react? What are the characteristics of their reactions?

Students themselves : How would you react? What are the characteristics of your reaction?

Problem scenarios 2

Discuss the following issues: psychological cases 1-6, which psychological cases belong to mental health? Which psychological cases are classified as unhealthy or abnormal?

Step 2: Establish goal stage (0.5hr.)



In problem scenarios, students establish positive goals through the techniques of Solution Focused Brief Therapy.



Characteristics of Good Goals:

① The goal is to be constructive, important, attractive, and recognized by the parties involved.

② The goal is to be able to observe and evaluate in detail, clearly and clearly describe the dynamic process of behavior.



③ The goal has a detailed context of interpersonal interaction and behavioral dynamics.

④ The goal must be somewhat difficult but achievable.

Problem scenarios 1

Goals of "mental health group" :

Goals of "mental unhealth group":

Students' own goals:

Problem scenarios 2

Psychological Case 1:

Psychological Case 2:

Psychological Case 3:

Psychological Case 4:

Psychological Case 5:

Psychological Case 6:

Step 3: Scenario experience and exploring solution stage (1hr.)

Problem scenarios 1

1. Students engage in role-playing (mental health/ mental unhealth/ students themselves).

2. Discuss exceptions or solutions under the premise of "objectives".

"mental health group" :

"mental unhealth group":

Students themselves:

3. Students seek and summarize their resources and advantages from the



experience of problem scenarios.

4. Group communication and sharing.

Step 4: Set tasks, student practice stage (1.5hr.)

Practice activity 1-2: The confusion of growth

After entering university, college students may encounter many common problems of growth and adaptation. Please interview 5 classmates on campus to understand the common problems they encounter in university and try to explore solutions with the group.

Practical homework after class: practice activity 1-3, 21 days of healthy living.

Step 5: Summary and feedback stage (1hr.)

1. Definition and standards of mental health

(1) Definition of health: Health should include a good state of physical, psychological, social adaptation, and moral qualities.

(2) The definition of mental health: cognitive rationality, emotional stability, appropriate behavior, interpersonal harmony, and adaptation to changes.

(3) Seven criteria for mental health of college students:

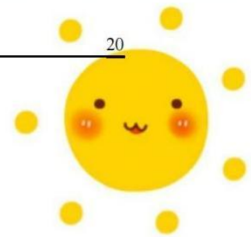
- ① Can maintain a strong interest in learning and a desire for knowledge.
- ② Being able to maintain correct self-awareness and accept oneself.
- ③ Can coordinate and control emotions, maintain a good mood.
- ④ Able to maintain harmonious interpersonal relationships and enjoy socializing.
- ⑤ Being able to maintain a complete and unified personality.
- ⑥ Ability to maintain good environmental adaptability.
- ⑦ Psychological behavior conforms to age characteristics.

2. Guide students to correctly understand mental health

(1) Psychological health is a relative and continuous state, rather than a certain event or moment. (Mental health \neq absolute mental health in all aspects or mental health at all times)

(2) Psychological health is a dynamic development and change. (Mental Health \leftarrow Transformation \rightarrow Mental Illness)

(3) The level of psychological function determines the level of mental health.



3. Distinguishing between normal and abnormal psychology

(1) Psychologically normal: possessing normal psychological function (without symptoms of mental illness), without mental illness

(2) Psychological abnormalities: psychological abnormalities, symptoms of mental illness, commonly known as mental illness

4. Three Principles for Judging Psychological Normality and Abnormality

(1) The principle of unity between the subjective and objective worlds

(2) The principle of internal coordination and consistency in psychological activities

(3) The principle of relative stability of personality

5. Classification of Mental Illness

(1) General psychological issues

Reason for existence: arising from real-life factors, experiencing inner conflicts and negative emotions (such as boredom, regret, regret, self blame, etc.);

Have time: continuously for a full month, intermittently for two months;

Controllable: Adverse emotional reactions are still under a considerable degree of rational control, and behavior can always be maintained without deviating from normal;

Social function: basically maintaining normal life, learning, and social interaction, but with a decrease in efficiency;

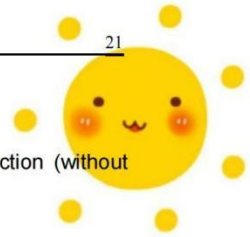
No generalization: The triggering factors of negative emotions are only limited to the initial event, and even other events related to the initial event do not cause such negative emotions.

(2) Serious psychological problems


Reason for existence: relatively strong and posing a significant threat to individuals in reality. Experiencing painful emotions


Long time: intermittently or continuously lasting for more than two months and less than six months


Uncontrollable: In most cases, there will be a brief loss of rational control; Once serious psychological problems form, relying solely on "natural development" or "non professional intervention" is difficult to solve, and it has a certain degree of impact on life,



work, and social interaction.

Social function: having a certain  degree of impact on life, work, and social interaction

 Generalization: Painful emotions can not only be caused by the initial stimulus, but also by stimuli similar to and associated with the initial stimulus, which can cause such pain.

(3) Suspected neurosis 

Symptom standards: phobic symptoms, anxiety symptoms, obsessive-compulsive symptoms, panic attacks, neurasthenia symptoms

Severity criteria: subjectively unavoidable mental, emotional, and inner pain; Objectively speaking, social function is impaired and unable to live, study, and work normally

Course criteria: meeting symptom criteria for at least 3 months, panic disorder for 1 month

6. Summary

(1) Using case studies to help students understand the relationship between normal and abnormal psychology, as well as between mental health and unhealthy behavior.

(2) Further clarify that mental health does not equate to illness.

7. Definition of mental health literacy: Mental health literacy refers to the knowledge, attitudes, and behavioral habits formed by individuals in promoting their own and others' mental health, and responding to their and others' mental illnesses.

8. Methods for Improving Mental Health Literacy

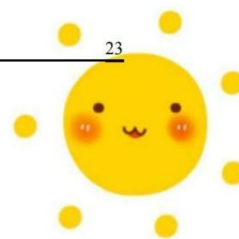
Material

- 1) PowerPoint
- 2) Course textbook
- 3) Books on mental health knowledge



4) Movies related to mental health knowledge

5) Exercise of Course textbook



Learning resources

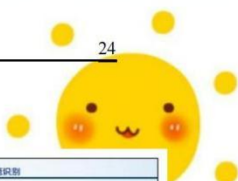
1) Video of mental health.

2) Relevant academic papers on the Internet.

Chapter 1 Overview of Mental Health Teaching PPT pictures

<p>第一章 走进心理健康</p> <p>主讲人：张明</p>	<p>分组：建立团队——实训活动1-1 (30分钟)</p> <ul style="list-style-type: none"> 设计团队手抄报 活动要求：以小组(6人)为单位，设计一台团队手抄报 所需材料：一张A3白纸、彩色笔 设计内容：队名、口号、团队风采、所有成员的名字 活动时间：30分钟 	<p>团队手抄报设计——实训活动1-1</p> <ol style="list-style-type: none"> 1. 要求：小组为单位，不单独、不抄袭，因为团队合作是设计十张团队手抄报。 2. 要求：设计于小组成员在游戏中的表现和行为观察，活动中不做任何数量上的限制和评价。 3. 要求：小组内成员，与小组成员共同讨论，与小组成员共同讨论。 4. 要求：小组内成员在讨论中，活动期间不离开小组成员讨论的范围，不离开小组成员讨论的范围。 5. 要求：认真完成团队合作任务。 6. 小组讨论时，成员不会随意加入他人讨论。 7. 小组成员在讨论中，成员会进行讨论。 8. 以上要求必须在活动中严格遵守。 <p>主讲人：XXX</p>																				
<p>课程内容及考核说明</p> <ul style="list-style-type: none"> 考核：3学时，36学时，上下两学期考试。 上学时：1-4章《心理发展概述、自我意识、人际关系、情绪》 下学时：5-8章《学习、应激与挫折、生命教育》 考核：15% 平时成绩《课堂参与》10% 平时成绩 30%《小组讨论汇报成绩》 期末成绩 40%《期末考试》 	<p>实训活动1-2</p> <ol style="list-style-type: none"> 1. 活动时间：90分钟。 2. 活动准备：(1) 课堂上进行了热身，觉得周围的人都在对自己说。(2) 被分手。(3) 两节课的课及半夜打铃或巨大的响声，干扰了自己的思绪。 3. 操作步骤：将小组成员分成两组，分别扮演“心理健康”和“心理不健康”。 (1) 判断心理健康，并以此为题。 (2) “心理健康”的人是否会存在？他们的反应有什么特征？ (3) “心理不健康”的人是否会存在？他们的反应有什么特征？ 	<p>实训活动1-2</p> <p>你会如何反应？你的反应有什么特征？</p> <ul style="list-style-type: none"> (1) 反应正向的目标《具体、可操作》 “心理健康”： 你会怎么做？ (2) 负面目标 (4) 交流与分享 																				
<p>一、健康</p> <p>健康是身心、心理和社会方面的完整状态，而不仅仅是没有疾病或障碍。</p> <p>——《世界卫生组织宪章》</p> <p>“健康不仅是没有疾病、心理、社会适应和道德品质的良好状态。”</p> <p>——《世界卫生组织 (1989)》</p> <p>生理 心理 社会 道德 适应 品质</p>	<p>二、心理健康</p> <p>心理健康</p> <p>广义上讲，心理健康是指一种良好的心理状态。</p> <p>狭义上讲，心理健康是指一种需要心理调节、心理干预和心理治疗的不良心理状态。</p>	<p>二、心理健康</p> <p>心理健康和心不健康不是一个连续体，而是一个非此即彼的状态。世界上不存在绝对的心理健康或心理不健康，因为心理健康与心理不健康以及心理疾病之间不是截然分开的，它们是一个动态发展的连续体。</p> <p>心理健康维度图</p> <table border="1"> <tr> <td>维度</td> <td>生理</td> <td>心理</td> <td>社会</td> <td>道德</td> </tr> <tr> <td>健康人群</td> <td>良好</td> <td>良好</td> <td>良好</td> <td>良好</td> </tr> <tr> <td>亚健康人群</td> <td>一般</td> <td>一般</td> <td>一般</td> <td>一般</td> </tr> <tr> <td>心理疾病人群</td> <td>较差</td> <td>较差</td> <td>较差</td> <td>较差</td> </tr> </table>	维度	生理	心理	社会	道德	健康人群	良好	良好	良好	良好	亚健康人群	一般	一般	一般	一般	心理疾病人群	较差	较差	较差	较差
维度	生理	心理	社会	道德																		
健康人群	良好	良好	良好	良好																		
亚健康人群	一般	一般	一般	一般																		
心理疾病人群	较差	较差	较差	较差																		





