EDUCATIONAL LEADERSHIP FOR STUDENT MENTAL HEALTH IN CHINESE HIGHER VOCATIONAL COLLEGES: THE BOUNDARY-SPANNING ROLE OF STUDENT AFFAIRS COUNSELORS

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ABSTRACT
Student mental health is a strategic concern for educational administration because psychological distress affects participation, persistence, belonging, and learning continuity. Recent Chinese policy calls for universal mental health education, coordinated services, monitoring, early warning, and stronger institutional responsibility. This conceptual article examines educational leadership for student mental health in Chinese higher vocational colleges, focusing on the boundary-spanning role of student affairs counselors (fudaoyuan). Using a structured conceptual review, it integrates international and Chinese scholarship and policy through whole-institution health promotion, distributed leadership, and ecological systems theory. The synthesis identifies recurring implementation problems involving fragmented responsibility, stigma, access, referral continuity, role overload, privacy, and vocational transitions. These themes are consolidated into six administrative domains: strategic accountability; supportive learning and placement environments; mental health literacy and anti-stigma work; accessible tiered services; ethical information governance; and continuous quality improvement. The article further analyzes tensions between centralized accountability and student confidentiality and uses an evidence-informed internship vignette to demonstrate how the framework can guide referral, information sharing, and placement adjustment. Student affairs counselors should not act as substitute clinicians; their distinctive contribution is to build trust, recognize concerns, coordinate warm referrals, connect organizational units, sustain continuity across campus and placements, and communicate systemic needs to decision makers. The framework offers a transparent conceptual architecture for policy translation and future empirical testing while protecting professional boundaries, privacy, equity, and student dignity.
Keywords: Educational Leadership, Student Mental Health, Higher Vocational Education, Student Affairs Counselors, Whole-Institution Approach

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1. INTRODUCTION

Student mental health is an educational administration issue because students' ability to attend, engage, persist, form supportive relationships, and plan their futures is intertwined with psychological well-being. International studies identify substantial levels of common mental health difficulties among university students, although estimates vary by measure, sample, and context (Auerbach et al., 2018; Li et al., 2022). Chinese research also links psychological distress with serious risks, demonstrating the need for sustained institutional attention rather than episodic campaigns (Tang et al., 2018). Screening results are not diagnoses, but the evidence supports a system capable of promotion, prevention, early support, referral, crisis response, and reintegration. China's Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025) emphasizes coordinated responsibility, literacy, service capacity, monitoring, and intervention (Ministry of Education of the People's Republic of China, 2023). The national education outline for 2024-2035 further calls for universal education and stronger monitoring and support mechanisms (Central Committee of the Communist Party of China & State Council of the People's Republic of China, 2025). These expectations are especially important in higher vocational colleges, where students move among classrooms, workshops, internships, and enterprise placements and may encounter fragmented responsibilities.

This conceptual article explains student well-being as an educational and organizational concern, synthesizes relevant literature, and proposes a collaborative support framework for Chinese higher vocational colleges. It reports no sample, instrument, data collection, or hypothesis test. Its central argument is that senior accountability, distributed participation, clear professional boundaries, and continuous coordination must operate together. Student affairs counselors are central boundary spanners, but they must connect students to qualified care rather than replace clinicians.

2. CONCEPTS AND THEORETICAL FOUNDATIONS

2.1 Mental Health and Well-Being as Educational Constructs

Mental health is more than the absence of a diagnosed disorder. The World Health Organization (2022) treats it as integral to individual and collective functioning and calls for action on systems and environments. In higher education, well-being includes belonging, agency, meaningful participation, management of ordinary stress, and access to appropriate support. This distinction clarifies responsibility: educational institutions should reduce avoidable stressors and promote supportive conditions, while qualified professionals conduct assessment and treatment. Administration must therefore connect universal promotion, targeted support, specialist care, and safe return to study.

