

STUDY ON THE INNOVATIVE MANAGEMENT AND PRACTICE OF CURRICULUM REFORM IN CHINESE VOCATIONAL SCHOOLS

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ABSTRACT

The relationship between the curriculum in vocational schools and mental health is a crucial aspect that can significantly impact students' overall well-being. A well-designed curriculum not only imparts practical skills and knowledge but also plays a role in shaping the mental health of students. Curriculum that is relevant, engaging, and supportive can contribute to a positive learning environment, fostering not only the acquisition of practical skills but also the overall well-being of students. Conversely, a poorly designed or unsupportive curriculum may contribute to stress, anxiety, and a negative impact on mental health. The importance of mental health for students in vocational schools cannot be overstated. Mental health is integral to overall well-being and is closely linked to academic success, career readiness, and personal development. The mental health of students in vocational schools is a critical factor that has an impact on not only their future career prospects, but even life paths in the future. By creating an environment that prioritizes mental health, vocational schools contribute to the holistic development of students, preparing them not just for their chosen professions but for a fulfilling and resilient life beyond education. The vocational education in China is still at an early stage, the mental health of students in vocational colleges are not optimistic, the reasons for this are intertwined. Part of the explanation could be sorted as generic issues, yet some are due to the distinctiveness of vocational education itself.

Keywords: Vocational Education, Mental Health, Curriculum

INTRODUCTION

Research on mental health has a long history. It is the product of history and society. Since the middle of the 20th century, due to the leap of modern science and technology and the rapid development of social culture. It forces people to look at health and mental health from a new and diversified perspective. The rise and development of research reflects the establishment of Philosophy in the concept of health.

School mental health education is a new concept in the education reform movement in the 20th century. It is the product of the combination of multi-disciplinary theories such as modern psychology, pedagogy, sociology and physiology with school education practice. As a modern educational concept and novel educational activity, the theory and practice of school mental health education have made great progress in many countries and regions in the world. The International Conference on Education pointed out that mental health and teaching work go hand in hand, which are two rounds to promote the progress of modern schools. School mental health education has become an important symbol of modern school education to some extent (Hatton & Smith, 1995).

OBJECTIVE

With the rapid development of society, people's pace of life is accelerating, competition is becoming more intense, and interpersonal relationships are becoming increasingly complex; Due to the rapid progress of science and technology, knowledge is explosively increasing, forcing people to constantly update their knowledge; Human beings have entered an era of emotional burden, with complex changes in their conceptual consciousness and emotional attitudes. Adaptation issues for tasks. Questions about the selection of majors and adaptation to learning. To create an innovative management model for improving students' mental health quality through the curriculum reform.

How to help them avoid or eliminate psychological stress, crises, or obstacles caused by the psychological pressures, improve physical and mental health, address conflicts between ideals and reality, handle and learn interpersonal relationships, address conflicts in love, and make career choices for the future Kang, adapting to the current and developing social environment with a positive and normal psychological state, preventing the occurrence of mental and psychosomatic diseases, and strengthening mental health education for college students has become an urgent need and common concern for all universities.

The research objective of this article

1. What variables and factors can be influenced by the course.
2. Explore the variables and factors that affect students' mental health.

Through qualitative research methods, this paper discusses the variables and factors that affect mental health influenced by the curriculum. Thus, the KPI model for mental health was discovered, and the issue of how new curriculum research reforms will affect student mental health was proposed.

METHODOLOGY

1. Background

With the increasing pressure faced by college students, more and more students are beginning to experience psychological problems. In order to help college students alleviate psychological pressure, it

is necessary to rely on universities to carry out mental health education. In order to achieve the desired results in mental health education in universities, its resources should be integrated to form a systematic and coordinated plan. Based on this, the article first explores the problems in the integration of mental health education resources in universities, and then proposes an integration path for mental health education resources in universities, aiming to improve the level of mental health education in universities

1.1 Problem statement and Significance of the Research

1.1.1 Mental health education is the requirement of students' mental health development in the teaching of various disciplines

A large number of studies show that psychological problems have become an important factor affecting the healthy development of students, so we should carry out mental health education for students as soon as possible (Stephan et al., 2007). In an official document issued in 2022, Chinese government also emphasized the importance of strengthening students' mental health education. It is the most important way of mental health education to fully infiltrate mental health into the whole process of school education and integrate it into discipline teaching, school educational activities and head teacher's work (Jiang, 2020). Mental health education is not simply to rearrange curricular courses, but to integrate it into the teaching of various disciplines, to promote the all-round and healthy development of students with the joint force of education.

