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A cross-cultural qualitative study

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Educators' and students' conceptualisation of mental well-being and mental health literacy in China and Thailand: A cross-cultural qualitative study

Abstract

Mental well-being is vital for promoting young people's mental health literacy. This paper explores how mental well-being is conceptualised and experienced by frontline educators in China and Thailand and investigates their role in promoting students' mental well-being. The China study recruited a convenience sample of six frontline educators (five female, one male) from three secondary schools in the Tianjin Municipality and Zhejiang Province. The Thailand study recruited seven secondary school teachers (six female, one male) in urban areas using convenience and snowball sampling. This cross-cultural research shows that although China and Thailand have made significant progress in tackling mental health issues, many problems remain unaddressed. Treatment gaps in both areas reflect a historical neglect of mental illness owing to limited insurance coverage, individual financial difficulties, lack of trained personnel, and limited understanding of mental illness.

Keywords: educators; mental health; mental health literacy; psychological well-being; students

Introduction

The World Health Organization (WHO) defines mental health as a “state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, n.d.). This definition identifies positive and flourishing functioning and well-being as critical factors in the conception of mental health (Galderisi et al., 2015). In a broader sense, ‘mental health literacy’ involves having the requisite knowledge and capabilities to conceptualise mental health and make credible and appropriate decisions on the positive and negative aspects of mental health (Bjørnsen et al., 2017).

By identifying positive functioning and well-being, recent definitions of mental health and mental health literacy improve substantially on previous conceptualisations, in which mental health is merely the absence of mental illness. Nevertheless, research into mental health literacy continued to focus on mental ill health and did little to acknowledge and understand subjective and objective well-being (Chamber et al., 2015). Moreover, the recognition of mental disorders is the most commonly measured attribute aspect of mental health literacy: it is the first step towards mental health literacy and forms a prerequisite for measuring other attributes (Yu et al., 2015). Therefore, a gap exists between the broader conceptualisation of mental health and the limited availability of resources in mental health literacy (Bjørnsen et al., 2017).

The term ‘mental well-being’ refers to the constructs proposed by Keyes (2006), which take mental well-being or mental health to consist of three dimensions and 13 subdimensions. The first dimension is *positive emotions* or *hedonic well-being*, which includes the subdimensions of *positive affect* and *avowed quality of life*. The second dimension is *positive psychological functioning*, which contains the subdimensions of *self-acceptance*, *personal growth*, *purpose in life*, *environmental mastery*, *autonomy*, and *positive relations with others*. The final dimension is *positive social functioning*, which includes the subdimensions of *social acceptance*, *social actualisation*, *social contribution*, *social coherence*, and *social integration*. Individuals with high scores in one sub-dimension of hedonic well-being and at least six subdimensions of positive functioning are considered to be ‘flourishing in life’. Individuals with low scores in these subdimensions are considered to be ‘languishing in life’. Individuals whose scores do not fall into these categories are considered to be moderately healthy. Findings from this framework emphasise that flourishing in life is not merely the result of the absence of mental illness, because mental well-being and mental illness are variables that belong to different factors (Keyes, 2006).

A study by Phillips et al. (2009) revealed that the lifetime prevalence of mental issues in China has steadily increased over recent years to 16.6%. This has caused a variety of public health issues (McBain et al., 2012). Previous studies indicate that adolescents have a higher incidence of mental health issues than other age groups (Guo et al., 2020). These findings raise awareness of the need to promote adolescents’ mental well-being, generating a wide range of studies investigating the availability of multidimensional support and potential interventions (Cao et al., 2011).

In Thailand, psychology has moved away from identifying and treating mental illness towards the prioritization of mental well-being. Studies in positive psychology have proposed various terms and mental well-being constructs, such as subjective well-being (Biswas-Diener et al., 2004), psychological well-being (Deci & Ryan, 2008; Keyes, 2006), and mental health (WHO, n.d.). Positive psychology has also developed theories that involve mental well-being promotion, such as positive well-being (Forgeard et al., 2011), self-determination theory (Deci & Ryan, 2008), and flow theory (Csikszentmihalyi, 1997). Although the definitions above vary in their conception of mental well-being, they are used interchangeably because the same goals guide researchers: they all aim to identify the benefits of having strong mental well-being, to understand what makes people fully flourish and thrive, and to learn how to promote mental well-being more effectively (Lomas & Ivtzan, 2016).

