

Toward Students' Life-Circle Positive Development: Constructing the “Three Rings and One Window” Systemic Model for School Mental Health Education

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Abstract: To address the challenges in school mental health education, including the focus on short-sighted goals and the lack of coherent and systematic planning, this study develops a systematic model guided by the “Three-Dimensional School Mental Health Education Framework” and supported by the “Three Rings and One Window” (3R1W) practice system. The three-dimensional framework includes the dimensions of student agency, positive qualities, and life-course development, promoting a shift in school mental health education from problem-focused intervention toward lifelong empowerment. The 3R1W system comprises the Direct Intervention Ring, the Indirect Empowerment Ring, and the Collaborative Multi-System Ring, alongside the Time-Sensitive Care Window integrated within them. This system facilitates broad participation within the school environment and continuous support across students' developmental stages. It effectively mitigates the fragmentation often seen in mental health education, establishes a new holistic and integrated paradigm for positive school mental health, and offers a viable reference solution for the systematic construction of school mental health education.

Keywords: Three-Dimensional School Mental Health Education Framework; Three Rings and One Window (3R1W); School mental health education; Ecological perspective; Life-course development



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In the current social context, adolescent mental health issues are becoming increasingly prominent. As a crucial setting for the growth and development of young people, schools play an irreplaceable role in promoting students' psychological and physical well-being through high-quality mental health education. However, school mental health education still faces several systemic challenges in practice (Ye & Ye, 2020). For instance, goal setting is often narrow in scope, with a prevalent tendency to focus on short-term intervention and adjustment for psychological problems while neglecting systematic guidance for students' long-term psychological development. Furthermore, school mental health work often lacks a scientific and coherent top-level design, manifesting as insufficient overall planning and ambiguous implementation pathways.

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To address these challenges, this study focuses on enhancing the systemic and coherent nature of school mental health education. By constructing the Three-Dimensional School Mental Health Education Framework oriented toward students' life-circle positive development and the 3R1W practice system, this study aims to promote whole-school involvement and full coverage across developmental stages, thereby comprehensively elevating the systemic effectiveness of mental health education work.

1 Three-Dimensional School Mental Health Education Framework Oriented to Life-Course Development

The school mental health education perspective refers to the systematic conceptual framework a school forms regarding why and how to conduct mental health education, encompassing its core beliefs, value orientations, and basic assumptions. As the top-level design and philosophical foundation, it fundamentally determines the direction, goal system, content structure, and methodological approach of the school's mental health work.

Without a scientific, systematic, and forward-looking perspective as guidance, school-based mental health work can easily fall into two common dilemmas: First, it may become a passive response, focusing solely on remedial interventions for problems that have already emerged; Second, it may become a fragmented collection of psychological theories and techniques, lacking internal consistency and integrative educational power, thus failing to form a collaborative ecosystem for student development.

Furthermore, an advanced mental health education perspective is the concrete embodiment of the fundamental task of "fostering virtue through education" within this field. It focuses not only on whether students are free from psychological problems but also on whether they possess the ability to continuously expand self-limits, dynamically adjust to their surroundings, and build healthy relationships with their environment. This lays the psychological foundation for their long-term development and self-realization (Bian et al., 2018). Consequently, a scientific perspective aligns closely with the essential goals of education at the conceptual level and serves as a key bridge for translating these goals into reality.

Based on these analyses, this study proposes the Three-Dimensional School Mental Health Education Framework oriented toward students' life-course development. It aims to cultivate lifelong learners with continuous self-growth and vitality, achieving a deeper integration between students' psychological development and self-realization within the current era. This perspective includes three dimensions: the Subject Dimension, the Content Dimension, and the Time Dimension. The Subject Dimension (Autonomous Development) emphasizes that mental health education is a process of activating students' internal drive for growth. The Content Dimension (Positive Qualities) emphasizes forging the core dynamics of student growth. The Time Dimension (Life-Course) aims to provide stage-based support and continuous empowerment throughout the student's developmental trajectory. This perspective pushes the focus of school mental health work, shifting to the starting point, realizing a transition from "problem intervention" to "potential activation", and from "stage-based protection" to "lifelong empowerment".

2 The 3R1W Practice System

The practice system that supports the Three-Dimensional School Mental Health Education Framework, oriented to

students' life-circle positive development, is the 3R1W practice system. Based on the ecological systems perspective, this system views the individuals, families, schools, and society as an interactive and interconnected whole (Qian et al., 2025). It uses a variety of systematic educational strategies to promote the comprehensive development of students' psychological qualities. The practice system consists of four main components: the Direct Mind Cultivation Ring, the Indirect Empowerment Ring, the Collaborative Multi-system Ring, and the Time-sensitive Care Window.