三、心理健康的标准

清华大学心理学专家普遍认为大学生心理健康包括七个标准。

- ① 能保持较浓厚的学习兴趣和求知欲望。
- ② 能保持正确的自我意识, 接纳自我。
- ③ 能保持积极乐观的情绪, 保持良好的人际关系。
- ④ 能保持完整统一的人格品质。
- ⑤ 能保持良好的人际关系。
- ⑥ 能保持行为符合年龄特征。

实训活动1-3 心理问题的识别

问题情景

案例一：以为内向而又敏感多疑, 对心理脆弱的大学生。因刚失恋导致情绪低落, 开始逃避和拖延学习进度, 认为这样下去会“没出息”的某班。请分析该同学自己难以摆脱的心理状况。

属于心理正常

实训活动1-3 心理问题的识别

问题情景

案例二：某, 20岁, 未婚, 是大学计算机专业, 在班上成绩, 工作进入中等, 每天工作就是上课和写作业, 成绩好, 有礼貌, 乐于助人, 没有不良嗜好, 也爱运动, 性格开朗, 有良好的团队合作意识, 善于与人沟通, 相处融洽, 自己认为很完美, 自己也对未来充满信心, 每天工作, 学习, 生活, 一切都按计划进行, 没有任何问题, 请分析该同学的心理状况。

属于心理异常

实训活动1-3 心理问题的识别

问题情景

案例三：男, 18岁, 自小受到父母传统教育, 循规蹈矩, 热爱自己如一个好学生, 上课认真听讲, 考试成绩优秀, 自己觉得生活充实, 快乐, 且能遵守纪律, 遵守“规则”, 认为自己“做得不错”。

自去年开始, 对同学反感, 甚至厌恶, 晚上睡觉前总感到不安, 浑身不自在, 感到紧张, 焦虑, 甚至失眠, 自己觉得生活很痛苦, 请分析该同学的心理状况。

强迫症

实训活动1-3 心理问题的识别

问题情景

案例四：男, 42岁, 近一个月来, 心情不好, 整日长吁短叹, 对妻子埋怨, 对上班感到厌烦, 甚至产生辞职的念头, 最近还经常失眠, 感到生活无意义, 甚至产生轻生的念头, 但不知为什么, 自己又觉得对不起妻子, 感到愧疚, 请分析该同学的心理状况。

双相障碍的抑郁发作

实训活动1-3 心理问题的识别

问题情景

案例五：男, 30岁, 未婚, 是大学计算机专业, 在班上成绩, 工作进入中等, 每天工作就是上课和写作业, 成绩好, 有礼貌, 乐于助人, 没有不良嗜好, 也爱运动, 性格开朗, 有良好的团队合作意识, 善于与人沟通, 相处融洽, 自己认为很完美, 自己也对未来充满信心, 每天工作, 学习, 生活, 一切都按计划进行, 没有任何问题, 请分析该同学的心理状况。

一般心理问题

实训活动1-3 心理问题的识别

问题情景

案例六：女, 14岁, 某单位职工。丈夫于四个月前因病去世, 她悲痛欲绝, 终日哭泣, 甚至不吃不喝, 体重急剧下降, 且伴有失眠, 记忆力减退, 甚至出现幻觉, 认为自己与丈夫在一起, 丈夫就在自己身边, 自己不能离开他, 请分析该同学的心理状况。

严重心理问题

实训活动1-3 心理问题的识别

1. 活动时间: 40分钟。
2. 活动准备: 案例。
3. 活动步骤:
 - (1) 问题情景
 - (2) 分析问题的原因 (个人、社会、环境)
 - (3) 提出解决问题的建议: 角色扮演、讨论
 - (4) 交流与分享

四、心理正常与异常的区别

心理正常 (心理)	心理异常 (心理)	区别
心理正常——心理活动符合客观现实, 符合社会规范, 符合个人心理特点。	心理异常——心理活动不符合客观现实, 不符合社会规范, 不符合个人心理特点。	心理正常是心理活动的常态, 心理异常是心理活动的变态。
心理正常——心理活动符合客观现实, 符合社会规范, 符合个人心理特点。	心理异常——心理活动不符合客观现实, 不符合社会规范, 不符合个人心理特点。	心理正常是心理活动的常态, 心理异常是心理活动的变态。
心理正常——心理活动符合客观现实, 符合社会规范, 符合个人心理特点。	心理异常——心理活动不符合客观现实, 不符合社会规范, 不符合个人心理特点。	心理正常是心理活动的常态, 心理异常是心理活动的变态。

四、心理正常与异常的区别

心理正常——心理活动符合客观现实, 符合社会规范, 符合个人心理特点。

心理异常——心理活动不符合客观现实, 不符合社会规范, 不符合个人心理特点。

心理正常是心理活动的常态, 心理异常是心理活动的变态。

五、判断心理正常与异常的三原则

判断心理正常与异常, 应从心理活动的性质、程度、持续时间等方面进行分析。

以下三个原则 (称为“三原则”) 进行:

1. 主观世界与客观世界的统一性原则 (有无自知力)

2. 心理活动的内在一致性原则

3. 个性的相对稳定性原则

1. 主观世界与客观世界的统一性原则

心理正常者, 其主观世界与客观世界是统一的, 即能正确认识客观现实, 并能根据客观现实调整自己的主观世界。

心理异常者, 其主观世界与客观世界是不统一的, 即不能正确认识客观现实, 或不能根据客观现实调整自己的主观世界。

2. 心理活动的内在一致性原则

人的知、情、意、行是一个统一的心理过程, 在反映客观事物的时候, 知、情、意、行应该具有一致性的。

心理正常者, 其知、情、意、行是一致的。

心理异常者, 其知、情、意、行是不一致的。

3. 个性的相对稳定性原则

人格是指一个人所具有的与他人区别的独特而稳定的心理特征和行为倾向。

心理正常者, 其个性特征是稳定的。

心理异常者, 其个性特征是变化的。

六、心理不健康的分类

一般心理问题	严重心理问题	可能精神病
• 情绪反应强烈, 持续时间短, 一般不超过两个月。	• 情绪反应强烈, 持续时间长, 一般超过两个月。	• 情绪反应强烈, 持续时间长, 一般超过两个月。
• 社会功能受损, 但不严重。	• 社会功能严重受损。	• 社会功能严重受损。
• 症状与客观现实相符合。	• 症状与客观现实不相符合。	• 症状与客观现实不相符合。
• 病程短, 一般不超过两个月。	• 病程长, 一般超过两个月。	• 病程长, 一般超过两个月。

六、心理不健康的分类

一般心理问题的诊断

• 有因: 不良事件或刺激。

• 有果: 不良情绪反应持续两周以上, 且影响社会功能。

• 有变: 不良情绪反应持续两周以上, 且影响社会功能。

• 有变: 不良情绪反应持续两周以上, 且影响社会功能。

六、心理不健康的分类

严重心理问题的诊断

• 有因: 不良事件或刺激。

• 有果: 不良情绪反应持续两周以上, 且影响社会功能。

• 有变: 不良情绪反应持续两周以上, 且影响社会功能。

• 有变: 不良情绪反应持续两周以上, 且影响社会功能。

六、心理不健康的分类

可能精神病的诊断

• 有因: 不良事件或刺激。

• 有果: 不良情绪反应持续两周以上, 且影响社会功能。

• 有变: 不良情绪反应持续两周以上, 且影响社会功能。

• 有变: 不良情绪反应持续两周以上, 且影响社会功能。



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实训活动1-2 续

(1) 寻找可行/解决的方法
“心绪烦躁”：
“心理不适感”：
你自己。
C3) 交流与分享

七、心理健康素养

心理健康素养意义
心理健康素养是个体在促进自身和他人心理健康、应对自身和他人精神疾病过程中形成的知识、态度和行为习惯。

七、心理健康素养的提升途径

- 提升希望感
- 提升自我效能感
- 提升心理韧性
- 提升乐观

课中实践活动1-4--- 成长的烦恼 (90分钟)

大学生在进入大学后，可能会遇到很多成长、适应的烦恼问题。请在校园中5位同学同学，了解大家在大学中常遇到的烦恼有哪些，并尝试与小道的同学探讨解决的办法。

课后实践作业：实训活动1-5 21天健康生活打卡

姓名	早睡早起	坚持运动	合理饮食	拒绝熬夜	拒绝烟酒	拒绝攀比
张一						
李二						
王三						
赵四						
孙五						
周六						
吴七						
郑八						
冯九						
陈十						
褚十一						
卫十二						
史十三						
刘十四						
马十五						
朱十六						
李十七						
王十八						
张十九						
赵二十						

谢谢聆听



- https://m.v.qq.com/z/msite/play-short/index.html?cid=&vid=h3518a4b6m2&share_from=&ptag=undefined
- https://www.bilibili.com/video/BV1s54y1b7xF/?spm_id_from=333.788.recommend_more_video.-1
- https://www.bilibili.com/video/BV1GP4y1E7EK/?spm_id_from=333.788.recommend_more_video.-1
- https://www.bilibili.com/video/BV1yt411r7xA/?spm_id_from=333.788.recommend_more_video.3
- https://www.bilibili.com/video/BV1r3411W7Jn/?spm_id_from=333.788.recommend_more_video.2
- https://www.bilibili.com/video/BV1Ca4y1E7gD/?spm_id_from=333.788.recommend_more_video.2
- https://www.bilibili.com/video/BV1yb4y117ph/?spm_id_from=333.788.recommend_more_video.-1



8. https://www.bilibili.com/video/BV1Jf4y1g76F/?spm_id_from=333.788.recommen
d_more_video.2

9. https://www.bilibili.com/video/BV1h3411r7HL/?spm_id_from=333.788.recommen
nd_more_video.11

10. <https://www.bilibili.com/video/BV1kW4y1d7Ho?p=2>

11. <https://www.bilibili.com/video/BV1kW4y1d7Ho?p=3>

12. <https://www.bilibili.com/video/BV1kW4y1d7Ho?p=5>

13. https://www.bilibili.com/video/BV1KB4y1r7hX/?spm_id_from=333.337.search-c
ard.all.click

14. https://www.bilibili.com/video/BV1PL411u7fv/?spm_id_from=333.788.recommen
nd_more_video.5

15. https://www.bilibili.com/video/BV1qY41167QK/?spm_id_from=333.337.search-c
ard.all.click

Question for group

- 1) How many aspects are the standards for mental health of college students mainly reflected?
- 2) How can college students improve their mental health literacy?
- 3) What do you do if you find that mental health methods cannot solve psychological problems?
- 4) What aspects of psychological counseling can college students solve?
- 5) case analysis

Xiaolu failed in the class committee election, and she felt very sad. She felt particularly useless in college. She failed in her first election, and her classmates will definitely look down on her. So she began to distance herself from her classmates and her roommates. Friends are unwilling to talk, and in the past week, they have been unhappy,



with a decrease in appetite and difficulty falling asleep at night.

