

Содержательные характеристики оценки психического здоровья китайских и белорусских студентов: сравнительно-сопоставительный анализ

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Статья посвящена изучению и анализу содержательных характеристик оценки психического здоровья китайских и белорусских студентов. Приведены результаты эмпирического исследования таких характеристик психического здоровья, как самочувствие, активность, настроение, самооценка здоровья (душевное равновесие).

Цель статьи: изучение различий в психическом здоровье китайских и белорусских студентов.

Материал и методы. Выборку исследования составили 100 испытуемых (50 студентов Технологического университета Чэнду, Китай и 50 студентов 3–4 курсов ВГУ имени П.М. Машерова, Беларусь). Для измерения психического здоровья студентов использовались методики: «Душевное равновесие» С. Степанова; «САН» (самочувствие, активность, настроение) В.А. Доскина, Н.А. Лаврентьевой, В.Б. Шарай, М.П. Мирошникова.

Результаты и их обсуждение. В результате исследования выяснилось, что большая часть студентов обладает средним уровнем душевного равновесия (80,85%). Китайские студенты имеют более низкий показатель душевного здоровья по сравнению с белорусскими студентами, но различия между ними незначительные. Средний показатель самочувствия у белорусских студентов составляет 54,77%, у китайских – 48,43%; активности – у белорусских студентов – 42,47%, у китайских – 39,53%; настроения – у белорусских студентов – 58,83%, у китайских – 50,81%. В целом средний балл по методике «САН» у белорусских студентов по всем трем показателям выше, чем у китайских студентов.

Заключение. Психическое здоровье является важным индикатором личного и социального благополучия личности. Дифференциальная самооценка функционального состояния (самоощущение, душевное состояние и степень энергичности) по шкалам опросника «САН» показала более высокие показатели в группе белорусских студентов по сравнению с китайскими студентами. Такие характеристики, как душевное равновесие, самочувствие, активность, настроение позволяют определить уровень психического здоровья личности и на этом основании разработать программы сохранения и улучшения психического здоровья.

Ключевые слова: психическое здоровье студентов, показатели и критерии психического здоровья, психическое благополучие, душевное равновесие, самочувствие, активность, настроение, программы сохранения и улучшения психического здоровья.

Content Characteristics of Chinese and Belarusian Students' Mental Health Assessment: A Comparative Analysis

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The article is devoted to the research and analysis of the content characteristics of assessing the mental health of Chinese and Belarusian students. The results of an empirical study of such characteristics of mental health as well-being, activity, mood, self-esteem of health (mental balance) are presented.

The purpose of the article is to study differences in the mental health of Chinese and Belarusian students.

Material and methods. The study sample consisted of 100 subjects (50 students of Chengdu University of Technology, China and 50 3rd–4th year students of Vitebsk State P.M. Masherov University, Belarus). To measure the mental health of students, the following methods were used: "Mental Balance" by S. Stepanov "SAN" (well-being, activity, mood), developed by V.A. Doskin, N.A. Lavrentieva, V.B. Sharai, M.P. Miroshnikov.

Findings and their discussion. The research revealed that most students have an average level of mental balance (80,85%). Chinese students have a lower score of mental balance compared to Belarusian students, but the differences between them are insignificant. The average indicator for Belarusian students regarding well-being is 54,77%, for Chinese students – 48,43%; activity – for Belarusian students 42,47%, for Chinese students – 39,53%; mood – for Belarusian students – 58,83%, for Chinese students – 50,81%. In general, the average score of Belarusian students in all three indicators is higher than that of Chinese students.

Conclusion. Mental health is an important indicator of individual's personal and social well-being. Differential self-assessment of the functional state (self-perception, state of mind and degree of energy) according to the scales of the SAN questionnaire showed higher rates of Belarusian students compared to Chinese students. Such characteristics as mental balance, well-being, activity, and mood make it possible to determine the level of mental health of an individual and, on this basis, to develop programs for preserving and improving mental health.

Key words: mental health of students, indicators and criteria of mental health, mental well-being, peace of mind, well-being, activity, mood, programs for maintaining and improving mental health.

The modern stage of development of the national education system is characterized by increased attention to a person as a special holistic system, which should be characterized not only by physical and mental health, but also well-being in the cognitive, personal, social spheres of life.