The recent research into mental health literacy in China has studied various population groups with various methods. This has highlighted the public's low level of mental health literacy, as well as the mounting evidence of low recognition rates of common mental disorders among various populations in different areas. For instance, Huang et al. (2019) conducted a study to understand the public's profile of mental health literacy in China. They found that the national level of mental health literacy was low: under one-third of respondents (32.6%) could identify mental illness in the vignette. Urban respondents (23.3%) recognised more exact diagnoses in the vignette than rural residents (16.4%). To some extent, this study provided a comprehensive nationwide survey of mental health literacy in China (Huang et al., 2019). However, by employing Stigma in Global Context-Mental Health Study (SGC-MHS) rather than an instrument suited to the Chinese population, the study limits its ability to reflect cultural beliefs and social influence processes in China.

Further enquiry into mental health literacy has revealed that different demographic groups of respondents exhibited different mental health literacy levels: people in urban areas had higher mental health literacy levels than people in rural areas (Huang et al., 2019; Yu et al., 2015). Moreover, people often demonstrate different levels of familiarity with different mental problems, such as schizophrenia and depression (Gong & Furnham, 2014). The importance of mental health literacy in help-seeking behaviour has also been explored. Evidence indicates that a lack of mental health literacy is a particular challenge that discourages individuals and families from seeking help (Yu, 2015). Moreover, there were also studies investigating mental health awareness among Chinese adolescents across different age groups (Guo et al., 2020; Wong et al., 2017; Yin et al., 2020).

Despite the plenitude of evidence on mental health literacy in China, existing studies are subject to three major limitations. First, the most widely used definition of mental health literacy, by Jorm et al. (1997), has a narrow breadth and scope; it is mainly illness oriented. By using this definition, the existing research neglects health-oriented literacy and the necessary knowledge and abilities to improve mental health, which are essential components of mental health literacy that should not be omitted. Kusan and Wei et al. (2013) have also suggested that mental health is more effectively promoted by a definition of mental health literacy that includes having the knowledge to enhance and maintain good mental health.

Second, existing assessments of mental health literacy mainly rely on a vignette interview approach that targets specific mental disorders. Targeting some specific mental health disorders (and not others) makes these tests incomplete, to the extent that they cannot comprehensively reflect respondents' understanding of the multifaceted concept of mental health. Furthermore, because the definition of mental health is influenced by the culture that defines it (Galderisi et al., 2015), the conceptualisation of mental health literacy diverges across different cultures. Thus, the vignettes based on Western cultural contexts might not accurately represent mental health literacy in China.

Finally, there is almost no existing research into mental health literacy in education or school settings. Schooling is one of the few domains in Chinese society that involves and affects the majority of children and adolescents. Addressing the emotional and social mental health of students and staff benefits their education and healthy development (Durlak & Well, 1997; Zins et al., 2004). Research has indicated that promoting mental well-being in school settings is one of the most effective ways to address mental health issues (Tennant et al., 2007). Therefore, schools have the potential to host programmes that would affect the mental health of millions of young people across various social and economic strata (Whitman et al., 2008).

In light of these gaps, this research aims to investigate how mental well-being is conceptualised and experienced by frontline educators in secondary schools in urban China and to explore their roles in promoting students' mental well-being in the Chinese education system. The research helps to inform effective mental well-being promotion strategies within school settings and to improve adolescent mental well-being both positively and sustainably. This study also investigates the mental well-being of the educators and their effective strategies in promoting their own mental well-being. Given that schools are not just places for young people to learn and grow but also workplaces for millions of staff, improving teachers' mental health improves the quality of teaching, learning, and the classroom ethos (Evers et al., 2004).

Many school-based positive psychology interventions are designed and implemented to promote adolescents' mental well-being (e.g., Roth et al., 2017; Seear & Vella-Brodrick, 2013). The primary foci of these interventions include social-emotional skill development, peer relations, engagement in school, and the identification and encouragement of character strengths. Evidence indicates that positive psychology interventions can effectively promote mental well-being (Bolier et al., 2013; Jones & Bouffard, 2012; Seligman et al., 2009).

However, this concept was studied in a Western cultural context, mostly with American participants. We lack sufficient evidence to ascertain whether the concept of mental well-being is cross-culturally valid in non-Western countries. Previous research shows that socio-economic adversity and differences in cultural background strongly influence how people conceptualise and promote mental well-being (Tse, 2017). Besides, individualist and collectivist cultures value different aspects of life; individualist cultures focus on personal growth and self-esteem (Kwan et al., 1997), while collectivist cultures prioritise social harmony and other-focused emotions (Markus & Kitayama, 1991). Thus, it might be inappropriate to transfer a concept constructed in one culture to another.

The limited transferability of mental well-being is under-recognised and is often dubiously assumed by research methods, psychometric production, and positive psychological intervention designs. For instance, surveys often translate items from English to the local language under the assumption that the same research concepts exist in target countries (Diener et al., 2010). Because psychometrics are not initially produced under the concept of mental well-being, their ability to measure positive aspects of mental well-being is limited, which leads to ceiling effects (Wells et al., 2009). Furthermore, positive psychological interventions implemented outside their country of origin were less effective, because the assumed cultural values do not align with those of the target countries (Kumpfer et al., 2002).