Question:

① Based on the knowledge learned, what is the mental health status of Xiaolu in the case? (Mental Health/Unhealth/Normal/Abnormal)

② Please form a group and discuss and answer: How can we better help Xiaolu?

Expand resources

Recommendation list:

The Art of Love, Meeting the Unknown Self, Reshaping the Mind, Continuous Happiness, I Ask Psychology: The Psychological Secrets Behind Behaviors, Procrastination Psychology, Mr. Toad Visits a Psychologist, Harvard Positive Psychology Notes: Harvard Professor's Happiness Prescription, Changing a Little Every Day, Nine Types of Personality, Psychological Regulation, Breaking Down the Wall in the Mind.

Recommended movies:

Beautiful Mind, Soul Hunter, Hypnosis Master, Beautiful Life, Elephant, Sophie's World, When Happiness Knocks on the Door, Spring of the Cowherd, Brain Agent Team.





Lesson Plan 2 (6hr.)

Solution-Focused Brief Therapy and Experiential Teaching Instructional

Model refers to an integrated teaching model that is taught in four steps in the classroom:



Theoretical knowledge point 1

Step 1: Create Problem Scenario Stage (0.3hr.)


(1) Before class, the teacher creates scenarios of common psychological problems among college students based on the teaching content.

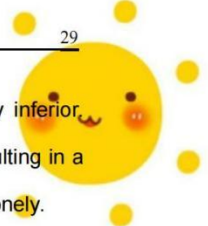
Problem Scenario 1

① The classic clip from the movie "Nezha's Demon Child Comes to Earth": "My fate is determined by me, not by heaven."

Nezha was the third child in his family. When he was born, due to the birth of the magic pill, the entire Chentang Pass regarded Nezha as a "magic child". Although his parents cherished him to the fullest, they were also worried that he would go out and cause trouble, and would be banned. In this way, the gaze of others looking at him is inevitably fearful and evasive, which to some extent makes him self doubt and self negation - it must be his own fault, so everyone is tired of him and afraid that he will stay away from him.

② Zhao, male, 22 years old, a third year student at a certain university. Zhao, who comes from a rural area and comes from a poor family, has had a feeling of being inferior to other classmates since his first day at university. In addition, his academic performance is average and his abilities in all aspects are average. He feels that he is inferior to others in every aspect. In fact, his classmates often praise him for his kindness, sincerity, and hard work, but he always feels that he cannot do it. Especially when he





doesn't dare to talk about his family with others, it makes him feel extremely inferior. Gradually, he separated from his classmates and even hid in the dormitory, resulting in a decline in his academic performance, which made him even more troubled and lonely.



③ Zhang, female, 19 years old, a sophomore student from a certain university.

Since Zhang moved into the collective dormitory of the school, she has been particularly uncomfortable. She always feels that others' living habits are not consistent with hers. Others always read books when she wants to turn off the lights and rest, so she has to sleep during the day; Others always deliberately annoy her when she is in a good mood; Others never take her words seriously; Others are always not considerate and caring for her... After getting to know her better, her classmates found that she often uses the word "I" and speaks harshly. Anyone who wants to offend her little interests, whether intentional or unintentional, will trigger a strong emotional reaction from her.



④ Zheng, male, 22 years old, a fourth year student at a certain university. He

was about to find a job. At first, he thought he wouldn't ask about his job prospects, but he failed several interviews, so he was very discouraged and felt very useless. He wanted his family to help arrange work, but he felt that it was a very unproductive performance. He felt so excellent for a while, and if he worked hard, he would definitely find his ideal job; After a while, I felt like I couldn't do anything and was destined to lose my job. Zheng had nowhere to express his inner conflicts, feeling very painful and affecting his normal life.

(2) In class, students use activity guidance sheets to describe their problem situations.

Problem Scenario 2

Practical Activity 2-1 Who am I

My Role:

In the relationship/in his/her eyes, I am.....People.

In the relationship/in his/her eyes, I am.....People.

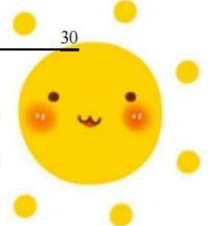
In the relationship/in his/her eyes, I am.....People.

In the relationship/in his/her eyes, I am.....People.

My Role:

In the relationship/in his/her eyes, I am.....People.





In the relationship/in his/her eyes, I am.....People.

In the relationship/in his/her eyes, I am.....People.

In the relationship/in his/her eyes, I am.....People.



My Role:

In the relationship/in his/her eyes, I am.....People.

In the relationship/in his/her eyes, I am.....People.

In the relationship/in his/her eyes, I am.....People.

In the relationship/in his/her eyes, I am.....People.



Step 2: Establish goal stage (0.2hr.)

In problem scenarios, students establish positive goals through the techniques of Solution Focused Brief Therapy.

Nezha's positive and ideal self: _____

Zhao's positive and ideal self: _____

Zhang's positive and ideal self: _____

Zheng's positive and ideal self: _____

My own positive and ideal self: _____

Step 3: Scenario experience and exploring solution stage(1hr.)

Problem Scenario 1

1. Based on the case in Problem Scenario 1, the group will discuss how the parties in each case understand themselves.
2. Discuss how to achieve the goals set in step 2.
3. Choose one of the cases for role-playing.
4. Communication and sharing.

Problem Scenario 2

1. Observe your usual perception, experience, and regulation of yourself and fill it out in the list.
2. What do you think through your own observation?
3. Communication and sharing.



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	Self cognition (what do I think it is?)	Self experience (how do I feel?)	Self regulation (what do I strive to achieve?)
Physiological self			
Social Self			
Psychological Self			

Step 4: Set tasks, student practice stage (1hr.)

Set tasks based on the teaching content and have students divide into groups to carry out practical activities.

Training Activity 2-2: "Ideal Me" and "Real Me"

1. Write your description of "ideal me" and "real me"
2. Please write down the actions you consider important in 'Actions'
3. Communication and sharing

Practical Training Activities 2-3 My Joy and Pride

1. Write down 1-2 things that make you feel happy or proud during each period, and identify 3-5 traits and abilities that you possess in the event.
2. Communication and sharing.

Number	Different stages	Joy/Pride Event	The traits/abilities
1	preschool age		
2	Primary school		
3	Junior high school		
4	High school stage		
5	Now		



Step 5: Summary and feedback stage(1hr.)

Teachers summarize theoretical knowledge and provide positive feedback.

1. Definition of self-awareness

Self consciousness is a person's understanding of themselves, an individual's understanding of their own existence and the relationship between themselves and the surrounding things.

2. Classification of self-awareness

1) self-awareness, self-experience, and self-control

① **self-awareness:** The primary component of self-awareness is self-awareness, which is an individual's understanding of their various physical and mental states, interpersonal relationships, and other aspects.

② **Self experience** is the emotional experience generated by the subjective self towards the objective self, which is based on self cognition and is an emotional experience that accompanies self cognition.

③ **Self control** is the regulation of one's own behavior, thoughts, speech, emotions, attitudes, etc., in order to achieve one's desired goals.

2) Real self, projected self, ideal self

① **Real self:** It refers to the individual's perspective on the reality from their own perspective. What kind of person am I actually.

② **Projected self:** It refers to the individual's imagination of others' views of themselves and their own judgment.

③ **Ideal self:** Starting from my own perspective, I imagine what kind of person I want to become and what kind of person I should become in the future.

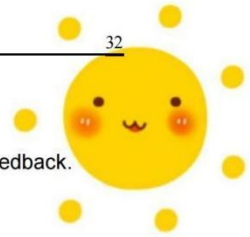
3. development of self-consciousness

① Physical self: 8 months to 3 years old

The understanding and experience of one's own body, appearance, and physiological state during the self centered period enhances one's perception of one's own body.

② Social Self: 3-14 years old

The understanding of one's role, status, reputation, and other aspects in certain



social and interpersonal relationships adjusts one's actions based on the requirements and social expectations of others.



③ Psychological self: Beginning of adolescence

An understanding of one's personal traits such as abilities, personality, temperament, interests, beliefs, and worldview. Regulate one's psychology and behavior according to social needs and self-development requirements.



4. The characteristics of college students' self-awareness

5. self-improvement

1) Correctly understanding oneself

<p style="text-align: center;">Open Self</p> <p style="text-align: center;">Information about yourself that you and others know.</p>	<p style="text-align: center;">Blind Self</p> <p style="text-align: center;">Information you don't know but others know about you.</p>
<p style="text-align: center;">Hidden Self</p> <p style="text-align: center;">Information you know about yourself but others don't.</p>	<p style="text-align: center;">Unknown Self</p> <p style="text-align: center;">Information about yourself that neither you or others know.</p>

2) Actively accepting oneself

① Accept the true self

Admit your imperfections, accept all your flaws and strengths, accept your true self, and in a positive mindset, maximize your potential into reality.

② Inclusive of imperfect oneself

List your own shortcomings and approach them dialectically, looking for strengths from your weaknesses.