2.2 Whole-Institution and Distributed Leadership

The Okanagan Charter asks universities and colleges to embed health in culture, operations, administration, and academic missions (International Conference on Health Promoting Universities & Colleges, 2015). Whole-institution scholarship similarly stresses alignment among policy, environment, population needs, and connected areas of work (Dooris et al., 2020). This does not make every employee a therapist. Senior leaders set priorities, resources, and standards; teachers create supportive learning conditions; counselors coordinate pathways; counseling centers provide professional services; and external providers manage needs beyond campus capacity. Effective leadership combines visible commitment, coordination, resources, and cultural change (Dooris et al., 2021).

Distributed leadership views leadership as practice created through interactions among people and situations (Spillane, 2006). Applied to mental health, the unit of analysis is the network through which a concern is noticed, discussed, referred, supported, and reviewed. Distribution broadens participation but does not remove hierarchy: senior leaders remain accountable for budgets, standards, and risk, while each role needs defined authority and limits.

2.3 Ecological Systems and Boundary-Spanning Leadership

Bronfenbrenner's (1979) ecological systems theory locates development within nested relationships and environments. Peers, teachers, counselors, and families form immediate settings; coordination among departments, counseling services, and enterprises forms a mesosystem; institutional rules and community health services shape students indirectly; and culture, stigma, and policy influence the entire system. For vocational students, entry, placement, and graduation are critical transitions. Boundary-spanning leadership links these settings while preventing two errors: treating distress only as an individual deficit and assigning unlimited clinical responsibility to accessible nonclinical staff.

3. REVIEW AND SYNTHESIS OF ACADEMIC LITERATURE

3.1 Need, Variation, and Evidence Limits

Cross-national and meta-analytic evidence confirms that a meaningful proportion of university students experience depression, anxiety, or related difficulties (Auerbach et al., 2018; Li et al., 2022). Chinese studies likewise show serious psychological distress and related risk (Tang et al., 2018). However, estimates differ because of sampling, instruments, thresholds, and historical conditions. Research also concentrates on general universities, so findings should not be used to stereotype vocational students. The defensible administrative conclusion is that need is sufficiently common and varied to justify universal provision, accessible support, and context-sensitive evaluation.

3.2 Help-Seeking, Stigma, Trust, and Accessibility

Need does not automatically lead to help-seeking. Chinese students report self-reliance norms, stigma, uncertainty about counseling, limited mental health knowledge, and concerns about confidentiality or access (Ning et al., 2022). Later research describes pathways that move from self-management and family or peer support to professional and virtual care (Ning et al., 2024). Mental health literacy can support professional help-seeking, but perceived social support and stigma shape whether knowledge becomes action (Yang et al., 2024). These findings challenge information-only campaigns. Students also need a credible service, supportive norms, a trusted first contact, and a simple route from disclosure to an appointment. A counselor who listens respectfully, explains confidentiality, and facilitates a referral can become a practical bridge without crossing into therapy.

3.3 Interventions and the Implementation Gap

Intervention research offers many options but limited guidance on institution-wide implementation. A review of Chinese undergraduate interventions identified contributions from administrators, counselors, teachers, families, health professionals, and students, while variation in intervention design and study quality limited conclusions about a single model (Shan et al., 2022). Digital programs can improve selected outcomes and reduce geographical barriers, yet adoption, engagement, privacy, escalation, and campus integration are often underexamined (Lattie et al., 2019). They should complement, not replace, human care.

The wider literature identifies the main implementation problem: isolated programs rarely alter leadership, budgets, staff roles, academic rules, or external referral relationships. UNESCO therefore recommends a portfolio that connects staff preparation, diversified services, crisis support, flexible policies, anti-stigma work, and health-system partnerships (Galán-Muros et al., 2024). Whole-institution initiatives can also remain fragmented when systems thinking is weak (McDonald et al., 2021). Such approaches can still become rhetorical when everyone is declared responsible but no one has authority or resources. Professional boundaries and institutional capacity determine whether distributed responsibility is workable (Brewster & Cox, 2023). The literature thus supports broad participation combined with named accountability, protected specialist roles, and durable coordination.

