



## Journal of Advanced Research in Social and Behavioural Sciences

Journal homepage:  
<https://karyailham.com.my/index.php/jarsbs/index>  
ISSN: 2462-1951



# Localising Whole-Institution Mental Health Education for Chinese Higher Vocational Colleges: A Critical Narrative Review and Integrative Design Synthesis

Li Yang<sup>1</sup>, Mohamed Nor Azhari Azman<sup>1,\*</sup>, Abdul Muqith Ahmad<sup>1</sup>, Norhanizan Usaizan<sup>1</sup>, Zaliza Hanapi<sup>1</sup>

<sup>1</sup> Faculty of Technical and Vocational, Universiti Pendidikan Sultan Idris, Tanjong Malim, Perak, Malaysia

### ARTICLE INFO

#### Article history:

Received 1 May 2026  
Received in revised form 6 Jun 2026  
Accepted 20 July 2026  
Available online 26 August 2026

#### Keywords:

Higher vocational colleges; mental health education; localisation; whole-institution approach; vocational transition; China

### ABSTRACT

Whole-institution approaches have widened the university mental health agenda beyond counselling, but their most influential formulations were written for conventional university settings. That starting point matters for Chinese higher vocational colleges (HVCs), where practical training, internship, occupational identity, and an early school-to-work transition sit close to the centre of the curriculum. This critical narrative review asks what can reasonably be carried across from international whole-institution models and what has to be redesigned for the HVC context. It brings together work on mental health education and literacy, six theoretical perspectives, international frameworks, Chinese policy, and the still limited literature on vocational-college students. Reading these sources against the vocational student journey makes transition to work the point at which several otherwise separate concerns meet: identity, career development, institutional ecology, status and belonging, resilience, family expectations, and access to professional help. The review also exposes tensions that a local framework cannot solve by definition alone, particularly between student agency and relational obligations, coping and institutional responsibility, and broad educational participation and clinical role boundaries. From this analysis, four institutional functions recur: curriculum integration, delivery mechanisms, institutional support, and evaluation and feedback. Their value for HVCs lies less in the labels themselves than in the way they make internship continuity, vocational identity, external referral, confidentiality, and resource constraints explicit. The resulting architecture is offered as a design proposition for testing, not as evidence that any particular configuration is already effective.

\* Corresponding author.  
E-mail address: [mnazhari@ftv.upsi.edu.my](mailto:mnazhari@ftv.upsi.edu.my)

## **1. Introduction**

Student mental health should not be regarded solely as a matter for clinical services. Concentration, participation, relationships, persistence, and the capacity to manage educational transitions can be affected by difficulties that emerge during tertiary study [1,27]. For this reason, responsibility has increasingly been distributed across university leadership, teaching, curriculum, student services, peer networks, referral arrangements, and evaluation rather than being located almost entirely within counselling centres [7,26,41].

A strong case can therefore be made for examining this shift in Chinese higher vocational colleges (HVCs), although the institutional setting should not be regarded as interchangeable with that of a conventional university. Learning in HVC programmes is organised around occupational competence, practical assessment, internship, and relatively direct entry into employment. Questions concerning competence, status, family expectations, and employment may consequently be experienced as educational concerns before they are presented as counselling concerns. A similarly broad direction has been reflected in Chinese policy, through which institutional responsibilities for prevention, education, support, monitoring, and coordination with families and health services have been assigned to educational institutions [6,10,23].

The central difficulty should not be understood as a lack of possible models. Rather, attention must be given to determining which elements can be retained when a change of sector and context is made. Useful institutional functions have been identified in international frameworks, but assumptions concerning staffing, campus life, service capacity, and student trajectories have also been embedded within them. Such assumptions cannot simply be transferred into the HVC context. At the same time, international evidence should not be rejected merely through invocation of the “Chinese context,” nor should Chinese students be treated as culturally uniform. Transferable institutional functions must therefore be distinguished from context-dependent forms of implementation.

Vocational transition is used in this review as the organising problem through which the analysis is structured. Through this focus, a concrete point is provided at which developmental theory, career theory, institutional conditions, family relationships, status, and help-seeking can be considered together. From this perspective, a four-function architecture comprising Curriculum Integration, Delivery Mechanisms, Institutional Support, and Evaluation and Feedback is developed, while its status is deliberately kept provisional. The architecture is presented as a reasoned design to be tested subsequently rather than as evidence of effectiveness. The objective of this paper is to examine critically how international whole-institution approaches to student mental health can be localised for Chinese higher vocational colleges and how an integrative, context-sensitive design proposition for mental health education in this sector can be developed.

## **2. Review Approach and Evidentiary Boundaries**

This paper is treated as a critical narrative review rather than as a systematic review. The source base was drawn from the literature corpus assembled and subsequently checked for a doctoral design-and-development study. Sources were retained when they could be traced to an identifiable publication or official document and when direct relevance to student mental health, higher or vocational education, institutional design, implementation, or the Chinese policy setting could be established. Empirical studies, systematic reviews, theoretical texts, and policy documents are therefore used for different purposes and are not treated as equivalent forms of evidence.