In psychology and related sciences that study humans, two terms are used – “mental health” and “psychological health”. The term “mental health” was introduced by the World Health Organization in 1979. In the USA and the UK, (and in general in English-language publications), the phrase “mental health” denotes the successful performance of mental functions resulting in productive activity, establishing relationships with other people and the ability to adapt to changes and cope with troubles. The term “mental health” is ambiguous, it connects two relatively independent fields of knowledge – psychology and medicine, and this connection is based on the understanding that any somatic disorder is always connected with changes in a person’s mental state.

In a number of psychological works, mental health is correlated with the experience of psychological comfort and psychological discomfort. Psychological discomfort arises as a result of frustration of human needs, leading to deprivation [1]. Frustration of one or more needs can lead to the appearance of a number of diseases of psychosomatic genesis (bronchial asthma, vomiting attacks, headaches, etc.). Summarizing the views of many authors on the problem of mental health, we can say that it is an integral characteristic of personal well-being, which includes several components: social, emotional and intellectual aspects of personality development [2–4]. When assessing the level of mental health of a person, various criteria are used. The most informative, from the positions of many authors, are the following:

- the correspondence of subjective images with the reflected objects of reality and the nature of reactions – an external stimulus, the meaning of life events;
- the age-appropriate level of maturity of the personality of the spheres, emotional – volitional and cognitive;
- adaptability in micro social relations.

The problem of studying the mental health of students has a pronounced complex character, is relevant and very timely in psychology. The possibility of studying mental health on a sample of students from the Republic of Belarus and the People’s Republic of China will demonstrate mental, cultural, personal, emotional and other features of students from two countries.

There are many approaches to study mental health in psychological research, such as scale test,

questionnaire survey, interview, observation, clinical symptom diagnosis, etc. Scale test and questionnaire survey are often used, such as SCL-90 (Symptom Check list 90), SAS (Self-Rating Anxiety Scale), SDS (Self-Rating Depression Scale), the technique of “Mental balance” (S. Stepanov), the questionnaire for “assessing acute mental fatigue” (A. Leonova and N. Savicheva), the text of “well-being, activity, mood” (V. Doskin, N. Lavrentieva, V. Sharai, M. Miroshnikov).

As a special group, students’ mental health has been widely concerned and has become the focus of research. Students are in the stage of the transition between school and society, their cognition is not fully mature, and their social experience is insufficient. They are not only facing the pressure of study, but also facing the pressure of dealing with various interpersonal relationships. There are many approaches to the study students’ of mental health, the most frequently used is mental health measurement scales, including life events scale, subjective well-being scale, self-esteem scale and so on [5, p. 947–950]. The main manifestations of students’ mental health problems are anxiety, depression, phobia, schizophrenia. Anxiety is an unpleasant emotional state of fear and restlessness, often accompanied by physical activation, and contains efforts to avoid threats and a sense of powerlessness to such threats [6, p. 11–12]. Unlike fear, anxiety is the unpleasant experience of a potential or future threat. Although anxiety is a common psychological state, there are significant differences in the types, degrees and orientations of anxiety among individuals of different ages and stages of development. Anxiety is also one of the main psychological problems among college students. China’s relevant investigation shows that as high as 20,3% of students have serious psychological problems such as anxiety [7, p. 648–658]. WHO’s 11th revision of its International Classification of Diseases and Related Health Problems (ICD-11) conceptualizes depression as a syndrome (i.e., a clinically recognizable set of reported experiences (symptoms) and observed behaviors (signs) associated with distress and interference with personal functions. For a diagnosis of depression, at least five of a list of ten symptoms or signs have to be present most of the day, nearly every day, for at least 2 weeks. In 2020, a study in China found that up to 31,38% of college students suffer from depressive symptoms, what is largely devoted with COVID-19 epidemic [8].

There are main factors affecting students’ mental health.

1. *Students’ pressure and challenges.* From middle school students to college students, they face a series

of changes and pressures, including living environment, social pattern, study pressure and other aspects, which are factors affecting students' mental health.

2. *The change of living environment.* College students have to leave the environment they grew up familiar with and come to a new place or city or even a new country. They leave their parents, siblings, friends, their familiar living environment, and everything becomes strange. In the new place, maybe the food is not delicious, the dormitory is not spacious and clean, travel is crowded, inconvenient and so on, all aspects of life have changed. As a result, students will feel maladjusted, lonely, anxious and so on [9].