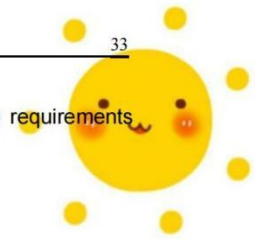
③ Learn reasonable attribution

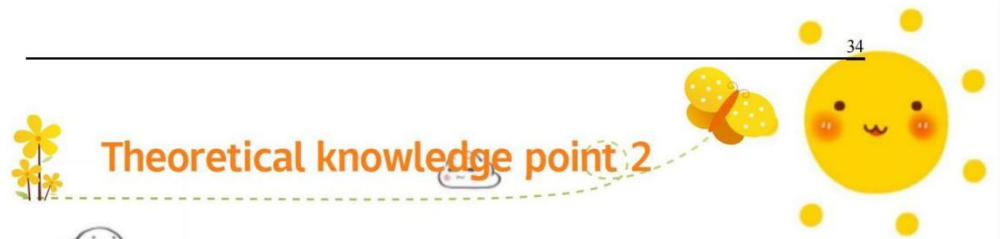
Adopt a reasonable, positive, and positive attribution approach to achieve self acceptance.

④ Building a positive self

Focusing on one's strengths and success can help establish and consolidate a good sense of self.

3) Effective self-control





Theoretical knowledge point 2



Step 1: Create problem scenario stage(0.4hr.)

1. Before class, the teacher creates scenarios of common psychological problems among undergraduate students based on the teaching content.



Psychological case 1: A student works hard and consistently performs well in their studies, but the psychological pressure is very heavy. From the first day he entered school, his family never allowed him to work, requiring him to devote all his time and energy to his studies. But the day before each exam, he starts to get nervous, afraid of not doing well. He always studies late and cannot sleep when he goes to bed. Entering the classroom, hands tremble, sweat, and panic, always wanting to go to the bathroom. Upon receiving the test paper, if there are any questions that he/she cannot answer, his/her mind will go blank, and he/she will forget all the things he/she knows. At the same time, it also brings him/her an overload of psychological pressure. He/she is afraid of seeing the expectant gaze of teachers and parents, and is very nervous when encountering exams, afraid of making mistakes. He/she is sorry for the school and teachers, parents, and his/her own efforts. But the more nervous he gets, the worse he gets in the exam, but he just doesn't know what to do. The exam scores were like a huge stone pressing down on his heart, unable to be moved for a long time. Undoubtedly, this has had a negative impact on both learning and health, and he sometimes knows it's not good, but he can't extricate himself.

Psychological case 2: Xiao He and his boyfriend have been in a good relationship for three years and have been immersed in the sweetness of love. Recently, his boyfriend suddenly broke up on the grounds of falling in love with someone else. Xiao He felt that his boyfriend's words were like a bolt from the blue, tearing his heart apart. She was emotionally unable to accept this cruel reality, unable to extricate herself from pain, confusion, disappointment, and helplessness, with a depressed will, feeling that her life had lost any meaning, and even had suicidal thoughts.



Psychological case 3: In the past two weeks, Xiao Wang has felt particularly disgusted by Xiao Fang in the same dormitory. He took her things without permission and

spoke ill of her behind her back, but was discovered and refused to admit it. One day, a boy in the class criticized Xiao Wang, saying that she was cheating in person, cheating behind her back, and criticizing people behind her back. Later, Xiao Wang learned that it was Xiao Fang who spoke ill of her behind her back. The more Xiao Wang thought about it, the more angry he became. He felt that Xiao Fang had gone too far. Before the evening self-study, Xiao Wang called Xiao Fang to the door and questioned her why she had to speak ill of her in front of others. Xiao Fang denied it, and the two of them had a big argument at the class gate. Xiao Wang is angry when he sees Xiao Fang now and cannot help but want to hit her.

2. In class, students use activity guidance sheets to describe their problem situations.

Training Activity 3-1: My Emotional Performance

When I think about it seriously, when I am dominated by different emotions, I often react like this:

When I am angry, I often: _____

When I am happy, I often: _____

When I am anxious, I often: _____

When I am depressed, I often: _____

Step 2: Establish goal stage(0.1hr.)

In problem scenarios, students establish positive goals through the techniques of Solution Focused Brief Therapy.

Psychological case 1:

Psychological case 2:

Psychological case 3:

My emotional goals:

Step 3: Scenario experience and exploring solution stage(0.5hr.)

Training Activity 3-1: My Emotional Performance

Thinking and Discussion: Do you experience any physiological sensations when you experience emotions? What impact will these emotions have on oneself? Share within the group.



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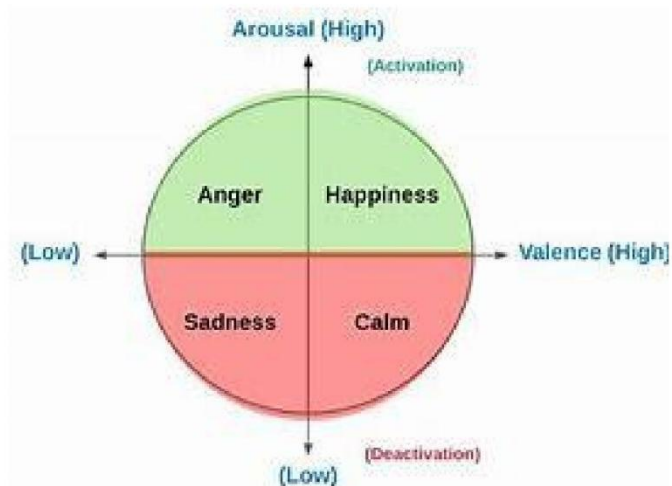
human brain.

2) Classification based on the meaning of emotions

① Positive emotions, Negative emotions

② Normal emotions, Adverse emotions

3) The basic form of emotions



2.Characteristics of emotions

1) Emotions are situational, unstable, and transient.

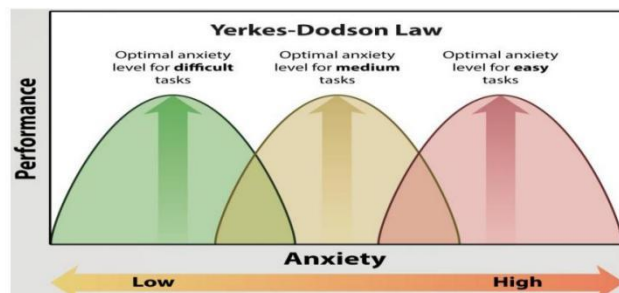
2) Emotions are bipolar.

3) Emotions are interconnected and infectious.

3.The Function of Emotions

1) Adaptation function.

2) Motivation function.



3) Organizational functions.

4) Signal function.



3. Standards for emotional health



1.) Appropriate emotional response - the primary condition for emotional health

2.) Stable emotional performance - an important indicator of emotional health

3.) Dominating a happy mood - the main manifestation of emotional health



4. Common emotional disorders among college students

1) Anxiety

2) Depression

3) Anger

5. Management and regulation of emotions

1) Emotions themselves are not a problem, there is no distinction between good and bad

2) Let nature take its course and accept one's emotions

3) To solve emotional distress, one must first change one's "perspective" - rational emotional therapy

4) Maintain a suitable emotional state and learn to vent emotions

5) Learn to express oneself and seek professional help

6) Learn to use the "three steps" of emotional management



Material



1) PowerPoint

2) Course textbook

3) Books on mental health knowledge

4) Movies related to mental health knowledge

5) Exercise of Course textbook



Learning resources



Video of mental health.

2) Relevant academic papers on the Internet.



Chapter 2 Teaching PPT pictures

第二章 探索独特的我
——自我意识
主讲人：曾晓珍

自我意识的通俗说法

- 我想向别人展示什么样的人?
- 别人认为我在别人眼里的什么样的人?
- 我渴望自己的情况么?
- 我希望成为一个什么样的人?
- 别人对我有怎样的认识成为自己期望的那个人?

主要内容

- 勾勒整体自画像——自我意识的概述
- 绘出东来七彩斑斓——大学生的自我意识
- 寻找坐标，创新未来——家庭与我
- 实训练习

1 勾勒整体自画像
——自我意识的概述

电影赏析
观看电影《哪吒之魔童降世》中的经典片段“哪吒闹海不认爹”
哪吒是家庭中的第三个孩子，在重男轻女，重男轻女的环境中，他是个不被重视的“魔童”，从出生开始就备受冷落，他内心充满了孤独、叛逆和愤怒。这种旁人看待自己的态度和态度、嫉妒的、其精神上，他感到自我意识与自我发展一度是自己在乎的，所以人家就对他很冷淡也。

自我意识的概念
自我意识，是人对自我的认识，是个人对自身存在、自己与周围事物之间关系的认识。
自我意识包括自我认识、自我体验和自我控制。
自我认识是自我意识的核心，自我体验是自我意识的动力，自我控制是自我意识的保障。

实训活动2-1 七小“自知”

- 假如我是一朵花，我有骄傲。
- 假如我是一只鸟，我有快乐。
- 假如我是一只鱼，我有快乐。
- 假如我是一只鸟，我有快乐。
- 假如我是一只鸟，我有快乐。
- 假如我是一只鸟，我有快乐。
- 假如我是一只鸟，我有快乐。

实训活动2-2 找差距

1. 写你在生活中成功的原因以及其中克服困难的经历。
2. 写你的优点，用“1”字来形容你自己独特的优点。用“1”字来形容你自己独特的缺点。你觉得是哪项缺点最多？
小组为单位讨论5分钟，小组分享汇报

自我意识的分类

(一) 结构

三种心理成分

- 自我认识
- 自我体验
- 自我控制





二、自我意识的分类

自我概念 (意) --- 对自我各方面属性的认识, 即自我对自我的认识

自我体验 (情) --- 伴随自我认识而产生的内心感受, 即自我对自我的情感

自我认识 (知) --- 对自我各方面属性的认识, 即自我对自我的认识

实训活动 2-3: 看待自己的预测

1. 观察一下你对自己的认识, 验证和预测, 请填写下表。

2. 通过对自己的观察, 你有什么感想?

