

## Mental Health Accomplishment and Stress Coping Style in College Students

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### Abstract:

**Purpose:** This study investigated the status and characteristics of college students' mental health literacy and stress coping styles, analyzed the possible influencing factors, and put forward reasonable suggestions on this, to promote college students' positive stress coping styles and improve their mental health literacy.

**Methods:** This article used literature analysis, questionnaire surveys, statistical analysis and other research methods, a total of 283 college students took part in the survey using the "Chinese version of the Health Literacy Scale" revised by Ma Xiaoxin and the stress coping style scale of Xiao Jihua. Used SPSS22.0 statistical software for data analysis.

**Results:** (1) the five stress coping styles of problem solving, help-seeking, fantasy, withdrawal, and rationalization were significantly correlated with mental health literacy ( $P < 0.05$ ); (2) female college students showed more tendency to ask for help than male college students; (3) there was a significant positive correlation between problem solving and mental health literacy ( $r = 0.173, P < 0.01$ ); there was a significant positive correlation between help-seeking and mental health literacy ( $r = 0.180, P < 0.01$ ); help-seeking significantly positively affected mental health literacy ( $\beta = 0.144, P < 0.05$ ), and problem solving positively affected mental health literacy ( $\beta = 0.140, P < 0.05$ ), other stress coping styles were not correlated with mental health literacy, or they were correlated but negatively affected the level of mental health literacy.

**Conclusion:** Positive stress coping methods are very important for developing a high level of mental health literacy. Colleges and the society should pay attention to the development of mental health courses and the popularization of mental health knowledge, and promote the diversified and positive stress management methods.

**Keywords:** stress coping style, mental health literacy, college students, ask for help

### 1. INTRODUCTION

As the future pillars of the country and the main body of talents, college students have a higher level of knowledge, but they also have higher pressure than ordinary people. From the perspective of individual development, college students are in an important period when their self-consciousness is highly developed and their self-unity is established, and their ability to solve problems independently needs to be greatly improved. At this time, many college students have inevitable psychological pressure. In recent years, it is very common for college students to jump off a building or commit suicide because of unbearable academic burden or life pressure. The bad results caused by improper pressure solution can not be underestimated. Attention has shifted to the importance of strengthening mental health interventions again. October 10, 2018 is the 27th World Mental Health Day, the National Health Commission center for Disease Control and Prevention combined with the results of the Chinese Academy of Sciences mental health literacy network survey, after expert research and demonstration, facing the main concern of the society of psychological problems, compiled the "Mental health literacy Ten (2018 edition)". Article 3 mentioned that "Seeking help actively is good for your mental health." [1] The negative stress coping style affects the individual's cognition and attitude towards psychological problems, which further leads to the low level of mental health literacy.

The term health literacy first appeared in a 1974 paper entitled "Health Education and Social Policy". The article discussed the implications of health literacy as a policy issue for education systems, health care systems, and mass communication. It mainly included health knowledge and related skills. Later, the United States defined health literacy as "an individual's ability to access, understand and process basic health information or services and make sound health decisions." [2] Mental health literacy is a part of health literacy. The concept of mental health literacy was proposed by Jorm, an Australian scholar, in 1997. It refers to the knowledge and ability of people to recognize, manage and prevent mental diseases [3]. O'Connor et al. revised the Mental Health Literacy Scale (MHLS) based on the Jorm's theory. Xiao Shuiyuan et al. introduced this concept into China for the first time in 2008, and defined it as the ability to acquire and understand mental health knowledge and skills, eliminate discrimination against mental illness, identify, prevent and manage mental illness, and maintain and promote mental health [4].

Wu Huihua (2018) conducted a survey on college students in a university in Guangdong province and found that 57.18% of them would seek help when they encountered psychological troubles, while 42.82% of them would not seek help due to stigmatized attitudes towards diseases, misunderstanding of mental [5]. Du Ting(2005) investigated the postgraduates and made a conclusion that graduate students with good mental health are more likely to use the two positive coping styles of "help" and "solve the problem". On the contrary, the postgraduates with poor mental health are more likely to use "rationalization", "self-blame", "retreat", "fantasy" and other negative coping styles [6]. Deng Zhijun et al.(2005) based on the characteristics of low desire for help and incorrect approach for help of current college students, concluded that the main factors affecting college students' help-seeking behavior are as follows: lack of basic mental health knowledge and positive concept of coping with problems, think their problems are not so serious or can solve the problem by themselves, worry about personal privacy, doubt the professionalism of psychological institutions, etc [7].