An analytical rather than chronological organising principle is adopted. Theory is used to identify the processes and levels of responsibility that require attention. Observed patterns and implementation difficulties are demonstrated through empirical studies. Institutional expectations are established through policy, while choices about institutional organisation are revealed through international frameworks. It cannot be demonstrated by any of these sources, either individually or collectively, that the HVC architecture proposed below is effective in practice. What can be made visible, however, is the reasoning through which a testable design is derived.

The imbalance within the available evidence should also be kept visible. Direct research on HVCs is considerably thinner than the literature concerning conventional universities, and some institutional functions must therefore be considered through evidence generated in other settings. A different caution must be applied to policy frameworks. Outcome evidence should not be inferred from the fact that a framework is widely cited or institutionally endorsed. In this review, such frameworks are interpreted as structured propositions whose value remains dependent on implementation, reach, and contextual fit.

### **3. Mental Health Education as an Educational and Institutional Responsibility**

Mental health education can be located at an important boundary within institutional design. Mental health literacy, coping, recognition of difficulty, help-seeking, and ways of navigating support can be taught, while learning environments can also be shaped so that these capabilities can be used in practice. However, a clinical role should not be conferred on teachers or peers. Diagnostic assessment and treatment should remain the responsibility of appropriately qualified professionals. By keeping this boundary clear, both an overly narrow model in which the entire agenda is assigned to counselling services and an overly expansive model in which ordinary educational roles are made quasi-clinical can be avoided.

The limitations of knowledge alone can be illustrated through the concept of mental health literacy. The construct was initially framed by Jorm *et al.*, [16] around knowledge and beliefs through which mental disorders can be recognised, managed, or prevented, while later measures were extended to include attitudes, help-seeking, and access to reliable information [24,43]. Help may be recognised as necessary by an HVC student and yet remain unused because appointment times are made incompatible with practical training, confidentiality is perceived as unclear, referral routes are experienced as opaque, or social costs are attached to help-seeking. Mental health literacy should therefore be regarded as important, but its practical value is conditioned by the system within which it is expected to operate.

Institutional responsibility is consequently better conceptualised as a continuum within which differentiated roles are maintained. Universal provision can be embedded within curriculum, orientation, and ordinary student life. More focused support can be provided around particular transitions or circumstances without groups being treated as clinically disordered. When difficulties become persistent, severe, or impairing, assessment and treatment should be provided through qualified services. The central design problem is therefore located in how movement between these levels can be enabled without professional responsibilities being blurred.

The same logic should be applied to evaluation. Institutional performance cannot be adequately assessed by counting counselling appointments or by examining short-term symptom change alone. Attention must also be given to whether available support is understood and trusted by students, whether it can be reached during internship, whether referrals are completed, and whether provision is experienced equitably. Even an increase in service utilisation cannot be interpreted unambiguously, because greater use may be produced either by increased distress or by improved

recognition and reduced barriers. Whole-institution evaluation should therefore be designed so that both process and outcome are examined.

#### **4. Why Vocational Transition Matters**

Within an HVC, transition to work should not be regarded as a distant event added at the end of study. Programme choice, practical assessment, internship, occupational identity, and labour-market entry are built into the educational sequence. Through these experiences, mastery and purpose may be developed, but doubts concerning competence, workplace expectations, family obligations, and the status of vocational credentials may also be made psychologically salient. If employment were treated only as a separate career-service issue, the extent to which it is embedded within students' educational experience would be overlooked.

A useful perspective is provided by Super's career-development work, in which occupational development is understood as an evolving relationship between self-concept and work roles rather than as a single occupational choice [36,37]. A more specific language of concern, control, curiosity, and confidence for managing transition has subsequently been provided through career adaptability research [31]. In HVC practice, educational tasks such as realistic planning, internship preparation, mentoring, exploration of alternatives, and reflection on setbacks can be informed by these ideas. It should not, however, be assumed that uncertainty can be resolved through career education alone.

Meanings that cannot be captured by career planning alone are also carried by transition. Through Erikson's [8] work, attention is directed towards continuity between present commitments and an imagined adult future. Through Social Identity Theory, consideration is given to how the status attached to vocational and academic routes may be incorporated into belonging and self-evaluation [39]. Through Bronfenbrenner's ecological account, the analysis is extended to classrooms, peers, families, institutions, placements, services, and labour-market conditions [3,4]. Vocational transition is therefore treated as analytically useful because these levels can be brought together at this point, rather than because all of them can be subsumed under a single theoretical explanation.

The need for direct study of this setting is further supported by the small body of recent research concerning Chinese vocational-college students. Associations among perceived stress, prospective imagery, anxiety, and depressive symptoms were examined by Liu *et al.*, [18]. Students were shown by Zhang *et al.*, [46] to be capable of describing themselves as happy while simultaneously reporting emptiness or limited meaning. Additional evidence concerning well-being, sleep, family functioning, anxiety, and depression in vocational-student samples has been provided by Gao *et al.*, [9] and Ye *et al.*, [45]. A single psychological profile for Chinese HVC students cannot be established from these studies. Their value is narrower: it is demonstrated that educational, relational, occupational, and psychological conditions can intersect in ways that justify sector-specific investigation.

#### **5. Theoretical Integration: A Division of Theoretical Labour**

An attempt to make the entire problem explicable through a single theory would produce apparent neatness at the expense of analytical accuracy. Different theoretical perspectives are therefore used for different analytical purposes, while points of tension between them are deliberately retained. The framework question is not framed around how the theories can be merged into a single grand theory, but around how attention within HVCs can be redirected by each perspective.