自我认识 (我认为是怎样的?)	自我体验 (我感受是怎样的?)	自我预测 (我预计是怎样的?)
外表自我		
性格自我		
心理自我		

从存在方式上划分

现实自我

自我意识

投射自我

理想自我

二、自我意识的分类

现实自我 --- 个体对自己的实际全部现实的认识, 是客观上最接近于自己的人

投射自我 --- 个体想象他人对自己的看法和评价

理想自我 --- 从自己的主观愿望出发, 想象自己成为什么样的人, 或希望自己成为什么样的人

实训活动 2-4: “理想我”与“现实我”

1. 写向你“理想我”“现实我”的描述

2. 请在“行动”中写下你认为重要的行动

三、自我意识的发展

生理自我 --- 2个月至3岁完成, 对身体的感知、评价, 是自我意识的最初萌芽, 是自我意识发展的基础

社会自我 --- 3-4岁完成, 对父母、教师、同伴等社会关系人的认识和评价, 是自我意识发展的关键期, 也是自我意识发展的主要阶段

心理自我 --- 青春期开始, 对内心世界的认识和评价, 是自我意识发展的最高阶段, 也是自我意识发展的关键期

案例分析: 罗斌

罗斌叫为“学霸”, 是班上的佼佼者

- 学习刻苦, 成绩优异, 是班级的佼佼者
- 性格开朗, 乐于助人, 是班级的组织者
- 诚实守信, 为人正直, 是班级的楷模
- 热爱运动, 身体素质好, 是班级的体育健将
- 乐于助人, 是班级的“活雷锋”
- 积极向上, 是班级的“领头羊”

实训活动 2-5 我的喜悦与自豪

写下每个学期让你感到喜悦或自豪的事情 1-2 件, 并找出事件中的积极因素, 思考其意义。

序号	事件描述	积极因素	事件对你的意义
1	学习		
2	运动		
3	生活		
4	其他		
5	其他		

2 绘出未来七彩蓝图

——大学生的自我意识

一、大学生自我意识的特点

自我意识的形成

自我意识的完善

自我意识的成熟

二、完善大学生自我意识的途径

正确的认识自我

积极的自我

有效的自我调节

重点输入小标题

正确认识自我

- 比较法
- 经验法
- 反省法

(一) 正确、全面地认识自己

外部特征

内在特征

(二) 约哈利窗模型

心理学家约瑟夫·勒夫(Joseph Luft)和哈里·英格哈特提出的模型, 他们把人的全部自我概念分成开放区、盲目区、隐蔽区和未知区四个部分。

(二) 约哈利窗模型

自己知道, 自己不知道, 他人知道, 他人不知道

(三) 运用约哈利窗认识自我

1. 自己列出自己的优点和缺点

优点: 自信, 勇敢, 独立, ...

缺点: 粗心, 懒惰, ...

(三) 运用约哈利窗认识自我

2. 请 5 到 10 个了解你的朋友, 让他们对你的优点和缺点。

优点: 大方, 自信, 考虑问题周全, ...

缺点: 情绪化, 粗心, ...

(三) 运用约哈利窗认识自我

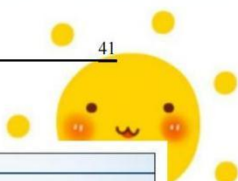
3. 评价生命故事中的“你”

以第三人称的方式, 描述过去你做得好和做得不好的生命故事, 再让你的朋友去评价故事中的“你”。

描述要点:

- 情境
- 目标
- 行动





(三) 运用约哈纳图认识自我

3. 将自己列出的与别人列出的——比较

我的约哈纳图——真实的自己

点击输入小标题

正确认识自我

积极悦纳自我

有效自我控制

点击输入小标题

正确认识自我

积极悦纳自我

有效自我控制

寻找来路, 创新未来

——家庭与我

家庭与我

家庭含义

家庭是由血缘、姻缘或收养关系形成的社会生活的基本单位。通常由父母和他们的子女所组成。通常, 我们指父母和子女组成的家庭为直系家庭。

基本家庭 (family of origin) 是指个人出生和成长的家庭, 每个人通常都从自己的原生家庭开始, 在这个家庭中, 个体开始最初的情感、心理、情感教育等。

二、家庭的心理特征

(一) 角色的不可互换性

(二) 关系的稳定性

(三) 家庭中的地位与补偿

(四) 上一代人对下一代人的影响

三、家庭结构理论

性别/性别角色

父母化角色

家庭关系

父母的教养过程

父母的教养方式

四、健康的家庭沟通

沟通要素

沟通障碍

沟通技巧

四、健康的家庭沟通

拓展

沟通要素

沟通障碍

沟通技巧

PART 01 情绪的概述

情绪的概念

情绪的概念

情绪的定义

情绪的功能

从心理发展的角度来看

情绪的发展

情绪的功能

情绪的影响

情绪的基本形式

情绪的分类

情绪的功能

情绪的影响

情绪的功能

情绪的功能

情绪的影响

情绪的作用

小组活动(一) 我的情绪故事

1. 小组成员依次用词语或短句表达“情绪卡片”上所写的情绪, 其他成员猜测/描述这是什么情绪。

2. 分享与讨论:

(1) 你觉得不同情绪的表现有什么特点?

(2) 情绪有好坏之分吗? 为什么?

小组活动(二) 情绪的影响

情绪的影响

情绪的作用

情绪的影响

情绪的功能

情绪的功能

情绪的影响

情绪的作用



The image shows a grid of 12 educational slides. The slides are arranged in a 4x3 grid. The top right corner of the grid has a yellow sun icon. The slides contain various diagrams, text boxes, and illustrations related to emotion management. The text on the slides includes:

- Slide 1 (Top Left):** (五) 情绪的表现方式. 语言和非语言. 语言和非语言.
- Slide 2 (Top Middle):** (六) 情绪调节的原则. 1. 情绪反应适度—情绪强度的现实条件. 2. 情绪反应稳定—情绪强度的现实基础. 3. 非中心情绪性—情绪强度的主要表现.
- Slide 3 (Top Right):** 调节情绪的方法. 认真思考, 技术性的情绪支配时, 就常常难以产生反应. 幽默感好, 调节好; 幽默感不好, 调节不好; 幽默感不好, 调节不好; 幽默感不好, 调节不好.
- Slide 4 (Second Row Left):** (七) 大学生常见的情绪障碍. 抑郁, 焦虑, 强迫, 恐惧, 应激反应, 情绪失调, 情绪障碍, 情绪障碍, 情绪障碍.
- Slide 5 (Second Row Middle):** PART 03 情绪的管理与调节.
- Slide 6 (Second Row Right):** 1. 情绪本身不是问题, 没有好坏之分. 2. 情绪是信号, 告诉自己的情绪. 3. 情绪是信号, 告诉自己的情绪.
- Slide 7 (Third Row Left):** 3. 解决情绪问题, 要先改变“看法”. 4. 保持适当的心理状态, 学会调节情绪.
- Slide 8 (Third Row Middle):** 4. 保持适当的心理状态, 学会调节情绪. 1. 情绪调节或调节自己的情绪. 2. 情绪调节或调节自己的情绪.
- Slide 9 (Third Row Right):** 5. 学会表达, 懂得寻求帮助. 6. 大学生情绪管理“三步曲”.
- Slide 10 (Bottom Row Left):** 6. 大学生情绪管理“三步曲”. 第一步: 认识自己的情绪. 第二步: 控制自己的情绪. 第三步: 调节自己的情绪.
- Slide 11 (Bottom Row Middle):** 感谢大家的观看. These classes working at the end of semester.



1. https://www.bilibili.com/video/BV1V44y1c7QM/?spm_id_from=333.788.recommend_more_video.-1
2. https://www.bilibili.com/video/BV18Y4y137hd/?spm_id_from=333.337.search-card.all.click
3. https://www.bilibili.com/video/BV1YF411s7aN/?spm_id_from=333.788.recommend_more_video.3

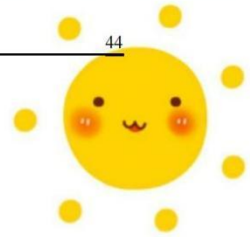
4. https://www.bilibili.com/video/BV1MK4y1T7ds/?spm_id_from=333.337.sear
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5. https://www.bilibili.com/video/BV1yG4y1o74C/?spm_id_from=333.337.sear
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mend more video.13
9. https://www.bilibili.com/video/BV1Eq4y1T7DM/?spm_id_from=333.337.sear
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11. https://www.bilibili.com/video/BV1k94y1z7aj/?spm_id_from=333.788.recom
mend more video.2
12. https://www.bilibili.com/video/BV1eG411F7Lb/?spm_id_from=333.337.sear
ch-card.all.click
13. https://www.bilibili.com/cheese/play/ep48785?csource=Detail_relevantclass
14. https://www.bilibili.com/video/BV1Nz41187EP/?spm_id_from=333.337.sear
ch-card.all.click
15. https://www.bilibili.com/video/BV1r94y1D7C6/?spm_id_from=333.788.reco
mmend more video.4
16. https://www.bilibili.com/bangumi/play/ss45009?spm_id_from=333.337.0.0
17. https://www.bilibili.com/video/BV1h341137wS/?spm_id_from=333.337.sear
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18. https://www.bilibili.com/video/BV1WV4y1Y7AR/?spm_id_from=333.337.sea
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Questions for Group

1. How do college students form a healthy self-awareness?
2. How to overcome self bias?
3. What are the methods to improve one's real self in college life?
4. Is there any value in negative emotions? Why?
5. Please recall an event that occurred in the past two weeks that caused the greatest emotional fluctuations for you.
6. How did you adjust your emotions of What methods were used? What is the final result?
7. What are the most common positive emotions you experience? Do you have your own unique way of happiness? Please write it down . And share with classmates in the same group.
8. Case analysis: Xiao He and his boyfriend have been in a good relationship for three years and have been immersed in the sweetness of love. Recently, his boyfriend suddenly broke up on the grounds of falling in love with someone else. Xiao He felt that his boyfriend's words were like a bolt from the blue, tearing his heart apart. She was emotionally unable to accept this cruel reality, unable to extricate herself from pain, confusion, disappointment, and helplessness, with a depressed will, feeling that her life had lost any meaning, and even had suicidal thoughts.

Question: 1) What difficulties did Xiao He encounter?
2)How would you help her?





Lesson Plan 3 (5hr.)

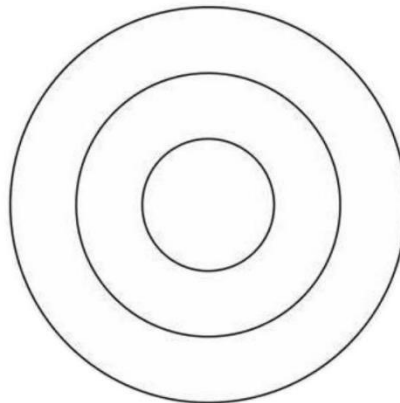
Step 1: Create problem scenario stage (0.3 hr.)

In class, students use activity guidance sheets to describe their problem situations.