4. METHODOLOGY

This article uses a structured conceptual review rather than an empirical research design. The purpose is to integrate policy, theoretical, and research literature relevant to educational leadership for student mental health in Chinese higher vocational colleges and translate that synthesis into an administrative framework. Because no primary participants, instruments, or datasets were used, the unit of analysis is the published literature and policy documents.

The source base was organized around four evidence streams: (1) international scholarship on student mental health and help-seeking; (2) whole-institution health-promotion and distributed-leadership literature; (3) Chinese studies on student distress, counseling, stigma, and help-seeking; and (4) national policy documents governing student mental health and educational development. Sources were retained when they directly informed institutional accountability, service pathways, workforce roles, information governance, vocational transitions, or evaluation. Literature focused only on clinical treatment without implications for educational administration was not used as the main basis for framework construction.

The synthesis proceeded in three stages. First, recurring problems and enabling conditions were extracted from the literature, including fragmented responsibility, stigma, access barriers, referral discontinuity, role overload, privacy concerns, and weak implementation capacity. Second, these themes were compared across whole-institution, distributed-leadership, and ecological-systems perspectives to identify where administrative authority and boundary-spanning coordination are required. Third, overlapping themes were consolidated into six domains: strategic accountability; supportive learning and placement environments; mental health literacy and anti-stigma work; accessible tiered services; ethical information governance; and continuous quality improvement. The framework is therefore an interpretive synthesis of convergent themes rather than a statistical meta-analysis.

To improve methodological transparency, the review distinguishes evidence from application. Published studies and policy documents support the identified needs and principles, whereas the six-domain architecture is the author's conceptual integration for the higher vocational context. The framework should therefore be tested through future institutional case studies, implementation pilots, and student-level process evaluation rather than treated as an empirically validated model.

5. ANALYSIS FROM AN EDUCATIONAL ADMINISTRATION PERSPECTIVE

5.1 Policy Translation and Institutional Accountability

Educational administrators translate policy into authority, budgets, routines, and standards. A governing body or senior team should name an accountable executive, establish a cross-functional well-being committee, approve a tiered support policy, and review implementation regularly. Membership should connect academic affairs, student affairs, counseling, campus health and security, information management, student representatives, and appropriate external providers. Written protocols must distinguish educational support and referral coordination from clinical assessment, diagnosis, psychotherapy, and clinical risk management. They should also define consent, emergency escalation, after-hours action, and return-to-study procedures.

5.2 Tiered Support and Service Pathways

A coherent architecture includes four connected levels. Universal provision covers supportive teaching, literacy, anti-stigma communication, peer connection, physical activity, and clear service information. Early support includes brief check-ins, consultation, carefully governed screening, and facilitated referral. Specialist provision includes counseling, clinical assessment, external treatment, and crisis response. Continuity provision supports students returning from leave, studying off campus, or moving into internships.

Pathways should be tested from the student's perspective: Can a student identify an entry point, obtain timely support, understand confidentiality, and reach the next service without repeatedly

recounting distress? Warm referral means helping the student make contact and, with consent, confirming that the connection occurred. A good system offers self-referral, staff-supported referral, remote access during placement, clear emergency escalation, and a feedback loop that reveals delays or failed handoffs.

5.3 Workforce Capacity and Role Protection

Plans cannot depend on capacity that has not been developed. Teachers and student affairs counselors need role-specific practice in mental health literacy, respectful conversation, recognition of concerning change, confidentiality, referral, and emergencies. Counselors also need supervision, specialist consultation, manageable workloads, protected time, and debriefing after crises. Institutions should publish service hours and limits on informal messaging so accessibility does not become an expectation of continuous availability. Performance evaluation should reward coordination, prevention, and trust rather than counts of students labeled high risk.

5.4 Ethical Information Governance, Quality, and Equity

Early warning may support timely help, but it can also become surveillance. Ethical governance requires purpose limitation, data minimization, role-based access, secure retention, consent where applicable, and defined exceptions for imminent risk. Attendance, academic performance, financial difficulty, or online behavior should not be treated as diagnoses. Digital dashboards may prompt human review, but they should never automatically label, discipline, or disclose information about a student. Educational accommodations should communicate only the minimum necessary information; clinical records should remain protected.