Identity continuity is made visible through Erikson's work; vocational self-concept and transition are clarified through Super's theory; attention is shifted towards interacting settings through

Bronfenbrenner's ecological perspective; status and belonging are brought into view through Social Identity Theory; adaptive processes and protective resources are highlighted through resilience theory; and questions concerning interdependence, family obligation, and relational selfhood are raised through cultural psychology [21,22,40], as shown in Table 1. Through vocational transition, a common empirical problem is provided for these perspectives without their theoretical differences being erased.

Greater analytical value can be derived from the tensions among these perspectives than from their forced reconciliation. Student agency, for example, must be considered alongside family and relational obligations. Family influence may therefore be acknowledged within culturally responsive practice without family involvement being made automatic. A different challenge is produced by resilience. Coping and recovery can be strengthened, but resilience language is ethically weakened when students are expected to adapt to avoidable workload, unsafe placements, or inaccessible support. A further boundary must be maintained between universal education and clinical care. Broad participation in prevention and early recognition should be encouraged only when assessment, crisis management, and treatment continue to be retained within appropriately qualified roles.

Through these tensions, the design can be prevented from being reduced either to a skills curriculum in which responsibility is placed primarily on students or to an institutional model in which individual agency is neglected. Within HVC mental health education, individual capability and organisational responsiveness should therefore be developed together.

**Table 1**  
Theoretical perspectives and HVC design implications

| Perspective                        | Problem made visible                                                                                            | Implication for HVC mental health education                                                                                                                       |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Erikson: psychosocial identity     | Continuity, commitment, and the formation of an adult/occupational identity                                     | Use structured reflection on values, strengths, uncertainty, and occupational meaning; do not treat stage sequences as fixed timetables.                          |
| Super: career development          | Vocational self-concept, exploration, and transition across study, internship, and work                         | Link mental health learning to career adaptability, realistic planning, internship preparation, and the interpretation of setbacks.                               |
| Bronfenbrenner: ecological systems | Interaction among students, relationships, institutional structures, placements, services, and wider conditions | Organise support across curriculum, peers, family, services, placement, and external referral instead of locating difficulty solely within the student.           |
| Social Identity Theory             | Belonging, status comparisons, vocational stigma, and group norms                                               | Strengthen vocational belonging without assuming that all students internalise stigma; treat peer pathways as identity-sensitive but professionally bounded.      |
| Resilience theory                  | Adaptive capacities and protective resources in people, relationships, and systems                              | Develop coping while also requiring institutions to reduce avoidable stressors, strengthen protective relationships, and maintain referral capacity.              |
| Collectivist cultural psychology   | Interdependence, family expectations, relational obligations, and help-seeking meanings                         | Allow culturally intelligible family involvement without making it automatic; preserve confidential routes to help and avoid assumptions of uniform collectivism. |

*Note. The perspectives are used as complementary sensitising lenses, not as a single unified theory.*

## 6. International Whole-Institution Frameworks: Transferable Functions, not ready-made Solutions

Different vocabularies are used across the international models reviewed here, but repeated emphasis is placed on shared responsibility, student participation, coordinated support, accessible pathways, inclusive environments, and improvement over time. These commitments are made

explicit through the six principles of Orygen's Australian University Mental Health Framework, while mental health is positioned across learning, support, work, and everyday university life within Universities UK's Stepchange framework [26,41]. Although a broader health-promoting remit is adopted in the Okanagan Charter, relevance is provided by its settings-based approach, through which health is expected to be embedded within institutional culture, governance, operations, and academic work [15], as shown in Table 2.

The principal contribution of these frameworks to the present argument is found in the shift of attention from an individual service to an institutional system. Such a shift should not, however, be assumed to occur automatically. Considerable variation in leadership, coordination, resourcing, and implementation across whole-university initiatives has been documented by Dooris *et al.*, [7] and Suárez-Reyes *et al.*, [35]. The language of a whole-system approach may therefore be adopted while fragmented day-to-day routines continue to be maintained.

For HVCs, adaptation should be undertaken functionally rather than through literal translation. Student participation should be converted into recurring mechanisms through which needs are assessed and feedback is gathered. Shared responsibility should be accompanied by clearly defined professional boundaries. Timely support should be maintained when students are placed off campus for internship. A workable external referral route should be established when campus capacity is exceeded, and evidence concerning reach and quality should be incorporated into continuous improvement rather than reliance being placed on inventories of activities.

Some organisational forms should not be presumed to be transferable. Large university service structures, specialist staffing levels, and campus-centred access models may not be realistically reproduced in smaller or differently resourced HVCs. Stable institutional functions may nevertheless be retained while their local forms are adapted.