Many foreign scholars have also done relevant research. Zhang et al. (1998) studied the relationship between cognition of psychological problems and help-seeking behavior, found that in order to avoid identification and treatment, people who have bias against psychological problems often perceive mental illness as organ lesions, even when some of them are aware of psychological problems, they will deliberately hide this fact in order to avoid negative social reactions [8]. Frederick et al. (1999) found that female college students showed more tendency to ask for help than male college students when they encountered psychological problems. Women show a more accepting attitude to psychological counseling than men, and they are more likely to have a stronger trust in counselors, while men tend to solve problems on their own [9]. Hasida (2002) conducted a hypothesis study on the relationship between social support and stress coping styles, the results verified that high social support is positively correlated with positive coping styles, and negatively correlated with negative coping styles, both social support and coping styles are related to individual mental health level and mental health literacy [10].

In China, mental health literacy is a relatively new concept, so there are not many relevant studies, most of which are to study the mental health literacy of urban and rural residents or a certain group and put forward opinions. There are extensive researches on college students' mental health and stress coping, most of which discuss the influence of mental health level on individual coping style. This paper not only introduces a new concept of "mental health literacy", but also studies the influence of stress coping style on mental health literacy inversely, which belongs to a new perspective.

## 2. METHOD

### 2.1. Participants

This paper surveyed through distributing questionnaires online by the application called questionnaire star.300 college students were tested online and 283 valid questionnaires were collected (92.67%). There were 118 males, accounting for 41.7%, and 165 females, accounting for 58.3%. The subjects come from different grades and majors, which can be roughly divided into Science and engineering, literature and history, art and other four categories.

**2.2. Measures**

*2.2.1. Chinese version of Mental Health Literacy Scale*

The mental health literacy level was measured by the Chinese Version of the Mental Health Literacy Scale, which was translated and revised by MaXiaoxin, a scholar from Hangzhou Normal University, based on the Scale of O'Connor, an Australian scholar. There are 35 questions in the scale, which are roughly divided into three parts: cognition, attitude and knowledge. The score is divided into four and five grades, on a four-point scale, one point is given to those who think it is of no benefit and four points are given to those who think it is very useful, On a five-point scale, one point is given to people who are not willing and five points to people who are very willing. The reverse score entries are 10,12,15,20-28 [11]. Cronbach 'α was used to measure consistency of the scale, and the coefficient was 0.811, indicating that the scale had good internal consistency.

*2.2.2 Stress Coping Style Scale*

Coping style questionnaire was compiled by Xiao jihua to measure individual strategies for stressful events. There are a total of 62 questions in the questionnaire, among which there are 4 items with reverse scoring. In addition, the score of each scale is: 1 point for yes, 0 point for no. The questionnaire consists of six subscales, namely, problem solving, self-blame, help-seeking, fantasy, withdrawal and rationalization. The questionnaire had good reliability and validity, the factor load values of each question were above 0.35, and the correlation coefficients of the six molecules were R1 =0.72, R2 =0.62, R3 = 0.69, R4 = 0.72, R5 = 0.67, R6 =0.72 respectively [12].

**2.3. Procedure and Data Analysis**

Spss22.0 statistical software was used to analyze and process the data. Descriptive statistics were used to analyze the population characteristics distribution, mental health literacy level and stress coping style of the respondents. In this paper, variance analysis, Pearson correlation analysis and multi-factor linear regression analysis were used to explore the differences of coping styles among college students of different genders and majors as well as the correlation between coping styles and mental health literacy level. Finally, the interdependent relationship between coping styles of stress and total health level was determined.