3. *The change of the social model.* On the one hand, social demands and pressure increase. Before going to college, study takes up most of students' time, students' social life is relatively simple, and interpersonal relationships are mainly with familiar people, such as parents. However, after entering college, students' social life becomes relatively diverse and complex, and they need to deal with a variety of interpersonal relationships, including classmates from different cultural backgrounds, roommates with different personalities and preferences, and associations. On the other hand, lack of social experience. Students in this period do not have much social experience, and it is difficult to deal with complex interpersonal relationships. As a result, students will have low self-esteem, self-doubt, anxiety and so on.

4. *The change of learning pressure.* On the one hand, middle school is dominated by comprehensive courses with relatively simple content, while university is dominated by professional courses with relatively complex and profound content. On the other hand, compared with middle school, college has less restraint on students, teachers will not be with students every day, and parents are not around. Based on these factors, college students need more independent learning, independent thinking and strong self-control. Facing these changes, students are prone to psychological problems such as anxiety [10].

5. *Lack of mental health education and guidance.* Especially in China, psychology is still in development and not yet mature. Mental health education resources are limited. In schools, mental health education is only an elective course, not universal to every student. There is also not much professional mental health knowledge available on television and other public communication platforms. As a result, students receive limited mental health education, and they do not know what is wrong with them, where these problems come from, and how to solve them [11].

6. *Students' stigma.* Because of their stigma, students are unwilling to admit their mental health problems and seek help and treatment, which leads to the persistence of students' mental health problems.

Fewer than half of college students who had mental health problems for more than two years received mental health treatment during that time. Other studies have also shown very low treatment rates among college students. For example, in a national survey of adults, including 2,188 college students, only 18% of students diagnosed with a mental health problem in the past year had received treatment in the previous year. Specifically, 34% of students diagnosed with mood disorders, 15% of students diagnosed with anxiety disorders, and only 5% of students with alcohol or drug disorders received treatment. Similarly, a large online survey of college mental health found that only 36% of students who screened positive for mental health problems, including depression, panic attacks, suicidal ideation or self-harm, had received treatment in the previous year.

Material and methods. The study sample consisted of 100 subjects (50 students of Chengdu University of Technology, China and 50 3rd–4th year students of VSU named after P.M. Masherov, Belarus; they are all non-psychological specialties, and they are all about 20 years old.). To measure the mental health of students, the following methods were used: "Mental Balance" by S. Stepanov; "SAN" (well-being, activity, mood), developed by V.A. Doskin, N.A. Lavrentieva, V.B. Sharai, M.P. Miroshnikov, methods of statistical data processing.

The first stage is the preparation. The main task of this stage is to develop research strategies, including collecting and analyzing literatures related to the research topic, screening and determining research methods and techniques, and determining research samples.

In the preparatory work, a large number of literatures about mental health was collected, the research results were analyzed and summarized. These literatures provided data sources for the definition and standard of students' mental health, the main manifestations of students' mental health problems, factors affecting students' mental health and strategies for the preservation and maintenance of students' mental health. After collecting and sorting out, six standards of students' mental health are clarified: correct self-awareness, positive and stable mood, reasonable and moderate behavior, complete personality (sound personality), harmonious interpersonal relationship, good adaptability. There are four main manifestations of students' mental health

problems: anxiety, depression, phobia, schizophrenia. There are three main factors affecting students' psychological problems: the pressure and challenges (including living environment, social pattern, study pressure and other aspects), lack of mental health education and guidance and the stigma [12].

After filtering, two diagnostic tools were determined to be used: the text of "Mental balance" (S. Stepanov) and the text of "well-being, activity, mood" (V.A. Doskin, N.A. Lavrentieva, V.B. Sharai, M.P. Miroshnikov). The samples of research were determined as 50 students from Belarusian and 50 students from China.

The second stage is the research. The main task is formal research. We sent 50 texts to Belarusian students and collected 47 valid texts; 50 texts to Chinese students and collected 47 valid texts. According to the results of the study, the strategies for the preservation and maintenance of students' mental health are established, including: therapeutic lifestyle changes (TLCs), to establish mental health support system, rational use of artificial intelligence (AI).

The first method for research in the field of mental health was "Mental balance". The participants are asked to answer 7 questions and choose the answer that best suits their feelings and behavior. Each question has three choices, different choice has different score. According to the total score of 7 questions, we can diagnostic the mental balance of the participant.

If the point is 0–17, we can say the person is very calm, balanced and have an inner harmony that other people strive for all their adult life. This person just needs to keep in mind that doesn't lose good mental and physical condition, continuing to pay enough attention to the body. If the point is 18–35, we can say something is imperceptibly undermining the person' mental well-being. Although the people still maintain a mental balance, still try to figure out what is depressing the soul. Only then will find inner harmony. If the point is 36–50, the person is like a fire-breathing volcano about to open up. A well-thought-out program of improving the body, its physical and mental state is of particular importance to you. The person gets angry over nothing, taking to heart all the unpleasant moments of stressful everyday life. Do not miss the opportunity to put the nervous system in order, otherwise it may be too late.