**Table 2**

Functional comparison of selected international frameworks and HVC localisation

| Framework                                                         | Core organising logic                                                                                                | What can transfer                                                                                  | What requires HVC-specific localisation                                                                                                          |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Australian University Mental Health Framework (Orygen, 2020)      | Student-informed experience, shared responsibility, inclusion, collaboration, timely support, continuous improvement | Whole-institution responsibility; coordinated pathways; student-centred design; improvement cycles | Vocational identity; internship and school-to-work transition; family/confidentiality boundaries; resource-variable HVC implementation.          |
| Stepchange: Mentally Healthy Universities (Universities UK, 2020) | Whole-university strategy across Learn, Support, Work, and Live                                                      | Learning environment; support systems; staff roles; leadership; external partnership               | Direct connection between mental health education, practical learning, placement continuity, and vocational career development.                  |
| Okanagan Charter (2015)                                           | Settings-based embedding of health across campus culture and core institutional activity                             | Governance, academic mandate, organisational culture, collaboration                                | Translate broad health promotion into mental-health-education functions, referral pathways, vocational transitions, and HVC-specific evaluation. |

*Note. The comparison concerns functional correspondence rather than equivalence or demonstrated effectiveness.*

## 7. The Chinese Policy Context: From Mandate to Institutional Design

A clear institutional mandate for student mental health has been established for HVCs through Chinese policy. Mental health has been positioned within a broader public-health and well-being

agenda through Healthy China 2030 [6]. Requirements concerning student mental health management were strengthened through the Ministry of Education's 2021 notice, while further emphasis on prevention, monitoring, professional support, and coordination across schools, families, health services, and society was introduced through the 2023–2025 special action plan [10,23]. A different form of relevance is provided by the 2022 revision of the Vocational Education Law, through which the occupational and strategic position of vocational education itself was reaffirmed [34].

The policy question addressed in this review is therefore not whether mental health has been mentioned in official documents. Rather, consideration is given to what would have to be organised institutionally if those expectations were to be implemented seriously. Coordination, for example, would require responsibilities to be specified, referral routes to be established, partnership arrangements to be developed, and mechanisms to be introduced through which the effectiveness of handovers could be checked. Prevention would require provision to be made available before crisis while the distinction between educational and clinical roles is preserved.

Official policy is therefore treated as a normative source rather than as evidence of implementation. Expectations concerning what institutions should address may be established through national requirements, but evidence concerning adequate staffing, student participation, external partnerships, or functioning evaluation systems cannot be inferred from such requirements alone. These evidentiary roles must therefore be kept separate when policy expectations are translated into institutional design.

## **8. Localisation as Design Rather than Translation**

Localisation should not be reduced to the translation of terminology or the substitution of culturally familiar examples. At framework level, such an approach would be insufficient. The definition of the problem, the allocation of responsibility, routes of access, indicators, and evaluation arrangements must all be adapted so that they can function meaningfully within the institution in which they are to be used.

The importance of contextual fit as an ethical issue can be illustrated through family involvement. Career choices, help-seeking, and interpretations of distress can be shaped by interdependence and family obligations [21,40]. Family-oriented education may therefore be incorporated, particularly in relation to transition and service literacy, but automatic disclosure should not be permitted to undermine the autonomy and confidentiality of adult students. Within a localised design, relational support should be made possible without being made compulsory.

The same reasoning should be applied to the category of “Chinese students.” Students should not be treated as a single cultural type. The acceptability and accessibility of support may be shaped differently by programme, region, gender, socioeconomic circumstances, family relationships, and personal experience. Recurring consultation and disaggregated monitoring should therefore be preferred to the provision of a fixed package that is simply labelled as culturally Chinese.

Localisation is also shaped by available resources. Differences among HVCs can be found in institutional size, staffing, geography, programme mix, and proximity to external services. In one setting, a referral function may be provided through a local hospital, whereas in another it may be organised through a regional network. Student feedback may likewise be collected through surveys, small-group discussions, student representatives, or digital systems. The standard should therefore be defined in terms of the function to be fulfilled and the safeguards to be maintained rather than through identical organisational machinery.

## **9. A Four-Function Architecture for Localised HVC Mental Health Education**

Read across the literature, four recurring institutional decisions remain after the contextual differences are acknowledged: what students should learn; how education and support can be reached; what governance and professional capacity make provision safe; and how an institution knows whether its arrangements are useful and improving. These decisions are grouped as Curriculum Integration, Delivery Mechanisms, Institutional Support, and Evaluation and Feedback.

The research as presented in Table 3 translates the idea of a localised whole-institution approach into four institutional functions rather than four stand-alone interventions. This distinction is important because current higher-education evidence remains disproportionately concentrated on individual interventions and changes to teaching, while broader organisational and system-level changes are less frequently evaluated. A recent systematic mixed-studies review found that setting-level research in universities has focused mainly on learning and teaching and student-focused policy, illustrating the need to connect educational activities with wider institutional structures [19]. Similarly, a mixed-method social network study shows that whole-university mental health provision operates through networks of formal and informal actors and that weak connections between those actors can undermine cohesive delivery [38]. The four functions should therefore be understood as analytically distinct but operationally interdependent.

Curriculum Integration addresses what students should learn and where that learning should occur. Embedding mental health literacy and coping skills within the curriculum may increase reach because it does not depend entirely on students independently approaching counselling services. However, curriculum integration should not be assumed to improve mental health automatically. A systematic review of curriculum-embedded university wellbeing interventions found heterogeneous evidence and insufficient support for robust effects on outcomes such as anxiety and stress [42]. This supports the HVC-specific emphasis in Table 3 on connecting general mental health literacy with concrete vocational issues such as occupational identity, internship preparation, career uncertainty, and school-to-work transition. Regional TVET evidence is also relevant: a Malaysian study of 148 TVET students found a significant positive relationship between psychological-wellbeing awareness and wellbeing, although knowledge alone was not significantly related to wellbeing [12]. This Malaysian evidence should be treated as a regional comparator rather than direct evidence for Chinese HVCs.