2.1 The Direct Mind Cultivation Ring

The Direct Mind Cultivation Ring refers to the mental health education curriculum, specialized mental health activity system, psychological counseling (both individual and group), and crisis intervention conducted by the school, covering the three dimensions of prevention, early warning, and intervention.

Direct Mind Cultivation Ring integrates mental health education courses, specialized activities, psychological counseling, and crisis intervention into a comprehensive system that addresses prevention, early warning, and intervention. The goal is to systematically improve students' overall mental well-being and foster positive psychological traits.

At the prevention level, the school establishes a dual-track, three-stage curriculum system that covers all grade levels. The system uses both general and elective courses to help students build a cognitive foundation and key skills for self-development, following a "cultivation-improvement-consolidation" progression to systematically nurture students' positive psychological qualities. Mental health activities serve as the practical extension of the curriculum. Based on theories such as horticultural therapy, these activities are designed through the "integration of holistic education (moral, intellectual, physical, aesthetic, and labor) seamless activities, and continuous cultivation" to create a cycle of five stages: defining the theme, designing the program, creating the scenario, experiential exploration, and expression and evaluation. Such activities (e.g., "Sunflower Heart Words" and "Pomelo Vision") are highly integrative and developmental, not only strengthening the formation of positive behaviors but also consolidating mental health education outcomes through student-driven planning and immersive experiences. These activities help students transition from "knowing" to "understanding" and ultimately to acting, achieving a high level of unity of knowledge and action. The deep integration of courses and activities forms a dynamic cycle of "theory → practice → reflection → internalization" and collaboratively constructs a complete prevention education system.

At the early warning and intervention levels, the school has established a system for individual and group regular psychological counseling. For 15 years, it has conducted comprehensive psychological screenings, creating individual psychological files for students and providing differentiated tracking and focused screening based on students' grade levels. A three-tier early warning mechanism has been implemented, with a graded response strategy that involves the collaboration of head teachers, subject teachers, psychological counselors, parents, and school management. This forms a coordinated response mechanism, and high-risk students are placed under a "three-tier care system" to ensure timely and targeted intervention. To enhance the effectiveness of crisis response, the school has innovatively used simulated teaching dramas to conduct crisis intervention drills, presenting a systematic process from crisis management to students returning to school. This practice significantly improves the operational effectiveness of the school's psychological crisis response system.

2.2 The Indirect Empowerment Ring

The Indirect Empowerment Ring is a crucial complement to the school mental health education system. Its focus is

on improving the psychological education literacy and competency of important related individuals who interact closely with students, including teachers, parents, and peers, in order to build a positive external support system that indirectly promotes students' psychological development.

First, in the aspect of teacher empowerment, the focus is on two key dimensions: "self-help" and "helping others". The aim is to improve teachers' self-psychological capital and professional mental health education skills simultaneously (Lin, 2003). Through tiered and categorized training programs, supported by lectures, workshops, case discussions, and simulated counseling sessions, the school creates immersive learning environments to stimulate teachers' intrinsic motivation and systematically enhance their mental health awareness and practical skills. This approach not only helps alleviate teacher burnout and stress but also promotes deep communication and collaboration among teachers, fostering a culture of mental health education participation across the entire school. Ultimately, it leads to a virtuous cycle where mental health education promotes the joint growth of both teachers and students, continuously optimizing the overall psychological ecosystem of the campus.

Second, in terms of parent empowerment, the school works to improve parents' competence in mental health education. Through the creation of a family-school partnership platform and precise family education guidance, the school covers key topics such as scientific family education concepts, basic mental health knowledge, and effective parent-child communication methods. The school places particular emphasis on three key mechanisms in family-school collaboration: encouraging active participation by families, promoting equal and mutually supportive communication, and fostering coordinated and harmonious collaboration (Rothon et al., 2012). These mechanisms work together to effectively enhance parents' educational competence, which in turn positively impacts students' mental health.

Finally, the school has developed a peer mental health support system. Research shows that peer support plays a significant role in helping students adapt to school, enhance their interpersonal skills, and provide early support during crisis intervention. Based on the system of class psychological committee members, the school implements tiered training for these students. It guides the student Psychological Association of the Student Union in organizing themed activities. This builds a systematic and sustainable peer mental health support model. The model integrates three components: "institutional support, capacity building, and practice-based enhancement" mechanism, ensuring that peer support serves as a valuable supplement to professional psychological guidance.

2.3 The Collaborative Multi-System Ring

The Collaborative Multi-System Ring extends the school mental health education system beyond the school itself. It involves the school, as the leading entity, collaborating with medical services, community organizations, and law enforcement to build a more extensive and robust network of mental health support.