**3. RESULTS**

**3.1. Descriptive Analysis of College Students' Stress Coping Styles**

The following table shows the description and analysis results of stress coping styles of college students participating in the survey. In addition to solving problems and asking for help, the mean value of self-accusation, fantasy, withdrawal and rationalization were all lower than the median 0.5 points. It showed that most college students were more inclined to face the pressure positively, try to solve the problem or ask others for help. The average value of self-blame was the lowest among the six stress coping styles, indicating that college students seldom attribute problems to themselves when facing pressure in life.

**Table1.** *Descriptive analysis of college students' stress coping styles*

|                 | Sample capacity | The minimum value | The maximum value | The average | The standard deviation |
|-----------------|-----------------|-------------------|-------------------|-------------|------------------------|
| Problem-solving | 283             | .08               | 1.00              | .74         | .23                    |
| Self-blame      | 283             | .00               | 1.00              | .38         | .31                    |
| Help-seeking    | 283             | .00               | 1.00              | .56         | .24                    |
| Fantasy         | 283             | .00               | 1.00              | .48         | .26                    |
| Withdrawal      | 283             | .09               | 1.00              | .47         | .22                    |
| Rationalization | 283             | .00               | 1.00              | .43         | .24                    |

**3.2. Descriptive Analysis of College Students' Mental Health Literacy**

According to the sum of the items on the study of college students' mental health quality and then take the average, the results showed that the average of college students' mental health literacy was higher than the median of 3 points on the five-point scale, indicating that the overall level of mental health literacy of college students in this survey was above the average level. Most of them had a good knowledge of mental health and had less discrimination and prejudice against mental diseases.

**Table2.** Descriptive analysis of college students' mental health quality

|                        | Sample capacity | The minimum value | The maximum value | The average | Standard deviation |
|------------------------|-----------------|-------------------|-------------------|-------------|--------------------|
| Mental health literacy | 283             | 2.32              | 4.06              | 3.12        | .32                |

**3.3. Analysis of the Impact of Demographic Variables on Stress Coping Styles**

*3.3.1. Analysis of Gender Differences in Stress Coping Styles*

In order to study the influence of gender on stress coping style, the independent sample T-test was conducted with gender as the classification variable and six stress coping style as the dependent variable. The p values of gender differences in the four stress coping styles of seeking help, fantasy, withdrawal and rationalization were all less than the significant difference level of 0.05. Therefore, there were significant differences in the four stress coping styles of students of different genders: seeking help, fantasy, withdrawal and rationalization. The p value of the two stress coping styles of problem solving and self-blame of gender was greater than 0.05 significant difference level, so it was considered that there was no significant difference between the two stress coping styles of problem solving and self-blame of college students of different genders.

According to the mean value, the help-seeking level of girls (M=0.59) was significantly higher than that of boys (M=0.52). The fantasy level (M=0.52), withdrawal level (M=0.51), rationalization level (M=0.47) of boys were significantly higher than that of girls (M=0.45), withdrawal level (M=0.43), rationalization level (M=0.40). In contrast, girls are more inclined to ask others for help when under pressure. On the other hand, boys are more likely to fantasize, withdraw and rationalize when faced with stress.

**Table3.** Gender differences in stress coping styles of college students

|                 | Gender | Sample capacity | The average | Standard deviation | t      | p      |
|-----------------|--------|-----------------|-------------|--------------------|--------|--------|
| Problem-solving | Female | 165             | .73         | .24                | -1.526 | .128   |
|                 | Male   | 118             | .77         | .21                |        |        |
| Self-blame      | Female | 165             | .36         | .31                | -1.574 | .117   |
|                 | Male   | 118             | .41         | .29                |        |        |
| Help-seeking    | Female | 165             | .59         | .23                | 2.459  | .015*  |
|                 | Male   | 118             | .52         | .24                |        |        |
| Fantasy         | Female | 165             | .45         | .27                | -2.237 | .026*  |
|                 | Male   | 118             | .52         | .24                |        |        |
| Withdrawal      | Female | 165             | .43         | .23                | -2.748 | .006** |
|                 | Male   | 118             | .51         | .20                |        |        |
| Rationalization | Female | 165             | .40         | .24                | -2.221 | .027*  |
|                 | Male   | 118             | .47         | .24                |        |        |

\*p<0.05, \*\*p<0.01, the same below

*3.3.2. Analysis of Age Differences in Stress Coping Style*

In order to study the influence of age on stress coping styles, six stress coping styles were used as dependent variables to conduct anova on age. The results showed that the F values of students of different ages for the six stress coping styles were all greater than 0.05, indicating that there was no significant difference in the stress coping styles of students of different ages. In other words, age is not an important factor that affects college students' stress coping styles.