Thailand has a significantly different culture from Western culture. Thailand is Buddhism-dominated, and integrates beliefs from Theravada Buddhism, Hinduism, and animistic folk (Malikhao, 2017). Literature indicates that Buddhist belief (*karma*, meaning ‘bad action’) and animist belief (*kwan*, meaning ‘internal spirit’) are intertwined with Thai understandings of science (Igunman, 2008). Faith features as a mental quality in the Thai Mental Health Indicator (TMHI) (Mongkol et al., 2007). Evidence suggests that the concept of mental well-being in Thailand is inconsistent with the one conceptualised by Keyes (2006).

Literature on Thai educators’ understanding of mental well-being and how they promote their students’ mental well-being is considerably limited. Although a few school-based interventions, namely health promotion programmes, were developed to be implemented in secondary schools (e.g., Phuphaibul et al., 2005; Monkong et al., 2007), the research was underpinned by unclear concepts. Phuphaibul et al. (2005) examined an intervention that aimed to promote health by imparting skills for coping with stress, evaluating the intervention with the Thai Mental Health Questionnaire (TMHQ). TMHQ was designed to detect and measure the severity of mental illness, and to indicate morbidity (Phattharayuttawat et al., 1999; Wongaptikaseree et al., 2020). Because it is unclear that preventing mental illness really is the core concept of mental well-being, Phuphaibul et al.’s research design might be incongruent.

This paper’s qualitative research used semi-structured interviews to freely explore the perception of mental well-being in Thai educational contexts. Two main research questions underpinned the study: first, how do Thai educators understand the meaning and factors that conceptualise mental well-being? Second, what do Thai educators do to promote students’ mental well-being?

Methodology

Design

China. The design of the China study was guided by research questions and the data collection method. The Thai exploratory study aimed to explore how educators understand and report their experience of mental well-being, focusing on the educational settings within a Chinese sociological context. This study also aimed to investigate the educators’ roles and meaningful strategies in promoting their own and their students’ mental well-being. Ethics approval was

granted by the School of Health in Social Science Research Committee at x. The study was conducted with online semi-structured video/voice call interviews on Skype and WeChat.

Thailand. The first phase consisted of interviews in English, with English participants. This aimed to ensure that the English versions of the interview questions were valid and fluid, and to familiarise researchers with the overall procedure. The second phase aimed to examine whether the translated interview questions were culturally and linguistically appropriate and to familiarise researchers with the interviews. Interviews were then conducted in the participants' and the researchers' native languages. Ethics approval was granted by x.

Sample

China. A convenience sample was used to recruit six frontline educators (five female, one male) from three secondary schools in the Tianjin Municipality and Zhejiang Province. Convenience sampling was also used to select the three secondary schools. Participants were selected with the inclusion criterion that they must have at least a year of teaching experience.

Thailand. The pilot study used convenience sampling to recruit participants. In the first phase, two male participants were recruited through staff and student connections at the University of Malawi, who participated in the 2019 Malawi Mental Health Conference and expressed an interest in collaborating on future projects. In the second phase, three female secondary school teachers were recruited in the same way.

The main study used convenience and snowball sampling to recruit participants. Seven secondary school teachers (six female, one male) in urban areas of Thailand agreed to participate. Urban areas include all metropolitan areas of Thailand. The inclusion criteria stipulated that participants must be secondary school teachers in urban areas of Thailand and must have at least one year of teaching experience.

Procedure

China. Eligible teachers and schools were invited to participate in the study by means of a recruitment flyer outlining the research's aims. An information sheet and consent form were provided to respondents who wanted to participate. Interviews were then arranged with the participants. Prior to the interviews, the study's aims, protocols, and ethics considerations were reiterated, and participants' verbal consent was obtained. Interviews were recorded in video or audio format for analysis and transcription.

Thailand. The study was conducted online because the researchers and participants resided in different countries. A pilot study with two Malawian participants was conducted. The study's important details (including confidentiality, the right to withdraw, and potential risks) were imparted to participants, and consent was obtained with an online form. The interviews were arranged to take place on participants' preferred video call platforms (WhatsApp and Skype). Immediately before the interview, the details of the study were verbally communicated to participants, who were then asked to give verbal consent before proceeding. After the interview, the participants were debriefed and asked for feedback on the clarity and fluency of

the interview questions. The interviews were approximately 1 hour long and were recorded for further analysis.

The research team used the interview recordings and feedback to evaluate the clarity of the questions. For instance, one participant took the term 'mental well-being' to mean cognitive speed, which is an entirely different concept. This led us to conclude that the term 'mental well-being' lacked clarity. To render the term 'mental well-being' more intelligible to participants, 'happy and healthy' was added to the study's description.