The core practice is the formation of the "home-school-community-health-police" five-party collaborative mechanism for psychological crisis intervention. Each role in this mechanism is clearly defined and functions complementarily, forming a structured collaborative system. The school serves as the operational hub, conducting mental health education and monitoring students' dynamic psychological conditions. Students with special needs are referred to medical institutions in a timely manner. Families provide emotional support and take primary responsibility for recovery, working with the school and medical institutions when problems arise. The community plays a role in integrating resources and providing grassroots support, assisting in building a community support network and partnering with the school in social practice activities. Medical institutions offer indispensable technical support,

including authoritative evaluations, diagnoses, and treatments, and ensure timely intervention through an established Fast-track Referral. Police fulfill the safety responsibility of maintaining the safety of the school environment and provide emergency response support in extreme crises, serving as the ultimate safeguard.

To ensure effective collaboration, the five parties engage in regular joint meetings, institutionalized information sharing, and joint emergency responses, guaranteeing cross-system information exchange and resource complementarity. This highly structured collaborative system effectively connects in-school prevention and early warning with external intensive care, professional treatment, and crisis management. Ultimately, it creates a comprehensive, multi-layered, and efficient mental health support network that systematically enhances public protection for student mental health.

2.4 The Time-Sensitive Care Window

The Time-Sensitive Care Window is a dynamic intervention strategy within the time dimension of the school mental health education system. It targets critical points in individual development and significant moments in the social context, aiming to provide timely and accurate psychological care for students. This concept draws on the “critical period” theory in developmental psychology, emphasizing that individuals are more sensitive to specific psychological stimuli or interventions during certain time windows. Properly timed and appropriately targeted guidance can have a far greater impact.

The Time-Sensitive Care Window is integrated into the “direct intervention” “indirect empowerment”, and “collaborative multi-system” rings. It is triggered when key moments occur. For instance, during transitional periods such as school entry, exams, or unexpected events, “whistleblowers” (e.g., head teachers, psychological counselors, parents, or student peers) initiate the early warning process. Relevant school departments then assess the necessity of opening the care window. Once confirmed, they quickly conduct a comprehensive assessment and allocate professional resources to provide targeted support through one-on-one counseling, themed class meetings, and group counseling.

3 Discussion and Outlook

The application of the Three-Dimensional Mental Health Education Framework and the 3R1W practice system, oriented toward students’ life-cycle positive development, has already shown initial effectiveness. It enables school mental health education to have clearer goals, achieving a dynamic balance among developmental (cultivating positive psychological qualities), preventive (building psychological resilience), and interventional (crisis-level response) objectives. This system establishes a “top-down” structural design, ensuring orderly and efficient system advancement, creating a “new paradigm of positive mental health education” that integrates continuous involvement across all stages, encourages overall school participation, and permeates all areas. This model effectively addresses issues such as the lack of top-level design in school mental health education and the inadequacy of collaborative educational mechanisms, promoting a shift from fragmented and isolated efforts to a systemic and collaborative approach. It has laid a solid foundation for the long-term development of school mental health education.

However, the 3R1W practice system still has its limitations. Although the system presupposes that subsystems such as family, school, and society can form a clear, cohesive mechanism centered around the collective goal of “nurturing people”, significant differences still exist in the understanding and ability levels of individuals involved in the “mental

health education” process. This can lead to a situation where collaboration does not effectively transform into action, causing inefficiencies. The organic integration of information, resources, and actions across these rings remains a major challenge, and solving this issue will be a critical component in the future refinement and development of this practice system.

Additionally, Bronfenbrenner’s ecological systems theory particularly emphasizes the importance of the “temporal system”, which addresses how historical context and environmental shifts affect individual development and the dynamics of various systems. This suggests that the 3R1W practice system must be dynamically evolving. With the advent of the digital and intelligent era, not only has the way humans acquire knowledge changed, but student learning environments, teacher-student relationships, parent-child relationships, and even the cognitive and emotional modes by which individuals perceive the world are being reshaped. In mental health education, the psychological characteristics of the target group and the environment for delivering psychological education are changing rapidly. Therefore, the 3R1W practice system must continuously integrate multi-source data in its future development to build dynamic psychological profiles that adapt to students’ positive development. This will allow for more comprehensive and timely support in early prediction and intervention programs for students’ developmental issues. Furthermore, this model must continue to develop pathways for “human-machine collaboration”, integrating smart mental health technologies to achieve more precise smart warnings, resource matching, and AI-based psychological counseling.

4 Conclusion

The Three-Dimensional Mental Health Education Framework and the 3R1W practice system, oriented toward students’ life-cycle positive development, can serve as a crucial starting point for achieving systemic development in school mental health education. However, this is not the endpoint. In the future, the system must adopt a more inclusive approach, embracing the technological advancements of the digital age, deepening the understanding of the complexity of individual development, and ultimately forming a dynamic practice system guided by an “intelligent-ecological” model that is responsive, precise, warm, and empowering in promoting development.

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