Delivery Mechanisms recognise that access depends not only on what support exists but also on how students encounter it. Research on higher-education students' engagement with online therapy shows that digital provision can offer autonomy and anonymity, but engagement may also be constrained by practical difficulties, technology, and stigma [13]. More recent evidence on stepped-care models shows that post-secondary mental health systems increasingly combine different levels and modes of provision, frequently including websites, applications, and symptom monitoring, although evaluation approaches remain inconsistent and student co-design is still uncommon [2]. These findings support the table's preference for digital-human integration, supervised peer support, and multiple routes across campus and placement, rather than treating digital provision as a substitute for professional or relational support.

Institutional Support provides the governance and professional infrastructure that makes these delivery routes safe. Malaysian evidence indicates that tertiary educators encounter students with mental health difficulties while facing challenges concerning knowledge, training, and their capacity to provide support [33]. Research similarly identifies role definition, professional boundaries, knowledge of available services, and referral competence as central components of faculty preparation [11]. Related evidence also positions faculty as important in recognising difficulties and referring students to appropriate resources rather than functioning as clinicians [17]. These findings

justify the emphasis in Table 3 on role clarity, qualified services, staff referral capability, cross-department coordination, and external referral continuity.

Finally, evaluation and feedback turns the architecture into a learning system rather than a fixed programme. Research based on student co-creation argues for coordinated and responsive services shaped by diverse student needs [28], while research shows how lived experience and student voice can challenge institutional assumptions and inform whole-university mental health practice [29]. Review-level evidence further cautions that evidence for organisational and setting-based interventions remains much thinner than evidence for individual-level interventions [44]. Evaluation should therefore examine needs, implementation processes, reach, subgroup differences, outcomes, and whether feedback produces institutional change. In this sense, Table 3 proposes not four programmes but a continuous institutional cycle: educate, connect, support, evaluate, and revise.

**Table 3**

Four institutional functions proposed for localised HVC mental health education

| Domain                  | Core institutional question                                                                          | HVC-specific emphasis                                                                                                                       |
|-------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Curriculum Integration  | What should students learn, and where should that learning be embedded?                              | Mental health literacy, coping, vocational identity, career uncertainty, internship preparation, and school-to-work transition.             |
| Delivery Mechanisms     | How can students encounter credible education and support through acceptable routes?                 | Multiple channels across campus and placement; supervised peer support; digital-human integration; engaging vocationally relevant formats.  |
| Institutional Support   | What governance, professional capacity, resources, and partnerships sustain safe provision?          | Role clarity, qualified services, staff referral capability, cross-department coordination, external referral and continuity beyond campus. |
| Evaluation and Feedback | How does the institution learn whether provision is relevant, equitable, implemented, and improving? | Recurring needs assessment, student voice, process monitoring, outcome differentiation, disaggregated review, feedback-to-action cycles.    |

Note. The domains are analytically distinct but operationally interdependent; they should not be treated as four isolated programmes.

## 10. Discussion

The synthesis points to a more specific challenge than a generic need for “more services.” In Chinese higher vocational colleges (HVCs), vocational transition is a point at which student development and institutional responsibility become especially difficult to separate. Research on higher-education transitions shows that movement into, through, and out of college can place distinctive demands on students’ identity, preparedness, social support, and mental health [5]. This issue may be particularly salient in vocational education, where internships and work placements connect learning directly with anticipated employment. Work-placement experiences can shape readiness for school-to-work transition, while perceived employability and supervisor support influence how students negotiate this process [25]. Similarly, vocational identity clarity and internship effectiveness have been associated with students’ confidence about future employability [32]. For HVCs, transition therefore provides a useful organising problem through which occupational identity, family expectations, vocational status, internship conditions, coping resources, and access to professional support can be considered together, without assuming that transition itself constitutes a single causal mechanism.

The four proposed functions also highlight an important distinction between provision and institutional responsiveness. A college may be able to list mental health courses, counsellors, peer activities, online resources, and policies while still requiring students to navigate weak connections

between them. Student-centred research has similarly emphasised the need for coordinated, accessible, inclusive, and strategically connected mental health support rather than fragmented provision [28]. This concern is especially relevant in China. Research on university mental health services has identified tensions involving privacy and trust, staff workload and competence, and insufficiently structured intersectoral collaboration [14]. More broadly, review-level evidence shows that the existence of multiple interventions does not by itself demonstrate that an institution has created an effective system of mental health support [44]. The central quality question is therefore relational: whether curriculum directs students towards credible help, peer support is appropriately supervised, referral pathways remain continuous across internship settings, and student feedback can influence institutional decisions.