The same procedure was followed with Thai participants in the next pilot study. More interview platforms were used (Microsoft Teams, Line, and Facebook Messenger) to reflect participants' communication preferences. The interview questions were translated into Thai. Participants gave feedback on the ambiguities of the translated questions. All feedback from both studies was analysed, and improvements were implemented in a final version of the protocol.

The main interview followed the same procedure. However, the participants did not give feedback on the interview. All recorded files were deleted after being transcribed for analysis. Participants were not charged for joining the study.

Data Collection

Data were collected by interviewing participants. The researchers conducted all interviews. Interviews were semi-structured, drawing on the research questions and on previous studies. A semi-structured interview format allowed participants to discuss their particular experiences, behaviours, and understandings of the research topic in their own way. However, given that the main purpose of these studies was to investigate educators' conceptualisations and experiences of mental well-being in positive terms, researchers could sometimes guide the conversations by framing questions in a more positive way or by using more specific language.

Analysis

China. The data were analysed thematically using the approach developed by Braun and Clarke (2006). A critical realist approach was used to interpret educators' understandings and experiences of mental well-being. Coding focused mainly on semantics and meanings. The general type of analysis employed in this study based themes on a rich thematic description reflecting the entire data set without specifying one particular theme or theme group, to capture the broad nature of the issues. The themes within data coding were identified and explored inductively, whereby little is known about their construction. No predetermined theory, structure, or framework was used to guide the analysis. Moreover, because the data set was broad and complex, the research aimed to explore the basic and broad concepts that underpin mental well-being. Consequently, the initial codes and themes connected implicitly to the data and emerged directly, independent of a particular perspective on mental well-being and extensive coding theme development and review.

The following codes were identified: academic performance (AP); behaviour (BHV); educators (EDU); class building, management, and group activities (CM); counselling services (CS); emotion control and resilience (EC & RS); family environment, relationship and education (FE); individuation (CV); interpersonal relationships (IR); lectures, courses, and mental well-being training (LCT); living habits (LH); moral education (ME); personality and character (PC); positive mental state (PMS); public opinion and social support (POS); physical well-being (PWB); school environment (SE); self-concept (SC); social stigma (SS); support from colleagues (SFC); wages, benefits, and support from the school (WBS); working efficiency and achievements (WE); and world views and values (WV).

Thailand. Inductive thematic analysis was conducted in accordance with Braun and Clarke's (2006) six-stage method. First, researchers familiarised themselves with the data through interview transcription and repetitive and active reading. As Riessman (1993) suggested, the verbal transcription process was an excellent way of familiarising researchers with the data. The notation of recurring keywords and initial ideas began in this stage. Second, initial codes were generated using a latent approach. Microsoft Excel was used to organise the data and codes. This stage focused on encoding as many potential themes as possible. The third stage involved searching for themes. One hundred and thirty-three codes and 12 initial themes were found. In the fourth stage, potential connections and similarities between themes were reviewed by arranging the codes and themes into a mind map. After revisions for internal and external heterogeneity, the themes were reorganised and reduced. In the fifth stage, definitions were given to each theme, and themes were revised for consistency with the definitions. In the final stage, the analysis result was put into words.

Results

China

Conceptualisations of Mental Well-being

When conceptualising and interpreting mental well-being, participants strongly emphasised that individuals' socialisation and functioning social networks in relationships with peers, teachers, and families are of fundamental significance. For instance, Participant 1 states "Because [students] are kind, they must be filial to their parents and respectful to the teacher, and also have a friendly relationship with classmates".

Participant 5 supports this observation: "It is the relationship with classmates; they may get along well with classmates and are usually very popular".

Some participants interpreted mental well-being as the ability to communicate effectively. Effective communication was associated with appropriately interpreting and understanding the expressions and connotations of others at a sensitive age. Participant 2 states "I think, in the interpersonal relationship, you should be able to know others, understand others, and be able to communicate better with others".

In this regard, family relationships and parenting styles were considered essential factors for mental well-being. Participants believed that growing up in a family environment full of mutual respect, equality, and understanding encourages close parent–child relationships. Children in close parent–child relationships tend to develop secure attachments and have better access to support for mental well-being in their family environment. Participant 1 explains: “Because children at this age are generally more rebellious, if parents can master certain methods; have full understanding and respect for children at this stage; can communicate on an equal footing; and know what they care about, perhaps the thing children care about is that they want to be respected and pursue equality. If you can grasp his point, it will have a direct impact on the parent-child relationship between parents and children”.