Practical training activities 3-1 Organize my interpersonal wealth circle

Please write the names of family and friends in a concentric circle according to "Expanding Knowledge - Interpersonal Wealth" and draw your own interpersonal wealth circle.

At the center of the concentric circle is oneself, and the closer you are to yourself, the higher your level of intimacy with yourself.



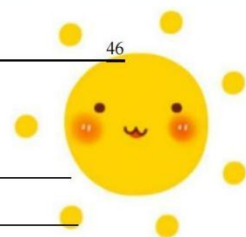
Practical training activities 3-2 Interpersonal communication experience

Please describe a happy event that happened to you recently: _____

Step 2: Establish goal stage (0.2 hr.)

In problem scenarios, students establish positive goals through the techniques





46

of Solution Focused Brief Therapy.

My interpersonal goals: _____

The ability to help others: _____

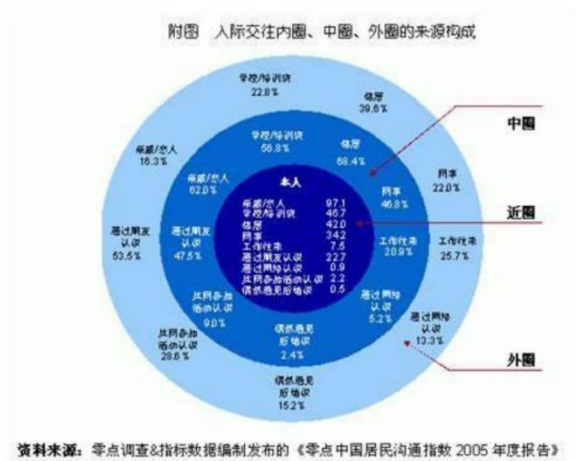


Step 3: Scenario experience and exploring solution stage(1.5 hr.)

Through methods such as dialogue, discussion, role-playing, and activity experience, students can experience and explore solutions to problems, and discover their strengths and resources.



Practical training activities 3-1 (continue) Organize my interpersonal wealth circle



资料来源：零点调查&指数数据编制发布的《零点中国居民沟通指数 2005 年度报告》

Student reflection and sharing:

- 1) How is your current interpersonal communication situation? Can we continue to enrich ourselves?
- 2) What interpersonal communication and interaction skills do you think are necessary to have more interpersonal wealth?

Practical training activities 3-2 (continue) Interpersonal communication experience



- 1) Work in pairs, with one student playing A and one student playing B. A only shares the happiness or gratitude that just came to mind, while B uses four different communication modes to play four different roles in response to the other party.

① Passive and constructive response: When A is speaking, B should not make

eye contact with him and show a dismissive attitude, only saying 'oh' or 'hehe'.

② Destructive response: After listening to A's words, B will give a stronger message to the other party (for example, I have already passed the English Test Band 6).

③ Nitpicking response: After listening to A's words, B expresses, "Please don't be too happy too early, his affairs may still have some trouble.

④ Proactive and constructive response: After listening to A's words, express to A, "This is really great, it's great. The two of us should celebrate together and have such a good thing happen.

2) Perform the role exchange again.

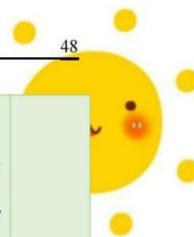
Thinking and Sharing: Think about these four different ways of interpersonal communication, which one do you often use in daily life, which way do you like others to communicate with you the most, and share your inner feelings about experiencing the four ways of interpersonal communication.

Step 4: Set tasks, student practice stage (2.5 hr.)

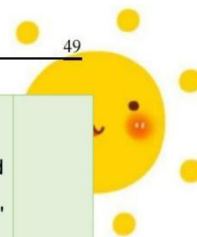
The class monitor lead students to carry out activities according to the following group tutoring program.

Activity Name	Activity purpose	Activity process	Time
1 Similarity circle	Enhance understanding among students and identify common ground between them.	<p>1. Everyone stand in a circle and follow the instructions from the leader, "Those who like sports like me, take a step forward.</p> <p>2. After everyone stands still, the leader once again gives the command: "Those who like walking like me, take a step forward." Please take a look at who in the circle is like you, and ask a classmate in the circle to share.</p> <p>3. The leader issued the third instruction: "Please take a step forward with classmates</p>	10min

			<p>from other provinces like me.</p> <p>4. The leader issued the fourth instruction: "Please take one step forward from an only child family like me."</p>	
2	Our birthdays are together	Enhance understanding among students, enhance their interpersonal trust and sense of belonging to the class.	<p>1. Spectral measurement: Place two silk scarves of different colors on two line points on the east and west sides of the classroom, dividing the position points for each month from January to December. Invite students to stand at the corresponding points for their birthday month.</p> <p>2. Students born in the same month sit in a group around each other, exchanging their specific birthday dates, and inviting the member with the earliest birth date in the group to serve as the team leader.</p> <p>3. The team leader organizes team members to take turns sharing the scene and emotional experience of the happiest birthday party in their lives.</p> <p>4. Choose a representative from each group to share their happy birthday party in the group.</p>	30min
3	Trust blind trip	1. Let students understand that helping others among friends is equally important as self-help.	<p>1. All students stand in two columns, with one column playing the role of a blind person and the other column playing the role of a cane.</p> <p>2. The blind person puts on an eye mask and turns around to experience the</p>	50min



		<p>2. Let students experience the trust and being trusted among friends, and feel love and being loved.</p>	<p>assistance of the blind person.</p> <p>3. Under the guidance of crutches, blind people experience a difficult 'journey' together. During the journey, crutches can only physically remind blind people and cannot communicate verbally.</p> <p>4. Exchange roles.</p> <p>5. Share your feelings.</p>	
4	<p>Sent beads to thousand miles</p>	<p>1. Cultivate mutual help among students and feel responsible towards others in a team.</p> <p>2. Let students feel the power of a team.</p>	<p>1. All participating team members' hands touched the glass beads while stationary.</p> <p>2. Choose a teammate who can only place beads at the starting line. Do not place beads beyond the starting line.</p> <p>3. Only one bead is allowed at a time.</p> <p>4. If the bead falls to the ground, only the person who placed the bead can be allowed to pick it up and return to the starting line to place the bead again.</p> <p>5. Each participating team member can only hold one PVC pipe.</p> <p>6. The order of bead transportation is alternating for each teammate, and it is not allowed to block the tail and head of the PVC pipe for running.</p>	40min
3	<p>Love each other at a family</p>	<p>Start a new journey in relationships of love and trust.</p>	<p>1. Play a song - Love each other and a family.</p> <p>2. Let students to write down their university expectations on the card.</p>	20min



Step 5: Summary and feedback stage (0.5 hr.)

Teachers summarize theoretical knowledge and provide positive feedback.

1. Definition of interpersonal relationships

Interpersonal relationships refer to the psychological relationships between individuals, which refer to the emotional experiences and psychological distances that individuals experience psychologically based on different levels of interaction in order to meet certain needs.

2. The theory of three-dimensional needs in interpersonal communication.

1) The need for inclusiveness refers to the individual's desire to interact, interact with others, establish and maintain harmonious relationships, and thus integrate into society.

2) The need for dominance: refers to the individual's tendency to control or be controlled by others.

3) Emotional need: Refers to the need to establish and maintain close relationships with others emotionally.

3. Characteristics of interpersonal communication among college students

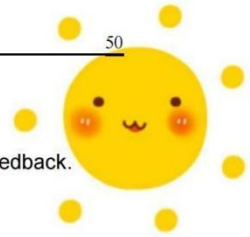
- 1) Strong desire for interpersonal communication;
- 2) Enhanced autonomy in interpersonal communication;
- 3) Emphasis on equality in interpersonal communication;
- 4) Diversified interpersonal communication;
- 5) Interpersonal communication places greater emphasis on peer relationships.

4. Psychological effects in interpersonal communication

- 1) Precedent: First Cause Effect
- 2) Still fresh in memory: proximate effects
- 3) Love the House and the Crow: The Halo Effect
- 4) Overcoming the whole: Stereotyping effect
- 5) Self evaluation: projection effect
- 6) Distance produces beauty: distance effect

5. Establishing good interpersonal relationships

- 1) Utilizing the psychological effects of interpersonal communication



2) Improve interpersonal communication skills: ①learn to listen, improve understanding of others ②value nonverbal communication skills ③ learn to praise others.

③ Increase one's interpersonal charm: ①Strive to establish a good first impression. ②Improve personal external qualities. ③Cultivate good personal characteristics. ④Strengthen communication and establish close relationships.

4) Follow the rules of interpersonal communication: The Golden Rule and the Platinum Rule.

5) Learn to refuse

6) Effectively handling interpersonal conflicts

6. Definition of Psychological Counseling

Psychological counselors engage in discussions and discussions with their clients to gain a correct understanding of their relationship with the environment, change their attitudes and behaviors, help and inspire them to solve various psychological problems, and have a good adaptation to social life.

7. The role and function of psychological counseling

1) Improving individual quality

2) Stimulating individual potential

3) Adjusting individual cognition and behavior

8. Approaches to psychological counseling

9. General process of psychological counseling



Material



1) PowerPoint

2) Course textbook

3) Books on mental health knowledge

4) Movies related to mental health knowledge

5) Exercise of Course textbook

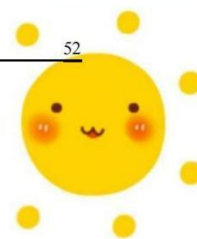


Learning resources



Video of mental health.

2) Relevant academic papers on the Internet.