**Table4.** Comparison of age differences in stress coping styles among college students

|                 | Age   | Sample capacity | The average | Standard deviation | F    | p    |
|-----------------|-------|-----------------|-------------|--------------------|------|------|
| Problem solving | 19-21 | 119             | .74         | .24                | .100 | .905 |
|                 | 21-23 | 98              | .74         | .21                |      |      |
|                 | 23-25 | 66              | .76         | .22                |      |      |
| Self-blame      | 19-21 | 119             | .39         | .32                | .266 | .766 |
|                 | 21-23 | 98              | .37         | .28                |      |      |

|                 |       |     |     |     |      |      |
|-----------------|-------|-----|-----|-----|------|------|
| Help-seeking    | 23-25 | 66  | .37 | .31 | .341 | .712 |
|                 | 19-21 | 119 | .57 | .24 |      |      |
|                 | 21-23 | 98  | .57 | .24 |      |      |
|                 | 23-25 | 66  | .54 | .23 |      |      |
| Fantasy         | 19-21 | 119 | .50 | .27 | .575 | .563 |
|                 | 21-23 | 98  | .48 | .25 |      |      |
|                 | 23-25 | 66  | .46 | .25 |      |      |
| Withdrawal      | 19-21 | 119 | .46 | .23 | .161 | .851 |
|                 | 21-23 | 98  | .47 | .22 |      |      |
|                 | 23-25 | 66  | .46 | .21 |      |      |
| Rationalization | 19-21 | 119 | .43 | .25 | .123 | .884 |
|                 | 21-23 | 98  | .43 | .24 |      |      |
|                 | 23-25 | 66  | .42 | .23 |      |      |

3.3.3. Analysis of Major Differences in Stress Coping Styles

Variance analysis was conducted on the stress coping styles of college students of different majors, The results showed that F value corresponding to P value was less than 0.05 for students of different majors in self-accusation, indicating that there were significant differences in self-blame scores of students of different majors.

**Table5.** Comparison of major differences in stress coping styles of college students

|                 | Discipline category     | Sample capacity | The average | Standard deviation | F     | p     |
|-----------------|-------------------------|-----------------|-------------|--------------------|-------|-------|
| Problem solving | Science and engineering | 98              | 0.77        | 0.21               | 1.723 | 0.162 |
|                 | Literature and history  | 47              | 0.76        | 0.20               |       |       |
|                 | Art                     | 50              | 0.69        | 0.24               |       |       |
|                 | Other                   | 88              | 0.73        | 0.24               |       |       |
| Self-blame      | Science and engineering | 98              | 0.42        | 0.32               | 3.139 | 0.026 |
|                 | Literature and history  | 47              | 0.29        | 0.27               |       |       |
|                 | Art                     | 50              | 0.45        | 0.33               |       |       |
|                 | other                   | 88              | 0.35        | 0.29               |       |       |
| Help-seeking    | Science and engineering | 98              | 0.59        | 0.25               | 1.562 | 0.199 |
|                 | Literature and history  | 47              | 0.55        | 0.24               |       |       |
|                 | Art                     | 50              | 0.51        | 0.24               |       |       |
|                 | Other                   | 88              | 0.57        | 0.22               |       |       |
| Fantasy         | Science and engineering | 98              | 0.50        | 0.28               | 2.109 | 0.099 |
|                 | Literature and history  | 47              | 0.40        | 0.21               |       |       |
|                 | Art                     | 50              | 0.52        | 0.27               |       |       |
|                 | Other                   | 88              | 0.49        | 0.25               |       |       |
| Withdrawal      | Science and engineering | 98              | 0.46        | 0.23               | 0.628 | 0.597 |
|                 | Literature and history  | 47              | 0.44        | 0.20               |       |       |
|                 | Art                     | 50              | 0.50        | 0.23               |       |       |
|                 | Other                   | 88              | 0.46        | 0.22               |       |       |
| Rationalization | Science and engineering | 98              | 0.46        | 0.26               | 2.411 | 0.067 |
|                 | Literature and history  | 47              | 0.35        | 0.20               |       |       |
|                 | Art                     | 50              | 0.46        | 0.25               |       |       |
|                 | Other                   | 88              | 0.42        | 0.22               |       |       |