On the other hand, some participants depicted instances where family environment and poor relationships were risk factors that strained students’ mental well-being. In these cases, family factors were described as ‘the root of mental problems’. The causes of the problematic parent–child relationships range from limited communication between parents and children, and between parents and teachers, to the restrictions in the time available for parental involvement in their children’s education. Participant 3 explains: “Some children have no communication with their parents, and then these children who have problems with their parents demonstrate serious problems when they arrive at school. So, I think it is related to family factors. In fact, I think that psychological problems should reflect a problem in their family. Family factors are actually important”.

The negative impacts of poor inter-familial relations were associated with families’ socioeconomic status, and parents’ education levels. Parents with lower education levels – who lack awareness of mental well-being and have an inadequate conceptual basis on which to understand it – might neglect their children’s spiritual and material needs. Some participants mentioned that parents with biased attitudes based in inaccurate stereotypes of mental health issues refuse to acknowledge the problems that their children encounter. This hinders the promotion of students’ mental well-being and reflects social stigmas that surround mental health issues.

“As for parents, there is almost no such support from parents in our school. Many parents don’t have a high level of education. On the other hand, they are busier making money and pay little attention to this aspect” (Participant 4).

“Now, these parents hold a misunderstanding about mental health issues. If they were told that their children have mental health problems, they will definitely think about the psychiatric disorders, and they are unwilling to admit the problems of their children” (Participant 5).

As well as their family environment, students’ educational setting was viewed as a significant factor in their growth and development, and young people’s mental well-being was associated with their relationships with peers and teachers. Participants observed that most students could have good relationships with their peers, and that students who did were often regarded as having normal mental states.

“The other thing is to have a good interpersonal relationship, because I have been in the class for two years and I have found that most of the students in the class can achieve a good interpersonal relationship and communicate smoothly” (Participant 2).

On the other hand, some kinds of relationships were believed to negatively affect students’ mental well-being. One of the participants mentioned that being bullied and having friendships with problematic children lead to mental health issues.

“Specifically, if there is anyone in the school bullying them and the people they interact with in society, if students make friends or play with friends with poor grades, they may be mentally unhealthy” (Participant 4).

Moreover, good relationships with peers were considered sources of support. This was associated with different developmental features of age groups, when students’ interactions with their peers occupied more of their life than with their parents and families, and when students developed a greater awareness of their independence.

Emotional Well-being: Happiness and Resilience

While definitions of mental well-being are varied, traditional conceptions involve two key components: hedonic and eudaemonic well-being (Ryan & Deci, 2001). In line with this perspective, most participants acknowledged that the sense of happiness, life satisfaction, and interest in things were essential indicators and factors of mental well-being. “If students have strong mental well-being, they tend to be happy every day”. However, when asked to explain the connection between happiness and mental well-being, some participants provided confused answers and suggested that they were two distinct concepts that are closely associated with each other. On the level of basic conceptualisation, mental well-being was taken to refer to the broader notion of a positive mindset, which was regarded as the external manifestation and reflection of mental well-being. “In my opinion, mental well-being firstly.... it may refer to showing a positive mindset”. The educators understand a positive mindset and attitude as being dependent on resilience and emotional control. This inner strength and power allows students to cope with and resolve setbacks and dilemmas in their education and life, and also helps them to establish harmonious interpersonal relationships.

Educators’ Roles in Promoting Students’ Mental Well-being

Educators consider that students’ mental well-being relates to their academic performance and efficiency. Many participants mentioned that in middle school, high academic performance is a vital manifestation of strong mental well-being, and influences the development of mental well-being.

“As a middle school student, study is also important for mental well-being. The students who can be active, and eager to learn, and have good habits in learning, are mentally healthy in my opinion” (Participant 2).

Some participants even thought that promoting students' mental well-being was aimed at improving students' learning outcomes. Participant 7 said, "I pay much attention to promoting their mental well-being in order to improve their academic performance".

The underlying logic of this account is the target-oriented education system in China, which emphasises summative culture. Summative assessments are end-of-unit tests that measure learning outcomes and teaching quality (Bloom et al., 1971). Summative assessments have traditionally been significantly embedded in the Chinese educational system, where they are used in high school and university entrance examinations, which are believed to determine students' future prospects (Wang & Le, 2006). The summative culture might profoundly affect educators' perceptions about mental well-being, in which academic achievement is largely understood to be constitutive of individuals' well-being. "It's about the grades. Yes. Because everyone is paying attention to grades but ignoring the problems of the students behind grades".

Therefore, this conception is the antithesis of quality-oriented education, which aims to promote young people's flourishing and well-being. Almost all participants were critical of the ineffective support provided by the education system and complained that it falls short of the support for mental well-being that students actually need.

"Generally, the school does not pay attention to the mental well-being of students when there is no extreme serious incident, but when students may have encountered mental problems, they will think of finding a psychology teacher or expert. From the perspective of teachers, teachers are actually under great pressure because schools only require scores for students. Therefore, paying attention to and promoting students' mental health are aimed at improving their learning and also helping teachers manage the class" (Participant 4).