Evaluation should test the system rather than count activities. Useful indicators include service reach, waiting time, referral completion, crisis-response timeliness, awareness of entry points, perceived confidentiality, continuity during placement or leave, and disparities in access. Results should be disaggregated where lawful and interpreted with student feedback; cross-group trends reinforce the need for this cautious interpretation (Lipson et al., 2022). Increased service use may reflect improved trust, while a low crisis count may reflect either prevention or underreporting. Student participation is therefore essential to identify barriers that administrative data cannot reveal.

6. APPLICATION TO THE CHINESE HIGHER VOCATIONAL CONTEXT

6.1 Context-Sensitive Interpretation

Application should begin with the Chinese vocational student journey, not with a copied foreign service model. The whole-institution principle is transferable because it concerns alignment, but governance must reflect Chinese policy, institutional authority, local health-service capacity, and program organization. Colleges should map admission, classroom study, workshop training, internship, graduation, and employment transition to locate points where relationships weaken or responsibility becomes ambiguous. Visible campaigns are not evidence of a functioning pathway if professional services, referral capacity, or placement continuity remain weak.

6.2 Systemic Frictions in the Chinese Institutional Context

The Chinese institutional context creates a difficult tension between centralized accountability and relationship-based student support. Senior leaders are expected to demonstrate that risks are identified and managed, while frontline counselors often depend on student trust to obtain early disclosure. If upward reporting becomes automatic, overly broad, or detached from clear risk thresholds, students may fear that sensitive information will circulate beyond those who need it. Stronger monitoring can therefore weaken help-seeking when support is perceived as surveillance.

This tension is especially important for the fudaoyuan role because counselors combine educational, administrative, and pastoral responsibilities. They may receive information from attendance records, teachers, roommates, families, online communication, or internship supervisors, yet not all such information is clinically meaningful. Institutions need rules that separate noticing from diagnosing and coordination from unrestricted disclosure. Routine concerns

should be handled through consent-based support and minimum-necessary information sharing; only narrowly defined immediate-safety situations should justify exceptional escalation.

Enterprise internships add another layer of friction. Responsibility is distributed across the college, academic supervisors, student affairs staff, enterprises, families, and external health providers, but authority is not always clear across these settings. A student may be geographically distant from campus services, reluctant to disclose distress to an employer, or uncertain whether requesting an adjustment will affect assessment or employment prospects. Placement agreements should therefore define support contacts, confidentiality expectations, emergency procedures, and return-to-study arrangements before problems arise.

6.3 The Boundary-Spanning Role of Student Affairs Counselors

Student affairs counselors operate at the intersection of policy, daily student life, academic departments, families, and services. They can build trust through regular nonstigmatizing contact; notice changes without making diagnoses; explain support options; facilitate warm referrals; and translate recurring student concerns into anonymous evidence for administrators. During internships, they can prepare students with support contacts, maintain scheduled check-ins, coordinate with academic supervisors, and communicate only the minimum necessary information to enterprises with consent. They should never be expected to diagnose, provide psychotherapy, or share sensitive information because an enterprise is a placement partner.

Boundary spanning requires boundary protection. Colleges must give counselors authority to coordinate, access to specialist consultation, protected time, supervision, and clear escalation rules. Otherwise, their accessibility can produce role overload and weaken both support quality and staff well-being.

6.4 Evidence-Informed Vocational Internship Vignette

The following vignette is deliberately presented as an evidence-informed implementation scenario, not as a claim about a named institution. It illustrates how the literature and policy principles synthesized above can operate during an enterprise internship, a transition that is distinctive in higher vocational education.

A second-year student begins an off-campus placement and gradually stops responding to peers, misses shifts, and tells a counselor during a routine check-in that sleep and anxiety have become difficult to manage. Under a weak system, the counselor may either try to manage the problem alone or forward detailed personal information to multiple administrators and the enterprise. Under the proposed system, the counselor first explains confidentiality and the limits of the nonclinical role, determines whether immediate escalation procedures are required, and—with the student's consent—facilitates a warm referral to the college counseling service or an approved external provider. The academic supervisor receives only information necessary to arrange temporary academic or placement flexibility, while the enterprise receives only the minimum information needed for a safe adjustment.