The second method for research in the field of mental health was "SAN" (well-being, activity, mood), developed by V.A. Doskin, N.A. Lavrentieva, V.B. Sharai, M.P. Miroshnikov. The participants are asked to answer questions and correlate the current state with the signs listed in the map. These questions

are about well-being, activity and mood, and there are 10 questions in each category, 30 questions in total. Each question has 7 choices, different choice has different score. When calculating, the extreme severity of the negative pole of the pair is estimated at 1 point, and the extreme severity of the positive pole of the pair is estimated at 7 points. At the same time, it should be borne in mind that the poles of the scales are constantly changing, but positive states always get high scores, and negative ones – low. The points received are grouped according to the key into three categories, and the number of points for each of them is calculated. The average score of every scale is 4. Scores exceeding 4 points indicate a favorable condition of the subject, below 4 points indicate an unfavorable condition. Normal assessments of the condition are in the range of 5.0–5.5 points. It should be noted that when analyzing the functional state, not only the values of individual indicators are important, but also their ratio.

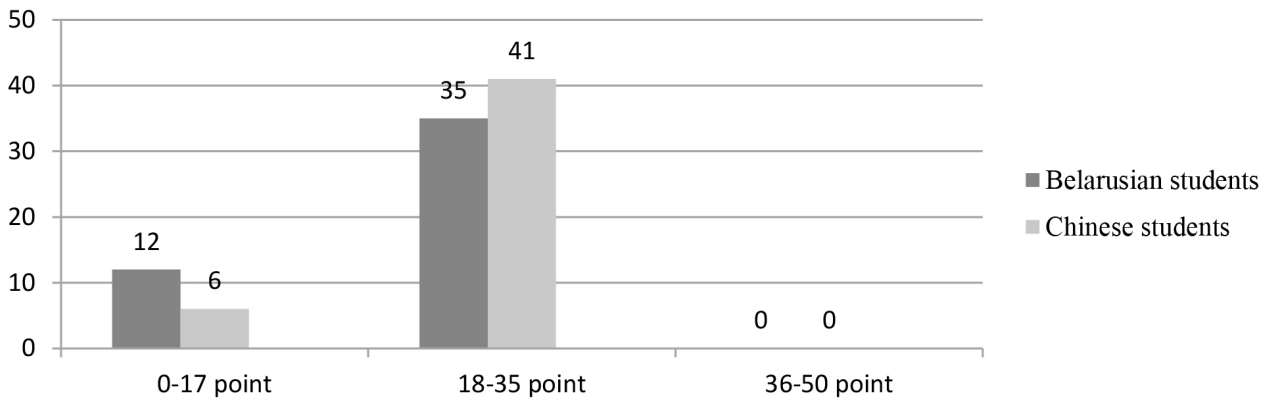
Among the 94 students who were tested, 18 students got 0–17 point, accounting for 19,15%, 76 students got 18–35 point, accounting for 80,85% and 0 students got 36–50 point. This means that only a very small number of students have a good mental balance. On the other hand, although no one is at the worst level of mental balance but 80,85% of the students have some problems in mental balance. It is worth mentioning that among the 18 students who got 0–17 point, only one student got 8, while the other 17 students got close to 17 point. This means that a significant number of students are still at risk of mental balance problems.

Comparison of Belarusian students and Chinese students. Through independent sample test in SPSS 11.0 (table 1), it can be seen that the sig (bilateral) is 0,015. It is lower than 0,05 which indicate that there is no significant difference in mental balance between Belarusian and Chinese students. The mean is the most commonly used statistic in statistics. It is used to reflect the general level of the population, or the central tendency of data. As can be seen from the Table 2.6, the sample included 47 Belarusian students and 47 Chinese students. The mean for Belarusian students is 20,98 while The mean for Chinese students is 23,47.