The purpose of the school is not only to teach knowledge and become a tool for students to understand the world, but also to guide students to actively master the methods to transform their internal and external environment. The imbalance of students' psychological development, the randomness of psychological changes and the universality of interference factors require that the content, form and method of school mental health education are simple, easy to understand and easier to be accepted by students.

1.1.2 It is the responsibility of school education to lead students to establish healthy behavior habits and lifestyle.

College students are the most malleable group when they are growing up. They provide opportunities for education to create a healthy future. Handicrafts and health education aim to ensure the health and safety of people in the life preparation stage. The handmade health habits and lifestyle formed by students at this stage in the early stage of life are likely to have an impact on their behavior in other stages of development in their life. By borrowing the cost-effectiveness analysis theory in the field of economics, it is not difficult to find that handicrafts and health education enable students to invest in physical strength and sweat in sports, gain health and happiness, and their indirect benefits, additional benefits and intangible benefits are very considerable. Mental health education for students can make them become a force to change the current situation and affect families and even society (Grøtan et al., 2019).

2. Review on the Reform and Practical Ability of Mental Health Curriculum

2.1 Mental health

Mental health is a multi-level, multi side and multi-level network structure. With the deepening of human understanding of themselves, the concept of mental health is gradually improved and clear in the contention, and its research depth is constantly expanded in the exploration of many scholars.

2.1.1 Definition and significance of mental health

Both personal, psychological, physical, and social health are closely linked and interdependent important lives. As the understanding of this relationship grows, mental health is crucial to the overall well-being of individuals, societies, and countries.

Unfortunately, in most parts of the world, people pay less attention to mental health and mental disorders than physical health. On the contrary, they have been largely ignored or ignored. Therefore, the world is suffering from an increasing burden of mental disorders and a widening "treatment gap". Today, about 450 million people suffer from mental or behavioral disorders, but only a small number receive even the most basic treatment. In developing countries, many people suffer from diseases and become the target of stigmatization and discrimination.

Mental and behavioral disorders are common and affect more than 25% of all people at some time in their lives (Adamou et al., 2020). These disorders are universal, they are widely applied, regardless of their nationality, ethnicity, culture, social status or financial status. About 20% of all patients seen by primary care professionals have one or more mental disorders. One in four families may have at least one member with behavioral or mental disorders. These families not only provide physical and emotional support, but also suffer from the negative effects of stigma and discrimination (van der Wolf et al., 2019). Common diseases often lead to severe disabilities, including depression, drug abuse diseases, schizophrenia, epilepsy, mental retardation, and childhood and adolescent diseases. Factors associated with the prevalence, onset and course of mental and behavioral disorders include poverty, gender, age, conflict and disease, major physical diseases, and family and social environment (Organization, 2018).

The economic impact of mental disorders is broad, lasting, and huge. These diseases bring a series of costs to individuals, families, and the whole community. Part of this economic burden is obvious and measurable, while the other part is almost immeasurable. Measurable components of the economic burden include demand for health and social services, unemployment and declining productivity, the impact on families and caregivers, the level of crime and public safety, and the negative impact of premature death. Some studies, mainly from industrialized countries, estimated the total economic cost of mental disorders. One such study concluded that the total annual cost of the United States accounts for about 2.5% of GDP (Knapp & Wong, 2020).

Some studies in Europe estimate that the expenditure on mental disorders accounts for a part of the cost of all medical services: in the Netherlands, the proportion is 23.2% (Ophuis et al., 2018), and in the UK, only the cost of hospitalization is 22%(Schofield et al., 2011). Although scientific estimates from other parts of the world are not available, the proportion of mental disorders in the whole economy is likely to be high.

Although estimates of direct costs may be low in countries with low availability and coverage of mental health services, these estimates are false. The proportion of indirect cost caused by productivity loss in the total cost is greater than that of direct cost. In addition, low treatment costs may actually increase indirect costs by increasing the duration of untreated diseases and related disabilities (Czosnek et al., 2019). Certainly, the estimates of all these economic assessments are underestimated because they do not take into account the opportunity costs lost by individuals and families.