At the same time, widening responsibility across the institution should not clinicalise education. Teachers, class advisers, peers, and placement supervisors can contribute to supportive environments, recognise changes in student functioning, listen appropriately, provide accurate information, and facilitate referral. They should not be expected to diagnose or treat mental disorders. Reviews of faculty involvement in student mental health similarly emphasise training, awareness of available services, referral competence, and clarity about professional boundaries [11]. Malaysian evidence also shows that tertiary educators encounter practical and professional challenges when assuming mental-health-support roles [33]. Chinese evidence likewise suggests that expanding non-specialist involvement without adequate integration can generate problems of workload, knowledge, privacy, and trust [14]. Distributed responsibility is therefore credible only when responsibilities remain differentiated and escalation pathways are explicit.

Localisation must also remain open to correction rather than becoming a new source of cultural essentialism. Assumptions about family involvement, stigma, preferred modes of support, vocational identity, or attitudes towards professional help should become questions for students and other stakeholders rather than fixed claims about “Chinese culture.” Work on co-producing university mental health initiatives demonstrates the value of lived experience in questioning institutional assumptions and informing changes in policy and practice [29]. Regional evidence similarly illustrates why imported mental-health interventions may require sociocultural adaptation and subsequent testing rather than direct transfer [20]. Localisation should therefore be treated as an iterative process in which students, educators, counsellors, administrators, families, and placement partners can challenge assumptions and contribute to revision.

Finally, implementation research is part of the argument rather than an optional final stage. Adoption, acceptability, appropriateness, feasibility, fidelity, penetration, sustainability, and cost are conceptually distinct from service effectiveness and student outcomes [30]. This distinction is particularly important for the proposed four-function architecture. Before claiming that curriculum integration, delivery mechanisms, institutional support, and evaluation and feedback improve well-being or reduce distress, research must establish whether HVCs can implement these functions under routine conditions, how implementation varies across institutional and internship contexts, and which adaptations are required. The architecture should therefore be understood as a testable design proposition, not a demonstrated intervention: its contribution is to specify what should be examined empirically, while leaving effectiveness to subsequent implementation and outcome research.

## **11. Conclusion**

Whole-institution thinking is relevant to Chinese higher vocational education, but it does not arrive as a ready-made solution. HVCs need an account of mental health education that keeps

vocational transition, internship continuity, occupational identity, family and confidentiality boundaries, external referral, and uneven institutional resources in view. The literature reviewed here supports four connected functions curriculum integration, delivery mechanisms, institutional support, and evaluation and feedback and suggests that vocational transition is a useful point around which their theoretical rationale can be organised. The argument is deliberately narrower than a claim of effectiveness: it specifies what a localised system should be able to do and why those functions merit testing.

Whether the architecture is useful will be decided in practice. Its assumptions need to be examined by students, educators, counsellors, employers, external services, and institutions with different resources. On that account, localisation is not a final adaptation step after an international model has been chosen; it is the continuing work of making assumptions visible, testing them, and revising institutional arrangements when they do not fit.

### Acknowledgement

The authors would like to express their sincere gratitude to Universiti Pendidikan Sultan Idris for providing essential academic resources and library access that greatly facilitated the literature review process. Appreciation also extends to all the authors whose published works have been cited in this study for their foundational contributions to the field.

### References

- [1] Auerbach, Randy P., Jordi Alonso, William G. Axinn, Pim Cuijpers, David D. Ebert, Jennifer G. Green, Irving Hwang et al. "Mental disorders among college students in the World Health Organization world mental health surveys." *Psychological medicine* 46, no. 14 (2016): 2955-2970. <https://doi.org/10.1017/S0033291716001665>
- [2] Brennenstuhl, Sarah, Celeste Agard, Rachel Ho, and Kristin Cleverley. "Stepped care, stepped care "lite" & matching intervention components to individual mental health needs: A rapid scoping review of mental health and substance use interventions for post-secondary students." *PloS one* 20, no. 3 (2025): e0319473. <https://doi.org/10.1371/journal.pone.0319473>
- [3] Bronfenbrenner, Urie. *The ecology of human development: Experiments by nature and design*. Harvard university press, 1979.
- [4] Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 793–828). Wiley. <https://doi.org/10.1002/9780470147658.chpsy0114>
- [5] Cage, Eilidh, Emma Jones, Gemma Ryan, Gareth Hughes, and Leigh Spanner. "Student mental health and transitions into, through and out of university: student and staff perspectives." *Journal of Further and Higher Education* 45, no. 8 (2021): 1076-1089. <https://doi.org/10.1080/0309877X.2021.1875203>
- [6] Central Committee of the Communist Party of China, & State Council of the People's Republic of China. (2016). *Healthy China 2030 planning outline* [Policy document, in Chinese]. [https://www.gov.cn/gongbao/content/2016/content\\_5133024.htm](https://www.gov.cn/gongbao/content/2016/content_5133024.htm)
- [7] Dooris, Mark, Sue Powell, and Alan Farrier. "Conceptualizing the 'whole university' approach: an international qualitative study." *Health promotion international* 35, no. 4 (2020): 730-740. <https://doi.org/10.1093/heapro/daz072>
- [8] Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton.
- [9] Gao, Ru, Hailian Wang, Shan Liu, Xia Wang, Xiaomei Xiong, Si-Yuan Song, and Yi Wang. "Mental well-being and sleep quality among vocational college students in Sichuan, China during standardized COVID-19 management measures." *Frontiers in public health* 12 (2024): 1387247. <https://doi.org/10.3389/fpubh.2024.1387247>
- [10] General Office of the Ministry of Education of the People's Republic of China. (2021). *Notice on strengthening student mental health management* [Policy document, in Chinese]. [https://www.moe.gov.cn/srcsite/A12/moe\\_1407/s3020/202107/t20210720\\_545789.html](https://www.moe.gov.cn/srcsite/A12/moe_1407/s3020/202107/t20210720_545789.html)
- [11] Goel, Arush, Rubbia Ali, Rebecca Upsher, Sebastian Padickaparambil, Nicola Byrom, and Selvam Ramachandran. "How the faculty across higher education institutes are facilitated to develop skills on student mental health and well-being?—A scoping review." *Perspectives: Policy and Practice in Higher Education* 29, no. 4 (2025): 210-222. <https://doi.org/10.1080/13603108.2024.2384979>