Because there were significant differences in self-blame scores of students of different majors, so it need to make a post hoc comparison. The results showed that the average self-blame score of the students majoring in science and engineering was 0.42, which was significantly higher than that of the students majoring in literature and history ( $p < 0.05$ ). Meanwhile, compared with students majoring in art, the self-blame average score of students majoring in literature and history was 0.29, which was significantly lower than that of students majoring in art ( $p < 0.01$ ). In other words, among the self-accusation scores of different majors, the self-blame scores of the students majoring in literature and history are the lowest, that is, the students majoring in literature and history seldom attribute their mistakes to themselves.

**Table6.** Post hoc comparative test of self-blame among college students of different majors

| Variable   | (I) Discipline category | (J)Discipline category | Mean difference(I-J) | Standard error | p      |
|------------|-------------------------|------------------------|----------------------|----------------|--------|
| Self-blame | Science and engineering | Literature and history | .126                 | .054           | .019*  |
|            |                         | Arts                   | -.037                | .052           | .485   |
|            |                         | Other                  | .068                 | .044           | .129   |
|            | Literature and history  | Arts                   | -.163                | .061           | .009** |
|            |                         | Other                  | -.058                | .055           | .286   |
|            |                         | Arts                   | .104                 | .053           | .052   |

3.3.4. Analysis of Grade Differences in Stress Coping Styles

Variance analysis was conducted on the stress coping styles of college students of different grades, the results showed that there was no significant difference in the scores of six stress coping styles among students of different grades (P >0.05).

**Table7.** Comparison of grade differences in stress coping styles of college students

|                 | Grade     | Sample capacity | The average | Standard deviation | F     | p    |
|-----------------|-----------|-----------------|-------------|--------------------|-------|------|
| Problem solving | Freshman  | 60              | .74         | .24                | .525  | .666 |
|                 | Sophomore | 47              | .71         | .25                |       |      |
|                 | Junior    | 49              | .76         | .20                |       |      |
|                 | Senior    | 127             | .75         | .22                |       |      |
| Self-blame      | Freshman  | 60              | .45         | .32                | 2.065 | .105 |
|                 | Sophomore | 47              | .30         | .28                |       |      |
|                 | Junior    | 49              | .38         | .32                |       |      |
|                 | Senior    | 127             | .38         | .30                |       |      |
| Help-seeking    | Freshman  | 60              | .54         | .23                | 1.108 | .346 |
|                 | Sophomore | 47              | .54         | .24                |       |      |
|                 | Junior    | 49              | .62         | .22                |       |      |
|                 | Senior    | 127             | .56         | .25                |       |      |
| Fantasy         | Freshman  | 60              | .53         | .27                | 1.689 | .170 |
|                 | Sophomore | 47              | .42         | .25                |       |      |
|                 | Junior    | 49              | .50         | .27                |       |      |
|                 | Senior    | 127             | .47         | .25                |       |      |
| Withdrawal      | Freshman  | 60              | .51         | .23                | 1.347 | .260 |
|                 | Sophomore | 47              | .43         | .22                |       |      |
|                 | Junior    | 49              | .48         | .23                |       |      |
|                 | Senior    | 127             | .45         | .22                |       |      |
| Rationalization | Freshman  | 60              | .46         | .26                | 1.280 | .282 |
|                 | Sophomore | 47              | .37         | .22                |       |      |
|                 | Junior    | 49              | .43         | .26                |       |      |
|                 | Senior    | 127             | .44         | .23                |       |      |

3.4. Correlation Analysis between Stress Coping and Mental Health Literacy

In order to explore the correlation between stress coping style and mental health literacy, the following table shows the Pearson correlation analysis results of six stress coping style and mental health literacy. The results showed that there was a significant correlation between the five coping styles of stress and mental health literacy, such as problem solving, help-seeking, fantasy, withdrawal and rationalization, but there was no significant correlation between self-blame and mental health literacy.