Mental health affects not only personal life, but also the whole society and national economy, so the study of mental health is very important. From the above scholars' definition of mental health, it is not difficult to obtain some valuable clues about the concept of mental health. In this study, college students' mental health refers to the good state of the unity of internal psychological harmony and external behavior adaptation to give full play to their individual potential. College students' mental health is not only reflected in the adaptation of individuals to the environment, but also contained in relatively stable and dynamic developing psychological traits.

2.1.2 Standards of mental health.

The establishment of bio psychosocial medical model makes the research on mental health standards more and more in-depth, the principle of Abnormal Psychology (Conklin, 2018). They have done relevant research. Due to their different research fields and cultural backgrounds, they have different expressions on the standards of mental health.

2.1.3 Theoretical support of intervention education for mental health research.

The establishment of bio psychosocial medical model makes the research field of health education beyond the medical category, involving psychology, sociology, anthropology, pedagogy and other disciplines. Its theories and models are also continuously applied, improved, and developed on the basis of many related disciplines. The main theoretical models include the demand stage theory of cognitive dissonance model (Freitas & Leonard, 2011), health belief model, protection motivation theory, reasonable behavior theory, the theory of reason action, social learning theory, relapse prevention theory, the model of personal investment and comprehensive school health program model.

Among the theories listed above, the health belief model is of special significance to this research, I will incorporate them into the independent variables of the research.

A) Health belief model

Health Belief Model (HBM) is a tool that scientists use to predict health behaviors (Bosky, 2022). This model is premised on the finding that health belief is the primary reason why people change health behavior. According to this theory, an individual's health perception determines one's health behaviors (Rosenstock, 2000).

There are 6 components of the Health Belief Model: Perceive severity, the probability that a guy will change his health behavior depends on how serious he perceives the consequence would be; Perceived susceptibility, people will not change their behavior unless that they believe they are at risk; Perceived benefits, people would be more inclined to change their behavior if they believe there is positive benefits out of the change; Perceived barriers, one of the reason that people resist change their behavior is that change requires extra effort, time and money; Cues to action, cues can activate health behavior, the cues include a wide range of triggers, it could be a health fair in the campus, or a health advertisement on the bus, etc; Self- efficacy, self-efficacy is one's belief in their ability to make these health behavior changes. It relies on a person's own effort and determination to make these changes (Abraham & Sheeran, 2015).

According to the HBM theory, one's health behavior is to a much extent decided by one's health belief, to change one's behavior, we first need to change one's belief. This applies in vocational colleges as well. For students' vocational colleges, we should start with mental health education. This would not improve students' understanding of students' mental health, but also behaviors in daily life that are beneficiary for their mental health status.

B) Cognitive theory

Cognitive theory was developed in the 1950s, by two independent psychologists Albert Ellis and Aaron Beck. Cognitive theory emphasizes the vital importance of one's cognition in determining an individual's behavior. These cognitions include a person's thoughts, feelings, beliefs, and perceptions (Flett et al., 2016). According to cognitive theory, our dysfunctional thoughts lead to extreme emotions, and these emotions, in turn, would result in maladaptive behaviors (Stetz et al., 2007). Cognitive theory believes that these dysfunctional thoughts or beliefs are the mechanism how the negative emotion appears, and the thoughts or beliefs relates to people's view about themselves or the world around them (Bratman et al., 2012).

Deduced by cognitive theory, mental problems happen because of the negative emotions, and negative emotions happen because our cognition system is off the right path. So if we want to improve the mental health of students, we should focus on correct students' cognition system. That's why we need mental health education on the campus, to help students with their belief of themselves and the world.

2.2 Review of landscape design curriculum reform.

Curriculum is a dynamic scene and complete culture of continuous interaction among teachers, students, teaching materials and environment (Upsher et al., 2022). He is not only an important way to achieve the purpose of education, but also the carrier of educational thought and educational concept. Therefore, curriculum is at the core of education. The curriculum reform of basic education is the adaptive response of education to social, political and economic development. The facts of the whole history of education development show that the changes of social, political and economic systems, as well as the major changes of production and lifestyle, will lead to major changes in school education.

With the rapid development of politics, economy, culture, science and technology in the 20th century, education in various countries has also undergone corresponding reforms, thus forming the third wave of world education reform in the world.