Interestingly, participants used the phrase 'moral education' when discussing mental well-being support for students. This implies that mental well-being belongs to the moral construction category of the Chinese education system.

"In our school community, support from the local government and superior school leaders, moral and ethical education which incorporate mental well-being knowledge will be provided by us teachers. Specifically, moral education refers to many aspects including patriotism, how well you can cope with difficulties in your daily life, how you perceive events, what your general attitudes towards the world, and how you keep relationships with people etc." (Participant 4).

These connotations can be attributed to engrained education discourses in China, which has been profoundly influenced by Confucianism (Yip, 2006).

Thailand

Mental Well-being Involves Hedonic Well-being

Most participants associated positive affect, feeling engaged, and satisfaction in life with good mental well-being.

Participant 1 characterised a student with good mental well-being as “someone who is cheerful. Feel engaged with whatever they study. Engage with the lesson”. Participant 2 commented that “Students who enjoy what they are studying. Happy to come to the school. Happy with their friends and teachers, with what they do”. Similarly, teachers with good mental well-being are taken to be characteristically cheerful, have positive energy and be satisfied with who they are and what they have. Participant 2 explained the challenge that balancing time for taking care of the students and completing administrative work poses, saying “If it’s for the student, if it benefits the students, I’m all in. But for the school, the administrative work, I’m so unmotivated”.

Mental Well-being Involves a Stress-free Mental State

Mental well-being is perceived as a stress-free mental state, where stress is taken to arise from insufficient income and a high level of responsibility. Moreover, when asked how to promote mental well-being, most participants explained their stress-minimisation techniques.

Participant 6 explained that “the term ‘well-being’ refers to something positive. You know, no stress”. Although many participants did not explicitly use the term ‘stress-free mental state’, they associated the absence of mental well-being with stress from financial concerns and high responsibility in life. Participant 6 added: “I’m single. I have no family, no financial issues. I don’t have any kids or responsibility for bringing up a child. No need to rush back home to take care of any child. Nothing to worry about. But for some teachers, they have children, so they feel anxious about their children. Some have financial issues. Some feel stressed about their children. Stress, stress, and stress”.

In addition, when asked about mental well-being promotion, the first response of many participants involved stress minimisation techniques. Participant 3 said: “Normally I don’t feel stress, but I do, sometimes. It’s controllable. But whenever I feel that it isn’t right. Whenever it makes me feel unhappy, I’ll be conscious of that”. Similarly, participant 7’s reaction was “First, when I am stressed, I’ll have my own space where I can relax. I’ll go shopping and watch a TV series. I know ways to reduce stress”.

Insufficient Resources Significantly Influences Mental Well-being

Having sufficient financial and human resources is crucial for mental well-being. Unstable and insufficient income triggers anxiety and limits individuals’ options. Likewise, not having sufficient human resources to complete tasks leads to dissatisfaction with work, which affects mental well-being.

For instance, Participant 5 stated that “Last year, approximately half of 45 students in my class were not financially ready. Not ready means their parents live from hand to mouth. They were farmers, daily labourers, all the unstable workers. These students were anxious deep down”. Participant 5 also explained that some students could not afford university tuition fees, which forced them to attend vocational schools instead. Participant 6 complained that the human resources provided were not sufficient to cover the quantity of work: “‘Teacher’ is just a job where deprivation of rights often occurs. Teachers are not doing tasks according to their job

description. From the budget the ministry has provided, there's no way schools can hire enough admin staff to cover the jobs".

Mental Well-being Involves and is Influenced by Positive Social Relationships

All participants understood mental well-being as being linked to one's good relationships with others, e.g., family members, friends, teachers, students, and colleagues.

Good family relationships were characterised as involving warmth, open communication, strong connections between parents and children, and peaceful relations between parents. Participant 2 observes: "No quarrel (in the family). The child is quite close to the family members. Very open. The child is able to talk to the parents openly when having any problems. The parents don't force their child to do what they want. That's what I've seen". Unhealthy relationships between parents were identified as a main source of poor mental well-being. When discussing one student's mental well-being, Participant 3 explained that "It turned out that her family was fragmented. The dad was having an affair and fighting with the mom every day. The child kept the repressed feelings and exploded it out at the school".

Positive social relationships are characterised in terms of love and support between friends, while not being accepted by friends negatively influences mental well-being. For instance, Participant 1 described students with poor mental well-being as follows: "Students who have friends in the school. Someone who can get along with others. The most common problem found in school is probably a friendship problem, like not being accepted and being bullied".