- [12] Hamzah, Norkhairolizah, Nazirah Atiqah Khairul Azha, Aspalaila Abdullah, S. Johar, and Syaidatun Nazirah Abu Zahrin. "Hubungan tahap pengetahuan, kesadaran dan kesejahteraan psikologi dalam kalangan pelajar tvet di uthm." *ASEAN Journal of Teaching & Learning in Higher Education* 15, no. 2 (2023): 469. <https://doi.org/10.17576/ajtlhe.1502.2023.15>
- [13] Hanley, Terry, and Claire Wyatt. "A systematic review of higher education students' experiences of engaging with online therapy." *Counselling and Psychotherapy Research* 21, no. 3 (2021): 522-534. <https://doi.org/10.1002/capr.12371>
- [14] Hou, Rui, SiLang Huang, Kenneth Po-Lun Fung, Alan Li, Cunxian Jia, Shengli Cheng, Jianguo Gao, Jingxuan Zhang, and Josephine Pui-Hing Wong. "Who is helping students? A qualitative analysis of task-shifting and on-campus mental health services in China's university settings." *Social Science & Medicine* 363 (2024): 117527. <https://doi.org/10.1016/j.socscimed.2024.117527>
- [15] International Conference on Health Promoting Universities and Colleges. (2015). Okanagan Charter: An international charter for health promoting universities and colleges. University of British Columbia. <http://hdl.handle.net/2429/54938>
- [16] Jorm, Anthony F., Ailsa E. Korten, Patricia A. Jacomb, Helen Christensen, Bryan Rodgers, and Penelope Pollitt. "'Mental health literacy': a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment." *Medical journal of Australia* 166, no. 4 (1997): 182-186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
- [17] Kalkbrenner, Michael T., Amber L. Jolley, and Danica G. Hays. "Faculty views on college student mental health: Implications for retention and student success." *Journal of College Student Retention: Research, Theory & Practice* 23, no. 3 (2021): 636-658. <https://doi.org/10.1177/1521025119867639>
- [18] Liu, Mingfan, Yuanyuan Deng, Biyun Wu, Li Zhou, and Yao Zhang. "The serial mediation effect of prospective imagery vividness and anxiety symptoms on the relationship between perceived stress and depressive symptoms among Chinese vocational college students during the COVID-19 pandemic." *Current Psychology* 43, no. 4 (2024): 3175-3186. <https://doi.org/10.1007/s12144-023-04606-0>
- [19] Luu, Xuan, Christa Keilar, Lorraine Paras, Meredith Tavener, Erica L. James, and Natalie A. Johnson. "How do setting-level changes in universities affect mental health and wellbeing? A systematic mixed studies review." *Mental Health & Prevention* 34 (2024): 200338. <https://doi.org/10.1016/j.mhp.2024.200338>
- [20] Daud, Iziatul Athirah M., Rosnah Sutan, and Zaleha Isa. "Analisis Kerangka Intervensi Pakej Pendidikan Kesihatan Mental Belia di Malaysia: Tinjauan Naratif." *e-BANGI* 22, no. 1 (2025): 342-355. <https://doi.org/10.17576/ebangi.2025.2201.28>
- [21] Markus, Hazel R., and Shinobu Kitayama. "Culture and the self: Implications for cognition, emotion, and motivation." *Psychological review* 98, no. 2 (1991): 224. <https://doi.org/10.1037/0033-295X.98.2.224>
- [22] Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037/0003-066X.56.3.227>
- [23] Ministry of Education of the People's Republic of China and 16 other departments. (2023). Special action plan for comprehensively strengthening and improving student mental health work in the new era (2023–2025) [Policy document, in Chinese]. [https://www.moe.gov.cn/srcsite/A17/moe\\_943/moe\\_946/202305/t20230511\\_1059219.html](https://www.moe.gov.cn/srcsite/A17/moe_943/moe_946/202305/t20230511_1059219.html)
- [24] O'Connor, Matt, and Leanne Casey. "The Mental Health Literacy Scale (MHLS): A new scale-based measure of mental health literacy." *Psychiatry research* 229, no. 1-2 (2015): 511-516. <https://doi.org/10.1016/j.psychres.2015.05.064>
- [25] Okolie, Ugochukwu Chinonso. "Work placement learning and students' readiness for school-to-work transition: do perceived employability and faculty supervisor support matter?." *Journal of Vocational Behavior* 139 (2022): 103805. <https://doi.org/10.1016/j.jvb.2022.103805>
- [26] Orygen. (2020). Australian university mental health framework. <https://www.orygen.org.au/Policy-Centre/University-Mental-Health-Framework>
- [27] Pedrelli, Paola, Maren Nyer, Albert Yeung, Courtney Zulauf, and Timothy Wilens. "College students: Mental health problems and treatment considerations." *Academic psychiatry* 39, no. 5 (2015): 503-511. <https://doi.org/10.1007/s40596-014-0205-9>
- [28] Priestley, Michael, Emma Broglia, Gareth Hughes, and Leigh Spanner. "Student perspectives on improving mental health support services at university." *Counselling and Psychotherapy Research* 22, no. 1 (2022). <https://doi.org/10.1002/capr.12391>
- [29] Priestley, Michael, and Laura Mazzoli-Smith. "The epistemology and ethics of analysing lived experience data: A pragmatic Foucauldian-informed approach to coproducing student mental health initiatives in the neoliberal university." *International Journal of Qualitative Methods* 22 (2023): 16094069231215234. <https://doi.org/10.1177/16094069231215234>