Specifically, there was a significant positive correlation between problem solving and mental health quality (r=0.173, P <0.01), there was a significant positive correlation between help-seeking and mental health quality (r=0.180, P <0.01). Fantasy (r=-0.142, p<0.05) , withdrawal (r=-0.134, p<0.05) and rationalization (r=-0.119, p<0.05) were negatively correlated with mental health literacy.

**Table8.** Correlation analysis between stress coping style and mental health literacy

|                        |                                 |                 |            |              |         |            |                 |
|------------------------|---------------------------------|-----------------|------------|--------------|---------|------------|-----------------|
|                        |                                 | Problem solving | Self-blame | Help-seeking | Fantasy | Withdrawal | Rationalization |
|                        | Pearson correlation coefficient | .173**          | -.067      | .180**       | -.142*  | -.134*     | -.119*          |
| Mental health literacy | Significance (bilateral)        | .003            | .258       | .002         | .017    | .024       | .046            |

**3.5. Regression Analysis of Stress Coping Style and Mental Health Quality of College Students**

The above correlation analysis has verified that there is a significant correlation between the five stress coping styles of problem solving, help-seeking, fantasy, withdrawal and rationalization and mental health quality, but failed to reveal the causal relationship between the variables.

Therefore, with mental health quality as the dependent variable and five stress coping styles of problem solving, help-seeking, fantasy, withdrawal and rationalization as independent variables, Multiple stepwise linear regression analysis was performed to reduce the influence of various stress coping style on mental health literacy. After three screening procedures, the final regression results were obtained.

According to the regression results, the independent variables that finally entered the regression equation model included three stress coping styles: help-seeking, fantasy and problem solving, while the two stress coping styles of withdrawal and rationalization did not enter the regression equation model. The results showed that among the five stress coping styles, help-seeking, fantasy and Problem solving have significant effects on mental health literacy, while withdrawal and rationalization have no significant effects on mental health literacy.

As shown in Figure 9, the three stress coping styles: help-seeking, fantasy and problem solving jointly explained 7.5% of the total variation of mental health literacy, and the F value of the regression model was 7.582 (p<0.001). It can be considered that among the various stress coping styles, the above three stress coping styles had a significant impact on mental health literacy. According to the results of standard coefficient, help-seeking had a significant positive impact on mental health literacy ( $\beta=0.144$ , P <0.05), fantasy had a significant negative impact on mental health literacy ( $\beta=-0.178$ , P <0.01), problem-solving had a significant positive impact on mental health literacy ( $\beta=0.140$ , P <0.05).

**Table9.** Regression analysis of stress coping style and mental health literacy

| Model           | Non-standardized coefficients |      | Standardized coefficient | t      | p       | R2   | F        |
|-----------------|-------------------------------|------|--------------------------|--------|---------|------|----------|
|                 | B                             | SE   | $\beta$                  |        |         |      |          |
| Constant        | 2.969                         | .071 |                          | 41.586 | .000*** | .075 | 7.582*** |
| Help-seeking    | .194                          | .085 | .144                     | 2.282  | .023*   |      |          |
| Fantasy         | -.211                         | .072 | -.178                    | -3.053 | .002*   |      |          |
| Problem solving | .199                          | .090 | .140                     | 2.222  | .027*   |      |          |

**4. DISCUSSION**

**4.1. College Students' Stress Coping Style was Generally Positive, and their Mental Health Literacy was Generally Higher**