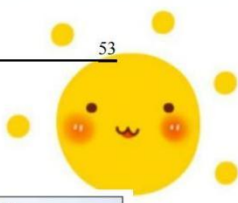


Chapter 3

Teaching PPT pictures

<p>大学生人际关系</p>	<p>目录</p> <ul style="list-style-type: none"> ① 心与心的距离——人际关系的基本概念 ② 解读人际密码——大学生人际交往的原则与技巧 ③ 互助共赢——心理求助 	<p>人际关系的基本概念</p> <ul style="list-style-type: none"> 1. 人际关系的基本定义 2. 人际关系的构成要素 3. 人际关系的结构
<p>1. 人际关系的基本定义</p> <p>人际关系是指人与人之间在心理和行为上的交往关系。它是人与人之间在心理和行为上的交往关系。它是人与人之间在心理和行为上的交往关系。它是人与人之间在心理和行为上的交往关系。</p>	<p>3-1 大学生人际交往的基本原则</p>	<p>3-2 大学生人际交往的基本原则</p>
<p>2. 人际关系的构成要素</p> <p>第一阶段：选择阶段； 第二阶段：试探阶段； 第三阶段：交往阶段； 第四阶段：磨合阶段； 第五阶段：稳定阶段。</p>	<p>3-3 人际关系的构成要素</p>	<p>3. 人际关系的构成要素</p>





大学生人际交往的心理特点

人际交往
大学生人际交往心理特点主要表现为：心理距离扩大化倾向、人际交往关系平等化倾向、人际交往关系功利化倾向、大学生人际交往表面化倾向。

主要特征
1. 心理距离扩大化倾向
2. 人际交往关系平等化倾向
3. 人际交往关系功利化倾向
4. 大学生人际交往表面化倾向

大学生人际交往的心理特点

3-1 人际交往能力自评

(二) 大学生人际关系的原则与技巧

1. 利他的人际交往心理原则
2. 增强人际交往能力
3. 遵循人际交往原则
4. 学会倾听
5. 有效处理人际冲突

大学生人际关系的原则与技巧

心理效应

1. 首因效应：第一印象对人际关系的建立起着至关重要的作用。第一印象的好坏直接影响人际交往的成败。

2. 近因效应：最近一次交往的印象对人际关系的建立起着至关重要的作用。最近一次交往的好坏直接影响人际交往的成败。

3. 晕轮效应：对一个人的某种认识，会掩盖对其其他品质的认识。例如，认为一个长相帅气的人一定很聪明。

4. 投射效应：将自己的特征投射到他人身上。例如，一个自私的人认为别人也是自私的。

5. 刻板印象：对某一类人的固定看法。例如，认为北方人都是豪爽的。

大学生人际关系的原则与技巧

学会倾听
倾听是人际交往中最重要的一环。通过倾听，可以了解对方的需求和感受，建立良好的人际关系。

学会换位思考
换位思考是人际交往中的金钥匙。只有站在对方的角度思考问题，才能理解对方的立场和感受。

大学生人际关系的原则与技巧

3-4 优点“大轰炸”

大学生人际关系的原则与技巧

1. 努力建立良好第一印象
2. 改善个人外在形象
3. 培养良好个人素质

大学生人际关系的原则与技巧

遵循人际交往法则

1. “黄金法则”——你想别人如何对待你，你就先去如何对待别人。
2. “白金法则”——别人希望你怎样对待你，你就怎样对待他。

大学生人际关系的原则与技巧

3-7 人际交往的表述原则

大学生人际关系的原则与技巧

有效处理人际冲突

人际冲突是人际交往中不可避免的现象。通过有效沟通、换位思考和寻求共识，可以化解冲突，维护良好的人际关系。

大学生人际关系的原则与技巧

有效处理人际冲突

人际冲突是人际交往中不可避免的现象。通过有效沟通、换位思考和寻求共识，可以化解冲突，维护良好的人际关系。

大学生人际关系的原则与技巧

3-8 冲突解决

大学生人际关系的原则与技巧

心理契约的意义

心理契约是指个体与他人之间的一种隐含的、非正式的约定。它影响着人际交往的质量和稳定性。

大学生人际关系的原则与技巧

心理契约的功能和作用

心理契约具有调节人际交往、增强信任感、提高合作效率等功能。它是建立良好人际关系的重要基础。

大学生心理契约的构建过程

心理契约的构建

大学生心理契约的构建是一个动态的过程，受到个体认知、情感、行为等多种因素的影响。通过自我反思、与他人沟通等方式，可以不断完善心理契约。

大学生心理契约的构建过程

高校心理契约的构建策略

1. 强化契约意识
2. 完善契约制度
3. 加强契约监督
4. 建立契约激励机制
5. 开展契约教育

大学生心理契约的构建过程

实践练习3-3 参观心理中心 (30分钟)

通过参观心理中心，了解心理服务的流程和设施，增强对心理契约的理解和认识。





1. https://www.bilibili.com/video/BV1yJ411176J/?spm_id_from=333.788.recommend_more_video.1
2. https://www.bilibili.com/video/BV12a4y1779v/?spm_id_from=333.788.recommend_more_video.5
3. https://www.bilibili.com/video/BV1Mq4y127VA/?spm_id_from=333.337.search-card.all.click
4. https://www.bilibili.com/video/BV1Ya411b7Lr/?spm_id_from=333.788.recommend_more_video.1
5. https://www.bilibili.com/video/BV1sY4y1V7jr/?spm_id_from=333.788
6. https://www.bilibili.com/video/BV1fg411Q7cC/?spm_id_from=333.788
7. https://www.bilibili.com/video/BV1cW4y127Nu/?spm_id_from=333.788
8. https://www.bilibili.com/video/BV1E24y157Zg/?spm_id_from=333.337.search-card.all.click
9. https://www.bilibili.com/video/BV1Db41157rs/?spm_id_from=333.337.search-card.all.click
10. https://www.bilibili.com/video/BV1Ns411t7px/?spm_id_from=333.337.search-card.all.click
11. https://www.bilibili.com/video/BV1S341187WK/?spm_id_from=333.337.search-card.all.click
12. https://www.bilibili.com/video/BV1LQ4y1Q71e/?spm_id_from=333.337.search-card.all.click
13. https://www.bilibili.com/video/BV1Wz4y1Q7YD/?spm_id_from=333.337.search-card.all.click



14. https://www.bilibili.com/video/BV1Ys411T7z9/?spm_id_from=333.788.reco
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Questions for Group

1. How to establish and maintain harmonious interpersonal relationships with roommates in college life?

2. What are the psychological effects in interpersonal communication that inspire you to optimize interpersonal relationships?

3. Please think about your interpersonal communication model and what areas can be improved?

4. Case analysis: Xiaorong is a class monitor with strong abilities, and her counselor and teacher appreciate her very much, so she is entrusted with a heavy responsibility. Xiaorong helps with class affairs every day and only returns to the dormitory very late. In the dormitory, everyone politely called her monitor, but after calling her monitor, there was nothing to communicate with. After a long time, Xiaorong felt quite unhappy in her heart. In fact, she envied that her roommates could happily play games, study together, and chat together.

Question: What problem did Xiaorong encounter? Why is this happening and what are the good solutions?



Appendix E
The Results of the Quality Analysis of Research
Instruments

Table Appendix 1 Evaluation Results of IOC for Factor Analysis (For Students)

No	Item	Experts' rating			Total	MEAN	Results
		Expert	Expert	Expert			
		1	2	3			
Part 1							
No. 1	Gender						
A. Male	B. Female	+1	+1	+1	3	1.00	Valid
No. 2	Students from						
A. Food Engineering	B. in Marketing						
C. International Economy and Trade	D. Human Resources Management	+1	+1	+1	3	1.00	Valid
No. 3	Age						
A. below 17 yrs.	B. 17-20 yrs.	+1	+1	+1	3	1.00	Valid
C. 21-23 yrs.	D. over 23 yrs.						
Internal factors							
1	Students know that mental health education course is an important compulsory course for students.	+1	+1	+1	3	1.00	Valid
2	Students feel that mental health education course is the great significance to personal's mental health literacy	+1	+1	+1	3	1.00	Valid
3	Students feel that this subject can improve their Mental health knowledge increasingly.	+1	+1	+1	3	1.00	Valid
4	Students believe that the teaching methods used by teachers in the course are reasonable and effective, and can improve their understanding of mental health knowledge.	+1	+1	+1	3	1.00	Valid
5	Students actively participate in	+1	+1	+1	3	1.00	Valid

No	Item	Experts' rating			Total	MEAN	Results
		Expert	Expert	Expert			
		1	2	3			
	classroom discussions and group work in mental health education course.						
6	Students are industrious in their learning (Assignments, Projects, Participation, etc.) with the highest potential themselves.	+1	+1	+1	3	1.00	Valid
7	Students feel that the assignments assigned by the lecturers and the feedback can help students better apply what they have learned.	+1	+1	+1	3	1.00	Valid
8	Students are satisfied with the friendly cooperation and interaction between students and teachers or peers in the classroom in mental health education course .	+1	+1	+1	3	1.00	Valid
9	Students believe that homework or practical activities assigned by the lecturers can help them better apply the knowledge they have learned.	+1	+1	+1	3	1.00	Valid
10	Students explore more knowledge by themselves after the classroom	+1	+1	+1	3	1.00	Valid
11	Teachers can assist students in learning knowledge and solving psychological problems.	+1	+1	+1	3	1.00	Valid
12	Students' feels satisfied with the teacher's teaching style.	+1	+1	+1	3	1.00	Valid
13	Students believe that mentally healthy individuals do not	+1	+1	+1	3	1.00	Valid

No	Item	Experts' rating			Total	MEAN	Results
		Expert	Expert	Expert			
		1	2	3			
	need to study this course.						
14	Through this course, students' mental health knowledge, ability to solve psychological problems and maintain mental health have been improved. External factors	+1	+1	+1	3	1.00	Valid
15	The lecturer's teaching ability affects the improvement of students' mental health literacy.	+1	+1	+1	3	1.00	Valid
16	The lecturer's teaching attitude affects students' enthusiasm for learning mental health education courses.	+1	+1	+1	3	1.00	Valid
17	The lecturer emphasize the importance of students' active participation in the teaching process to enhance students' Mental Health literacy.	+1	+1	+1	3	1.00	Valid
18	The lecturer emphasizes the interaction and cooperation between students in the teaching process of Mental Health Education course .	+1	+1	+1	3	1.00	Valid
19	It is important for teachers to objectively evaluate student performance and learning outcomes.	+1	+1	+1	3	1.00	Valid
20	The textbook is suitable for mental health education courses and meets the learning needs of students.	+1	+1	+1	3	1.00	Valid
21	The curriculum activities of mental health education courses can promote discussion	+1	+1	+1	3	1.00	Valid

No	Item	Experts' rating			Total	MEAN	Results
		Expert	Expert	Expert			
		1	2	3			
	and communication among students.						
22	Learning tasks are challenged and encouraged the students' enthusiasm.	+1	+1	+1	3	1.00	Valid
23	The lecturer's teaching methods can improve students' participation in the classroom and help students improve their Mental Health literacy.	+1	+1	+1	3	1.00	Valid
24	A good relationship between teachers and students helps improve students' learning outcomes.	+1	+1	+1	3	1.00	Valid
25	Resources and teaching materials are interesting and able to achieve the goal.	+1	+1	+1	3	1.00	Valid
26	Fixed learning places affect learning interest.	+1	+1	+1	3	1.00	Valid
27	Classroom environment affects students to improve mental health literacy.	+1	+1	+1	3	1.00	Valid
28	A positive and positive teaching atmosphere makes students more willing to participate in classroom activities.	+1	+1	+1	3	1.00	Valid
29	Appropriate class size (below 50) helps students participate in teaching activities.	+1	+1	+1	3	1.00	Valid
30	The content of mental health education courses is practical, and students can apply knowledge to maintain mental health in their daily lives.	+1	+1	+1	3	1.00	Valid
					99	1.00	Valid

Note: Valid when ≥ 0.60 .