The scenario demonstrates the interaction of all six domains: senior policy authorizes the pathway; the placement environment permits reasonable adjustment; literacy enables early recognition; tiered services provide an appropriate next step; information governance limits disclosure; and follow-up data reveal whether the referral and placement adjustment worked. Its purpose is analytic: it converts abstract administrative principles into a sequence of decisions that future empirical case research can test.

7. SIX-DOMAIN COLLABORATIVE SUPPORT FRAMEWORK

A context-sensitive framework contains six connected domains. First, strategic accountability assigns a senior owner, a cross-functional coordinating body, and resources linked to documented priorities. Second, supportive learning and placement environments review workload, assessment, discipline, accommodation, workshop safety, and internship arrangements for avoidable harm and reasonable flexibility. Third, mental health literacy and anti-stigma work teach students and staff

to recognize concerns, communicate respectfully, and distinguish ordinary stress from situations requiring professional help.

Fourth, accessible tiered support provides multiple coordinated entry points for universal, early, specialist, crisis, and reintegration services, including remote access during placements. Fifth, ethical information governance builds confidentiality, consent, minimum necessary disclosure, human review, and secure role-based access into monitoring and referral. Sixth, continuous quality improvement uses student experience, process indicators, equity gaps, workforce capacity, and partner performance to revise policies and resources. Together, the domains adapt international health-promotion principles and Chinese policy to vocational educational administration (International Conference on Health Promoting Universities & Colleges, 2015; Ministry of Education of the People's Republic of China, 2023; World Health Organization, 2022).

8. IMPLEMENTATION PRIORITIES AND LEADERSHIP IMPLICATIONS

Implementation can follow four priorities. First, conduct a governance and pathway audit that maps authority, services, waiting points, after-hours arrangements, placement contacts, and data flows. Second, publish a role and escalation matrix that students and staff can understand. Third, pilot the entire pathway in selected programs or placement clusters and use student feedback to correct failures before expansion. Fourth, institutionalize annual review, staff training, supervision, and external partnership agreements so the system survives personnel changes. Where local clinical capacity is limited, verified health-provider and digital mental health partnerships may strengthen a blended system, provided that privacy and emergency arrangements are explicit (Lattie et al., 2019).

8.1 Leadership Implications for Institutional Practice

Three leadership implications follow. First, responsibility should be distributed only after authority, professional limits, and escalation rights are specified. A role matrix can distinguish universal educational support, brief psychosocial support and navigation, and specialist clinical care. Second, budgets should follow pathway bottlenecks such as waiting time, supervision, remote access, crisis coverage, and external referral capacity rather than favoring visible campaigns alone. Third, leaders should treat student experience and equity gaps as governance evidence. Regular reviews can combine process indicators with anonymous feedback, document decisions, assign follow-up owners, and test whether promised improvements occurred.

Collaboration with families and enterprises also requires explicit rules. Partnership agreements should identify authorized contact points, response times, emergency procedures, confidentiality expectations, placement adjustments, and return-to-study coordination. Consent and minimum necessary disclosure should guide routine communication, with narrow exceptions for immediate safety. Student representatives can co-design communication and review accessibility, but they must not be used as unpaid substitutes for professional services. These arrangements make the support system more resilient to staff turnover and prevent boundary-spanning work from depending on personal goodwill alone.

9. CONCLUSION

Student mental health and well-being are conditions of educational quality, not auxiliary services. Evidence and policy support a whole-institution, tiered, and ethically governed system aligned with the vocational student journey. Senior leaders must provide accountability, resources, role clarity, professional capacity, safe information practices, and continuous evaluation. Student affairs counselors add distinctive value as trusted boundary spanners who connect students, units, services, families, and placement settings. Their role is to recognize, communicate, coordinate, and sustain continuity; it is not to diagnose or replace clinicians. The six-domain framework turns shared responsibility into defined relationships and routines that protect learning, dignity, equity, and development.

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