- [30] Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65–76. <https://doi.org/10.1007/s10488-010-0319-7>
- [31] Savickas, Mark L., and Erik J. Porfeli. "Career Adapt-Abilities Scale: Construction, reliability, and measurement equivalence across 13 countries." *Journal of vocational behavior* 80, no. 3 (2012): 661-673. <https://doi.org/10.1016/j.jvb.2012.01.011>
- [32] Shen, Pingxia, Yunhong Wu, Yinghua Liu, and Ruirui Lian. "Linking undergraduates' future orientation and their employability confidence: The role of vocational identity clarity and internship effectiveness." *Acta Psychologica* 248 (2024): 104360. <https://doi.org/10.1016/j.actpsy.2024.104360>
- [33] Soo, Yue Yin, Yuet Yen Wong, Siew Chin Ong, and Guat See Ooi. "Educators' roles and challenges in supporting tertiary education students' mental health: a qualitative study in Malaysia." *The Journal of Mental Health Training, Education and Practice* 18, no. 6 (2023): 397-409. <https://doi.org/10.1108/JMHTEP-02-2023-0013>
- [34] Standing Committee of the National People's Congress. (2022). Vocational Education Law of the People's Republic of China (2022 revision) [Law, in Chinese]. [https://www.npc.gov.cn/c2/c30834/202204/t20220420\\_317575.html](https://www.npc.gov.cn/c2/c30834/202204/t20220420_317575.html)
- [35] Suárez-Reyes, Mónica, Mónica Muñoz Serrano, and Stephan Van den Broucke. "How do universities implement the Health Promoting University concept?." *Health Promotion International* 34, no. 5 (2019): 1014-1024. <https://doi.org/10.1093/heapro/day055>
- [36] Super, Donald E. "A theory of vocational development." *American psychologist* 8, no. 5 (1953): 185.. <https://doi.org/10.1037/h0056046>
- [37] Super, D. E. (1990). A life-span, life-space approach to career development. In D. Brown & L. Brooks (Eds.), *Career choice and development: Applying contemporary theories to practice* (2nd ed., pp. 197–261). Jossey-Bass.
- [38] Swindell, Nils, Jennifer Thomas, Jeremy Tree, Denise Hill, Joanne Hudson, and Gareth Stratton. "Understanding (in) formal health and wellbeing networks within higher education: a mixed-method social network perspective." *Higher Education* 88, no. 3 (2024): 1037-1058. <https://doi.org/10.1007/s10734-023-01158-x>
- [39] Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Brooks/Cole.
- [40] Triandis, H. C. (1995). *Individualism & collectivism*. Westview Press.
- [41] Universities UK. (2020). Stepchange: Mentally healthy universities. <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/stepchange-mentally-healthy-universities>
- [42] Upsher, Rebecca, Anna Nobili, Gareth Hughes, and Nicola Byrom. "A systematic review of interventions embedded in curriculum to improve university student wellbeing." *Educational Research Review* 37 (2022): 100464. <https://doi.org/10.1016/j.edurev.2022.100464>
- [43] Wei, Yifeng, Patrick J. McGrath, Jill Hayden, and Stan Kutcher. "Mental health literacy measures evaluating knowledge, attitudes and help-seeking: a scoping review." *BMC psychiatry* 15, no. 1 (2015): 291. <https://doi.org/10.1186/s12888-015-0681-9>
- [44] Worsley, Joanne Deborah, Andy Pennington, and Rhiannon Corcoran. "Supporting mental health and wellbeing of university and college students: A systematic review of review-level evidence of interventions." *PloS one* 17, no. 7 (2022): e0266725. <https://doi.org/10.1371/journal.pone.0266725>
- [45] Ye, Linlin, Shujuan Chen, Qing-Wei Chen, and Xue Luo. "Family functioning, anxiety and depression in Chinese higher vocational school students: a network analysis." *Psychology Research and Behavior Management* (2024): 4399-4412. <https://doi.org/10.2147/PRBM.S490712>
- [46] Zhang, Wei, Kieran Balloo, Anesa Hosein, and Emma Medland. "'I Feel Happy Every Day, but I Also Feel Empty': A Qualitative Investigation of Chinese Vocational College Students' well-being." *Social Indicators Research* 180, no. 2 (2025): 997-1018. <https://doi.org/10.1007/s11205>