By comparing the average values of the six stress coping styles, it can be seen that both problem solving and help-seeking were greater than the median value of 0.5, indicating that college students tended to adopt positive coping styles when facing pressure. The average value of mental health literacy is 3 points higher than the median value of the five point score, indicating that the overall mental health literacy of college students was higher. The research results of Zhang Lin, Che Wenbo et al. (2005) also showed that college students' stress coping styles were generally positive, they used positive means such as adjusting the mentality more frequently, and less negative means such as denying and evading [13]. Nowadays, colleges pay more and more attention to students' mental health problems, offering courses such as career planning and mental health education. The former aims to

relieve students' employment pressure and provide diversified and feasible guidance for students. The latter aims at popularizing psychological knowledge, teaching health care methods and promoting mental health. Therefore, college students are able to actively cope with pressure generally and have a good level of mental health literacy.

### **4.2. The influence of Gender and Major on Stress Coping Style**

The influence of gender on the stress coping style was mainly reflected in four coping styles: help-seeking, fantasy, withdrawal and rationalization. Specifically, girls showed more help-seeking behaviors than boys, and boys showed more withdrawal, fantasy and rationalization behaviors than girls. The research of Zhang Linyue et al. showed the same result: girls mostly adopted the positive way such as asking for help, while boys adopted the negative way like "temporarily putting aside the problem" and "self-comfort" [14]. The explanation for this could be that males and females have different societal expectations, therefore females are more likely to seek aid. Because females are labeled as "weak" by society, it is natural for them to seek assistance, and their calls for assistance are frequently fulfilled, thus reinforcing the behavior of seeking assistance. Due to their social roles and social expectations, males are required to take matters into their own hands when they encounter problems. In order to cater to the gender concept of mainstream culture, that is, to conform to the characteristics of masculinity, they seldom talk to the outside world or ask for help. Instead, they turn inward to avoid or rationalize the problems for temporary peace of mind. In addition, the self-blame scores of the students of literature and history were lower than those of the students of art, science and engineering and other categories. Maybe because most of the students majoring in literature and history study the knowledge of philosophy, their dialectical thinking is generally better than that of students majoring in other majors, and they can treat problems rationally and objectively, so they seldom attribute all their faults to themselves.

### **4.3. There was a Correlation between Stress Coping Style and Mental Health Literacy Level of College Students**

According to Pearson correlation results, there was a positive correlation between problem solving, help-seeking and mental health literacy level. Fantasy, withdrawal, rationalization were negatively correlated with mental health literacy level. Folkman's (1986) research results showed that individual mental health was positively correlated with coping strategies adopted when facing problems [15]. It was consistent with the conclusion drawn in this paper. Mental health literacy entails health-care knowledge, which indicates how important mental health is to people. Individuals who believe that mental illness is an unseen scandal and who lack mental knowledge are more prone to engage in inappropriate actions.

### **4.4. Help-seeking, Fantasy and Problem Solving had Significant Influence on Mental Health Literacy**

The regression results showed that asking for help and solving problems had a significant positive impact on mental health literacy, while fantasy had a significant negative impact on mental health literacy. Individuals who use positive copying style tend to have an optimistic attitude, they understand how to effectively solve problems and minimize the negative impact on themselves, they attach much importance to the mental health, and have less avoidance or stigmatization of psychological problems, so the level of mental health literacy is higher. As a way of self-defense, the effect of fantasy depends on whether its nature is positive or negative. Positive fantasy is a tool to reconcile reality and self cognition. Appropriate use is conducive to relieving stress. The conclusion of this paper showed that in the face of stress, college students' behavior of coping with stress by fantasizing was not only detrimental to maintaining mental health, but also affected their cognition and attitude towards psychological problems. It was inferred from this that most students used negative fantasy: Do not take action, let things develop, hope that things will work themselves out. This may be related to the widespread negative cognition of individuals in severe environment, and the lack of correct guidance from school is also one of the influencing factors.

## **5. CONCLUSION**

This study draws the following conclusions:(1) the five stress coping styles of problem solving, seeking help, fantasy, withdrawal, and rationalization were significantly correlated with mental health literacy; (2) female college students showed more tendency to ask for help than male college

students ; (3) there was a significant positive correlation between problem solving and mental health literacy ; there was a significant positive correlation between help-seeking and mental health literacy; help-seeking significantly positively affected mental health literacy , and problem solving positively affected mental health literacy , other stress coping styles were not correlated with mental health literacy, or they were correlated but negatively affected the level of mental health literacy.