Table Appendix 2 Evaluation Results of IOC for Factor Analysis (For Lecturers)

No	Item	Experts' rating			Total	MEAN	Results		
		Expert 1	Expert 2	Expert 3					
Part 1									
No. 1	Gender								
A.	Male	B.	Female	+1	+1	+1	3	1.00	Valid
No. 2	University								
A.	Guangxi Vocational University Of Agriculture								
B.	Guilin University Of Aerospace Technology	+1	+1	+1	3	1.00	Valid		
C.	Guangxi University								
D.	Yulin Normal University								
No.3	Teaching experience								
A.	Below 3 yrs.	B.	4-6 yrs.	+1	+1	+1	3	1.00	Valid
C.	7- 9 yrs.	D.	Over 9 yrs.						
No.4	Age								
A.	below 25 yrs.	B.	25-35 yrs.	+1	+1	+1	3	1.00	Valid
C.	36-49 yrs.	D.	over 49 yrs.						
Questions									
1	Why do you accept or select to teach this subject? (Example, prefer to teach, be expert in the content, be requested, or other reasons.)	+1	+1	+1	3	1.00	Valid		
2	What do you think is the uniqueness of the mental health education course for college students compared to other types of courses for college students?	+1	+1	+1	3	1.00	Valid		
3	What do you think is the teaching goal of the mental health education course for college students?	+1	+1	+1	3	1.00	Valid		

No	Item	Experts' rating			Total	MEAN	Results
		Expert 1	Expert 2	Expert 3			
4	What methods will you use to achieve this teaching goal?	+1	+1	+1	3	1.00	Valid
5	What preparations do you make before teaching?	+1	+1	+1	3	1.00	Valid
6	Do you think the factors that affect the teaching quality of mental health education courses for college students? (Teachers [personality traits/teaching attitude/teaching level], students [learning attitude/mental health awareness/needs], teaching content, assessment methods, textbooks, etc.)	+1	+1	+1	3	1.00	Valid
7	What learning tasks do you carry out to improve students' engagement ?	+1	+1	+1	3	1.00	Valid
8	What do you think are the assessment standards for mental health education courses?	+1	+1	+1	5	1.00	Valid
9	What difficulties do you encounter in teaching? How do you plan to solve it?	+1	+1	+1	3	1.00	Valid
10	Which aspects of your teaching need to be improved, or which aspects do you want the school to support you?	+1	+1	+1	3	1.00	Valid
					42	1.00	Valid

Note: Valid when ≥ 0.60 .

Table Appendix 3 Evaluation Results of IOC for instructional model

No	Item	Experts' rating			Total	MEAN	Results
		Expert 1	Expert 2	Expert 3			
Utility Standard							
1	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model is useful to lecturers to improve Mental Health Literacy.	+1	+1	+1	3	1.00	Valid
2	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model is useful to students to improve Mental Health Literacy.	+1	+1	+1	3	1.00	Valid
3	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model includes necessary and enough contents.	+1	+1	+1	3	1.00	Valid
4	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model promotes to improve Mental Health Literacy more compared to traditional teaching.	+1	+1	+1	3	1.00	Valid
5	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model increases Mental Health Literacy of students.	+1	+1	+1	3	1.00	Valid
Feasibility Standard							
1	The lecturer can apply Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy to their work and it is worth the time for	+1	+1	+1	3	1.00	Valid

No	Item	Experts' rating			Total	MEAN	Results
		Expert 1	Expert 2	Expert 3			
	actual use.						
2	The lecturer can develop the students to Solution-Focused Brief Therapy and Experiential Teaching Instructional Model.	+1	+1	+1	3	1.00	Valid
3	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy is easy to use.	+1	+1	+1	3	1.00	Valid
4	The students always develop their learning all time by Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy.	+1	+1	+1	3	1.00	Valid
5	The students are comfortable in learning by themselves Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy.	+1	+1	+1	3	1.00	Valid
Propriety Standard							
1	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy is appropriate for lecturers to use assessment results to improve the students.	+1	+1	+1	3	1.00	Valid
2	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy is appropriateness for students to	+1	+1	+1	3	1.00	Valid

No	Item	Experts' rating			Total	MEAN	Results
		Expert 1	Expert 2	Expert 3			
	create knowledge by themselves.						
3	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy is convenient to use.	+1	+1	+1	3	1.00	Valid
4	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy is a systematic process to use.	+1	+1	+1	3	1.00	Valid
5	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy is clear and suitable for use in learning and students development.	+1	+1	+1	3	1.00	Valid
Accuracy Standard							
1	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to enhance learning achievement is comprehensively analyzed from different contexts and sufficient for the synthesis of patterns.	+1	+1	+1	3	1.00	Valid
2	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy has a clear process.	+1	+1	+1	3	1.00	Valid

No	Item	Experts' rating			Total	MEAN	Results
		Expert 1	Expert 2	Expert 3			
3	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy are described and the acquisition is clear.	+1	+1	+1	3	1.00	Valid
4	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy use techniques and tools which acquires accurate information and communication.	+1	+1	+1	3	1.00	Valid
5	Solution-Focused Brief Therapy and Experiential Teaching Instructional Model to improve Mental Health Literacy is a correct and comprehensive learning system.	+1	+1	+1	3	1.00	Valid
					60	1.00	Valid

Note: Valid when ≥ 0.60 .

Table Appendix 4 Evaluation Results of IOC for rubric Observation

No	Item	Experts' rating			Total	MEAN	Results
		Expert 1	Expert 2	Expert 3			
Psychological Knowledge							
1	Standard 1: Mental health knowledge	+1	+1	+1	3	1.00	Valid
2	Standard 2: Psychological Disorders knowledge	+1	+1	+1	3	1.00	valid
3	Standard 3: Positive mental health	+1	+1	+1	3	1.00	Valid
Self-help ability							
4	Standard 1: self-awareness	+1	+1	+1	3	1.00	Valid
5	Standard 2: Emotional regulation	+1	+1	+1	3	1.00	Valid
6	Standard 3: Promoting one's own mental health	+1	+1	+1	3	1.00	Valid
Tennis serve skills							
7	Standard 1: Interpersonal trust	+1	+1	+1	3	1.00	Valid
8	Standard 2: Interpersonal communication skills	+1	+1	+1	3	1.00	Valid
9	Standard 3: Promoting the mental health of others	+1	+1	+1	3	1.00	Valid
					27	1.00	Valid

Note: Valid when ≥ 0.60 .

Table Appendix 5: Evaluation Results of IOC for Lesson Plan

No	Item	Experts' rating			Total	MEAN	Results
		Expert 1	Expert 2	Expert 3			
Learning Objective							
1	Complying with content of the course	+1	+1	+1	3	1.00	Valid
2	Master knowledge and ability	+1	+1	+1	3	1.00	Valid
3	Being measurable in 3 item include standards	+1	+1	+1	3	1.00	Valid
Contents							
4	Complying with learning objective	+1	+1	+1	3	1.00	Valid
5	Being appropriate in terms of time management	+1	+1	+1	3	1.00	Valid
Virtual reality plus augmented reality sport instructional models							
6	Complying with the designed instructional model	+1	+1	+1	3	1.00	Valid
7	Supporting students' learning	+1	+1	+1	3	1.00	Valid
8	Including various activities	+1	+1	+1	3	1.00	Valid
Learning materials							
9	Complying with the learning objectives	+1	+1	+1	3	1.00	Valid
10	Complying with the contents	+1	+1	+1	3	1.00	Valid
Evaluation and Assessment							
11	Complying with the learning objectives	+1	+1	+1	3	1.00	Valid
12	Including standards and rubric score	+1	+1	+1	3	1.00	Valid
					36	1.00	Valid

Appendix F
Certificate of English

**BS
RU** BANSOMDEJCHAOPRAYA
RAJABHAT UNIVERSITY

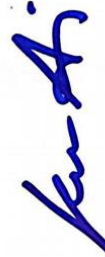
This is to certify that

Mrs. Zeng Yuanzhen

Achieved BSRU English Proficiency Test (BSRU-TEP) level

C2

Given on 22nd August 2021



(Assistant Professor Dr Kulsirin Aphiratvoradej)

Director

Appendix G

The Document for Accept Research/Full Paper

MHESI 8038.1/06



**Mcu Ubonratchathani journal
of Buddhist Studies (TCI.2)**
Mahachulalongkornrajavidyalaya
University, Ubon Ratchathani Campus

RESPONSE FOR PUBLICATION OF THE ARTICLE

21st August 2023

The Editorial Department of Mcu Ubonratchathani journal of Buddhist Studies (TCI.2)
MCU, Ubon Ratchathani Campus has considered the article

Title DEVELOPMENT OF SOLUTION-FOCUSED BRIEF THERAPY AND EXPERIENTIAL
TEACHING INSTRUCTIONAL MODEL TO IMPROVE MENTAL HEALTH
LITERACY OF UNDERGRADUATE STUDENTS

Writer Zeng Yuanzhen, Nuttamon Puchatree, Areewan Iamsa-ard and Suriya Phankosol

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Your article has been sent to 3 experts for peer review and found that its quality is at
a “**Good**” level and academically useful.

Please be informed accordingly.

(Assoc.Prof. Dr. Phrakhruwutthidhampandit)
Editor of Mcu Ubonratchathani journal of Buddhist studies (TCI)
Mahachulalongkornrajavidyalaya University,
Ubon Ratchathani Campus

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