It can be seen from Picture 1, the number of Chinese students in metal imbalance is higher. Many studies have shown that this is related to the COVID-19 epidemic. In China, due to the impact of COVID-19, students are unable to attend classes and have to watch videos in their dormitories, their communication with teachers and classmates has greatly decreased, which is an important cause of mental imbalance [13]. The Belarusian students

Table 1 – The Group Statistics of “mental balance”

Group Statistics					
Country	N	Mean	Std. Deviation	Std. Error Mean	p-level
Belarusian	47	20,98	4,311	0,629	0,015
Chinese	47	23,47	5,381	0,785	0,015



Picture 1 – The comparison of Belarusian and Chinese students about “mental balance”

did not have this problem, they can go to the classroom and communicate with their teachers and classmates as usual. Anyway, although there are some differences between the two countries, but as a whole a significant proportion of Belarusian and Chinese students have some problems with mental balance.

Summary of students’ well-being, activity, mood. This text is divided in to three categories, including well-being, activity and mood. 0–40 point in each category indicates this person is in unfavorable condition. About well-being, among the 94 students who were tested, 17 students got 0–40 point, accounting for 18,09%. About activity, 43 students got 0–40 point, accounting for 45,74%. About mood, 13 students got 0–40 point, accounting for 13,83%. It can be seen that students have the most prominent problems in activity. Nearly half of the students are in a bad state in terms of activity. According to research, this is due to a variety of reasons, including academic pressure, Internet addiction and so on. In addition, bad mood can affect activity too, and unfavorable condition on activity can lead to more bad mood. They affects each other in a vicious circle.

Through independent samples test in SPSS 11,0, it can be seen that the sig (bilateral) of well-being is 0,08, the sig(bilateral) of activity is 0,39, the sig(bilateral) of mood is 0.001. The sig(bilateral) of activity is higher than 0,05 which indicate that there is not a significant difference in it between Belarusian and Chinese students. There is difference only in mood between students (table 2).

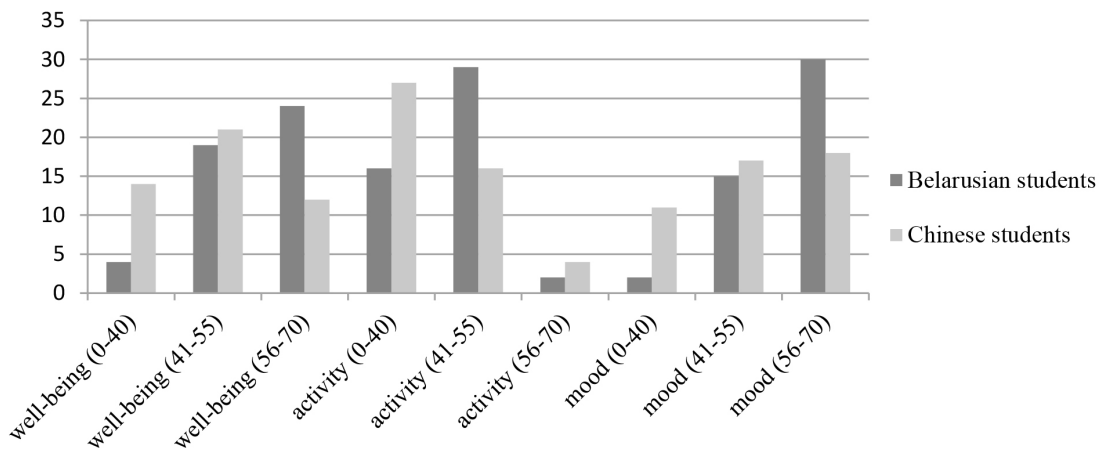
The sample included 47 Belarusian students and 47 Chinese students. About well-being, the mean for Belarusian students is 54,77 while Chinese students is 48,43. About activity, the average for Belarusian students is 42,47 while Chinese students is 39,53. About mood, the average for Belarusian students is 58,83 while Chinese students is 50,81. In general, the average score of Belarusian students in all three indicators is higher than that of Chinese students, indicating that Belarusian students are in a better state than Chinese students.

It can be seen from picture 2, the number of Chinese students who got 0–40 point is higher than Belarusian students, especially when it comes to activity. About activity, 16 Belarusian students got 0–40 point, accounting for 34,04%. While 27 Chinese students got 0–40 point, accounting for 57,45%. As mentioned above, due to the different COVID-19 response policies of the two countries, China calls on its citizens to minimize going out, and students are forbidden to go out on campus, which seriously affects the conditions of activity. Belarusian students are able to go out and participate in activities as usual.