As well as relationships with family and friends, positive relationships between teachers and students were considered important for mental well-being. The teachers expect their students to respect and listen to their guidance. Participant 2 explained, "When I (the participant) taught them about things they had done incorrectly, they were open. They listened to me more than students who were problematic".

Besides, many participants contended that teachers' mental well-being influenced the mental well-being of their students. Insufficient income, unresolved family issues, and problems with emotional regulation lead to lower teaching quality, which diminishes students' mental well-being. Participant 6 explained: "The amount of income affects the quality of life. Poor quality of life adversely influences the quality of teaching. Teachers are not mentally ready, not mentally strong. Some teachers have so much to worry about and cannot manage their stress and outburst their frustration on the students". Similarly, Participant 7 observes: "How generous teachers are? This is important. It highly influences the students' mental well-being. Some teachers are not lively. They teach with no energy... Sometimes the students come to school with eagerness but experience this kind of teacher. Their mental well-being can't be strong".

Mental well-being involves positive relationships among colleagues, superiors, and subordinates. Colleagues and superiors were identified as factors that can positively or negatively affect teachers' mental well-being. Participant 4 expressed positive feelings while discussing their superior's treatment of academic staff. "I don't need to go to school just for a

meeting. Vision is very important. He's very modern. Some schools don't have it. When I told my friends, they were surprised to hear it. Because of this, I don't need to worry about COVID-19".

Colleagues and superiors can negatively influence teachers' mental well-being. Participant 2 said "[The superiors] are very bossy and demanding. They never think about what we have to deal with. I strongly disagree with the principal, so I don't put a huge amount of effort into the school". Participant 6 expressed their dissatisfaction with a school policy: "Why are you so bossy with their haircut! But my opinion is just a minority. I need to secretly think, act, and talk. No matter what I say, the board will just disapprove. Even for me as a teacher, my human right is also being violated".

Mental Well-being Involves and is Influenced by Psychosocial Skills

All participants attributed mental well-being to a psychosocial skill set, mentioning self-regulation, interpersonal skills, and empathy. These psychosocial skills (particularly self-regulation) were identified as determinants of strong mental well-being.

Self-regulation skills were described as the ability to appropriately control and demonstrate emotions and behaviours. Participant 4 explained that a teacher with strong mental well-being is "someone who can control their emotions. In doing so, anger and dissatisfaction must be controlled, but not suppressed. Teachers must have communication skills and also be someone the students consider as a role model or an idol".

A combination of communication, empathy, and interpersonal skills were perceived in conceptions of mental well-being. Participant 4 elaborated, "We need to observe. They are the youth. We can't just go and ask them. Students would be shy, very shy. We have to secretly ask. We need some strategies. It's about face. Any embarrassing issues, you can't just ask youth like that. They are sensitive about parents getting divorce". The teachers must be well-acquainted with the students before discussing a sensitive topic.

The same set of skills was attributed to good mental well-being in students. Participant 5 said that "The students choose to be silent. There was no point arguing. The teachers had the authority. They chose to express their feelings with their friends and teachers whom they trust". Participant 3 used a teacher who lacks empathy as an example of a deficit of mental well-being. This teacher was verbally abusive and was prejudiced against a student's physical appearance. During an exam, the unempathetic teacher said, "Your face looks like a cheater. Come and sit here".

Old Generation Teachers Cause Stress and Anxiety

Most of the participants identified themselves as new-generation teachers. They called teachers older than 35 (including school principals) 'old-generation' teachers. Some participants observed that the old-generation teachers were self-centred, used excessive authority, and often triggered anxiety in students. In other words, the old-generation teachers have a different attitude to mental well-being.

For instance, Participant 5 observed that “The old-generation teachers aren’t concerned whether the way they conduct classes makes the students feel happy or induce stress. But for the new-generation teachers, from what I’ve seen, no one arranges the class in a way that the students need to sit up straight”. In another example, Participant 6 reported that the old-generation teachers were self-centred and valued the counsel of their own experiences over students’ feelings: “Today, they’ve executed the rule they are familiar with from 30 years ago. It’s what makes them become who they are. There’s a 30-year gap. The students feel stressed. Their response towards the teachers is extremely negative”.

Mental Well-being Promotion Involves Building a Positive Relationship with Students

Teachers use their psychosocial skills to build a positive relationship with students as the first step towards promoting their mental well-being. The teachers position themselves as friends rather than authority figures. They are mindful of the students’ emotional needs, make no derogatory comments, and, most importantly, are empathetic.

The teachers regularly use their interpersonal skills to befriend their students. Many participants emphasised that being kind allows them to approach the students. For instance, Participant 4 explained that “[Kind teachers] are those to whom students are comfortable to tell their stories. The students feel comfortable when talking to the teachers, but it’s not in a way that they can make jokes that much”. Many participants noted the importance of listening to the students. Participant 6 explained: “I won’t resist them. Let them explain their thoughts first. Then I will explain the reasons. I’ll give them the opportunity to express their opinions. I try not to take control over the students”.