## 6. SUGGESTION

### 6.1. Suggestions for Improving Stress Coping Styles

#### 6.1.1. Individual Aspect

Adequate support from social resources helps to diversify coping styles. College students should take actively part in communities hold in their colleges as well as public welfare activities, make friends widely, treat people sincerely, and build a stable and harmonious interpersonal network. Talk to people around you to gain experience when you feel difficult to digest yourself.

Develop a correct understanding about yourself, face your weakness, and set your expectations objectively. Be aware of the duality and objectivity of pressure and frustration, exert subjective initiative then make corresponding goals and plans.

Learn to self-regulate, give yourself the positive psychological cues, believe in your problem-solving abilities. Relieve anxiety through relaxing, transferring, venting and other means.

#### 6.1.2. School Aspect

College students spend most of their time studying in school, so the guidance and education of school play an indispensable role in alleviating the pressure of college students. Zhao Lingling (2018) compared the stress management ability of 452 students before and after participating in the mental health course, and found that the students who participated in the mental health education course had a significant increase in help-seeking and problem-solving factors [16], which proved the importance of mental health education course in the stress management ability of college students. Therefore, colleges should offer courses such as mental health, career planning and life guidance. Besides, set up corresponding psychological counseling rooms equipped with professional personnel, carry out group counseling and other activities regularly.

Finally, colleges should improve the psychological crisis warning and intervention mechanism to realize the coordination system of effective connection between campus and off-campus, parents and teachers, help and self-help, so that college students can develop healthily and comprehensively during their study.

#### 6.1.3. Family Aspect

Shi Guanghong (2012) found in his research on the relationship between high school students' parenting style and their stress coping style that negative parenting style, such as over-protection or over-interference, had a significant positive predictive effect on children's immature coping style [17]. It is suggested that parents should follow the principle of moderation in the process of education, neither excessive interference nor indifference. Democratic upbringing is most conducive to the growth of children, that is, parents put forward reasonable requirements and set appropriate goals based on the respect and understanding. In most case, give them freedom and the power of choice. Children under this upbringing always have strong self-control ability and are optimistic and positive.

### 6.2. Suggestions for Effectively Improving Mental Health Literacy

#### 6.2.1. Individual Aspect

Individuals can seek mental health advice from professional organizations, specialists or self-help software. Participate in mental health education and interpersonal activities actively to learn professional skills and knowledge. Communicate with people around you who has suffered from mental illness to further understand the mechanism of psychological problems and treatment options, and reduce discrimination. It is also possible to learn about mental health care measures through the Internet, books, etc.

### 6.2.2. School Aspect

Schools can hold special lectures about mental health education regularly, measure students' mental health level on time, analyze the results and take corresponding measures.

It is necessary to pay attention to improving the mental health literacy of teachers. Only healthy teachers can educate healthy students. Teachers' words and deeds have a subtle influence on students. Schools should strengthen the training and supervision of teachers.

Last but not least, schools must ensure that they have sufficient funds to build mental health services, conduct suicide intervention programs, and develop emergency plans to facilitate the smooth progress of mental health work.

### 6.2.3. Society Aspect

Australia once launched a psychological first aid training program, aiming to train 5,500 ordinary people as professional mental health workers. Research showed that after the training, people's knowledge of mental health and attitudes towards mental illness had greatly improved. In view of the above experience, we should do a good job in popularizing psychological knowledge and training psychological skills. Select a pilot area to test the effect, and set up a demonstration area. To formulate individualized intervention methods for different people, make full use of existing resources, learn from the experience of Western countries, and establish a mental health literacy research system that conform with our country's condition [18].

Finally, the state should formulate strict laws and regulations, rectify the psychological counseling industry and improve its standardization and professionalization level, so that the public can eliminate prejudice against psychological problems, and the psychological problems can be diagnosed and treated timely.

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