According to investigating the peculiarities of students’ mental health, the following conclusions are drawn: among 94 students who are texted, only 19,15% of the students have a good mental balance. Although no one is at the worst level of mental balance but 80,85% of the students have some problems in mental balance. It is worth mentioning that among 19,15% students who have a good mental balance,

Table 2 – The Group Statistics of “well-being, activity, mood”

Group Statistics						
characteristics	Country	N	Mean	Std. Deviation	Std. Error Mean	p-level
well-being	Belarusian	47	54,77	9,279	1,353	0,08
	Chinese	47	48,43	9,454	1,379	
activity	Belarusian	47	42,47	7,068	1,031	0,39
	Chinese	47	39,53	10,854	1,583	
mood	Belarusian	47	58,83	8,552	1,248	0,001
	Chinese	47	50,81	11,033	1,609	



Picture 2 – The comparison of Belarusian and Chinese students about “well-being, activity, mood

94,44% of them scored close to the next level. This means that a significant number of students are still at risk of mental balance problems. 18,09% of the students are in unfavorable condition with well-being. 45,74% of the students are in unfavorable condition with activity. 13,83% of the students are in unfavorable condition with mood. It can be seen that students have the most prominent problems in activity. Nearly half of the students are in a bad state in terms of activity. According to research, this is due to a variety of reasons, including academic pressure, Internet addiction and so on. In a word, there are certain problems and risks in students’ mental health, which cannot be ignored. It is necessary to provide strategies for the preservation and maintenance of mental health of students.

Conclusion. The modern stage of development of the national education system is characterized by increased attention to a person as a special holistic system, which should be characterized not only by physical and mental health, but also well-being in the cognitive, personal, social spheres of life.

At present, there are many researches on students’ mental health, but the definition of the standard for

students’ mental health is different. On the other hand, there are many researches on problems and performance of students’ mental health, but few researches on maintenance strategies. Based on the research of Chinese and Belarusian students, through qualitative and quantitative methods, this article identified the standard for students’ mental health, and provide strategies for the preservation and maintenance of students’ mental health.

As a special group, students’ mental health has been widely concerned and has become the focus of research. By studying the concept and standards of students’ mental health, analyze the main manifestations of students’ mental health problems, the factors affecting students’ mental health, strategies for the preservation and maintenance of students’ mental health can be made.

First, therapeutic lifestyle changes (TLC). Although there is substantial evidence that therapeutic lifestyle change (TLC) is very effective in maintaining mental health, its utilization remains low. TLC is sometimes as effective as psychotherapy or medication and can provide significant therapeutic advantages. Important ways of TLC include healthy diet, exercise, good

relationships, meditation, and Altruism. TLC has few negatives. Unlike psychotherapy and medication, they have no stigma and can even bring social benefits and respect. Second, good mental health support system. The school can take several steps to improve services and establish a good mental health support system for students. In addition to schools, the government should also be involved in the maintenance of students' mental health, including ensuring policy and financial support for students' mental health services, establishing community mental health service centers, and establishing volunteer support groups. Parents should also be involved. If possible, parents should also understand the general knowledge of mental health, timely identify students' risk of psychological problems, and actively cooperate with schools or treatment institutions as needed. Third, rational use of Internet technology and artificial intelligence (AI). In the Internet age, AI has brought great changes and convenience to human life. AI is being used in the development of prediction, detection and treatment solutions for mental health care too. In addition to predicting mental health problems, AI can also be used in psychotherapy to some extent. A chatbot is a computer program that mimics conversation with users via a chat interface, either text or voice based. They can be available at any time to communicate, can be used by individuals who experience stigma or discomfort with seeing a therapist, and can be accessed by those with limited access to traditional mental health services [14; 15].

Among 94 students who are texted, only 19,15% of the students have a good mental balance. Although no one is at the worst level of mental balance but 80,85% of the students have some problems in mental balance. It is worth mentioning that among 19,15% students who have a good mental balance, 94,44% of them scored close to the next level. This means that a significant number of students are still at risk of mental balance problems. 18,09% of the students are in unfavorable condition with well-being. 45,74% of the students are in unfavorable condition with activity. 13,83% of the students are in unfavorable condition with mood. It can be seen that students have the most prominent problems in activity. Nearly half of the students are in a bad state in terms of activity. According to research, this is due to a variety of reasons, including academic pressure, Internet addiction and so on. In a word, there are certain problems and risks in students' mental health, which cannot be ignored. It is necessary to provide strategies for the preservation and maintenance of mental health of students.

The results of the research can be used to create practical and methodological recommendations for educational psychologists, class teachers, group supervisors and for the students themselves, aimed at improving mental health.

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Поступила в редакцию 24.01.2024