Furthermore, the teachers are mindful of the students’ emotional needs. They proactively communicate with the students and adapt their behaviour accordingly. Participant 1 explained this communication: “I’ll pay attention to students’ facial expressions. Do they feel bored, tired, or make grumpy faces? I’ll adjust my teaching style instantly”. Participant 2 said “I’ll make sure they are happy. The class I teach is really difficult. I don’t want them to have a bad attitude and prepare to sleep every time I enter the classroom”.

In addition, empathetic interaction with students helps teachers to build relationships with them. Participant 7 said, “If [the teacher] have empathy towards the students, no matter what problems it is, it will end beautifully. Whenever they see the students as enemies, no matter what they do, there will be adverse consequences for both the teachers and the students”. Moreover, the teachers should accept the legitimacy of students’ feelings even when they don’t align with their own views, and value each student’s opinions. Participant 5 strongly disapproves of biased teachers who make derogatory comments: “There was a time where a student from a low-achieving class came to me. ‘I was being looked down on. The teacher said someone like me could never get into any university’. That student also said, ‘I know I’m stupid, but it doesn’t mean anyone can say it to my face!’. I totally agree the students should not be looked down on for their academic proficiency. They are not doing anything wrong”.

Teachers Help Students to Develop Psychosocial Skills that Promote Mental Well-being

Teachers impart psychosocial skills by building positive relationships with students when they seek help and participate in extracurricular activities. In secondary school, disagreement with parents about the students' intended career path is a common problem. The teachers help the students to develop communication and emotional regulation skills to allow the students to discuss this issue productively with their parents.

To illustrate, Participant 3 said "The student didn't explain clearly. Communication is extremely important. Youths usually insist on their thoughts. They think whatever they say is correct... so I need to teach them". Where students behave aggressively, the teachers provide coaching to develop their emotional regulation skills. Participant 6 explained: "I am a mediator between a student and the parents. I don't support the student being violent against the parents. I encourage them to talk openly".

In addition, the teachers help the students to develop empathy without criticising them for unempathetic behaviour. Participant 5 said "She made a phone call to scold her friend. I didn't say what she'd done was wrong. I let her explain everything, then talked to her about how to build a good relationship. What if she were that friend? How would she feel? I tried to make her realise without using any strong words".

Teachers Strengthen the Strengths and Improve the Weaknesses

Extracurricular activities afford students the freedom to express their strengths. These activities include school clubs, sports days, and leadership programs. Students can attend clubs that fit their interests, design their own performances for sports days, and take part in additional activities that allow them to collaborate with students of various ages on long-term projects.

To illustrate, Participant 6 said "I'll let the students do whatever they imagine. I won't force or stop the students unless they were doing something against good morals". Similarly, Participant 2 observed that the students enjoyed sports day because it allowed them to demonstrate strengths, such as dancing, which cannot be displayed in ordinary lessons. Participant 7 emphasised the necessity of giving students sufficient opportunities to practise and perform what they were good at, or what they wanted to experience.

Mental Health Literacy as a Way to Promote Mental Well-being

A few schools promote mental well-being using a mental health literacy approach. Mental health literacy is the study of depression that seeks to identify symptoms and successful palliative techniques. Teachers receive annual training in mental health literacy. The mental health department and medical specialists in adolescent development were invited to give talks to promote students' mental health awareness.

For instance, Participant 4 explained, "The school arranges youth mental health training annually. The topics vary depending on current youth problems. Recently, it was about depression. At first, I didn't believe it but then I knew there were quite a few students who are suffering from depression". Participant 5 agreed that the mental health department had organised several activities to improve students' awareness of mental illness.

Conclusion

In recent years, mental health struggles have emerged from the shadows of misunderstanding and shaken off the stigmatisation and discrimination that have long prevented patients from receiving meaningful help. The evolving conceptualisations of mental health conditions have helped to focus attention on this subject. The conceptualisation of mental well-being departs from the idea that failing mental health implies the presence of mental illness, and instead represents mental health in terms of one being able to function in a positive and flourishing manner.

This cross-cultural research shows that even though China and Thailand have made significant progress in tackling mental health issues, many problems remain unaddressed. Treatment gaps in both areas reflect historical neglect of mental illness owing to limited insurance coverage, individual financial difficulties, lack of trained personnel, and an overall lack of understanding of the illness. However, new guidance and definitions established by the WHO are closing treatment gaps. As characterisations of mental illness continue to evolve, the implementation of intervention policies in these countries will improve. Ultimately, middle-income nations such as China and Thailand urgently need to anticipate and palliate future mental burdens.

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