2.2.1 Review on the curriculum reform of practical ability and health.

Curriculum is a dynamic situation and complete culture of continuous interaction among teachers, students, teaching materials and environment. It is not only an important way to achieve the purpose of education, but also a carrier to reflect educational ideas and educational ideas. Therefore, curriculum is at the core of education. The curriculum reform of basic education is the adaptive response of education to social, political and economic development. The facts of the whole history of education development show that the changes of social, political and economic systems, as well as the major changes of production and lifestyle, will lead to major changes in school education. With the rapid development of politics, economy, culture, science and technology in the 20th century, education in various countries has also undergone corresponding reforms. Thus, the third wave of world education reform has been formed all over the world (Tilmanis, 2009).

2.2.2 Review of health curriculum reform in part of countries in the world.

The 21st century is an era in which education and learning play a central role. The strength of national strength depends more and more on the quality of workers. Profound social changes require education, especially the curriculum, to make a sharp response in time, face all students, improve students' Ideological and moral, cultural subjects, labor skills and physical and psychological quality, and promote students' all-round and healthy development. In this context, countries all over the world generally take the curriculum reform of basic education as a strategic measure to enhance their comprehensive national strength, and launch a series of education policies, taking the curriculum reform as a breakthrough to comprehensively promote quality education.

At present, there are two popular curriculum models in the world. One is the combination of hands-on curriculum and health education curriculum to teach as an independent curriculum, such as New Zealand, Ontario, Canada and Japan. The other is to set up hands-on curriculum and health education curriculum respectively (Curran & Rourke, 2004) (Lee et al., 2016)

The physical education curriculum reform in some countries in the world is not difficult to see that under the new situation of economic globalization, internationalization of science and technology and cultural diversity, countries have repositioned and innovated the objectives and values of physical education, and a new consensus and platform are forming.

2.3 Current development of mental health education for College Students.

In the last 20 years, as an applied discipline, school mental health education is one of the most dynamic, active and fastest developing fields. School mental health educators go deep into the front line of the school, directly participate in the education and teaching process, and carry out a series of practical guidance and consultation work. The practice of school education needs the guidance and help of mental

health educators more and more. School mental health education has entered a new development stage, and a gratifying development scene has emerged.

2.3.1 Value Orientation.

Development and enthusiasm. The traditional value orientation of school mental health education in western countries only focuses on the level of correction, only provides services for a few students with problems and adaptation difficulties, pays attention to remedial work and ignores the help to the vast majority of normal students. Although corrective work is an indispensable part of mental health education, more and more attention has been paid to the developmental work of improving students' psychological quality and exploring students' psychological potential. For example, the American Association of school counselors clearly puts forward, developmental guidance is an integral part of guidance (Moore-Thomas). This guidance is a planned and positive intervention in the growth of students, so as to promote the development of students in all aspects: personal, social, emotional, livelihood, moral, cognitive and aesthetic, and promote the integration of these aspects into their personal lifestyle. Nowadays, the orientation of mental health education in foreign countries is inclined to development, and the object, content and goal of mental health education have also changed positively, showing the characteristics of wide coverage, wide adaptability and strong pertinence.

2.3.2 Service Scope.

Diversity and comprehensiveness looking at countries all over the world, there are great differences in the service form, content and scope of school mental health education. Generally, the service content of developing countries such as central and South America, Africa and Asia is relatively single, mainly providing guidance for students' academic or behavioral problems through measurement or evaluation. In contrast, schools in Europe and the United States and many other developed countries. The service scope of mental health education is becoming more and more diverse and comprehensive, including career and academic choice guidance, learning consultation, students' social and emotional problems consultation, intervention in school curriculum, provision of consulting services to parents and teachers, behavior treatment and specific academic guidance for problem students, as well as service The development work of business institutions, such as organizational development measurement scale research and professional research(Byrne et al., 2009). In addition to summarizing many service contents in the United States into six categories, namely, individual evaluation, direct intervention, indirect intervention, research evaluation, supervision and management and prevention. Compared with the United States, the content of mental health education in French schools tends to be more comprehensive in addition to diversity, and focuses on three aspects of practice: orientation, prevention and integration. In addition to special education, behavior correction and academic guidance, special attention is paid to students' vocational guidance and orientation work, which is more distinctive. Because school mental health educators in these countries can widely participate in all aspects of work inside and outside the school and can understand in detail the status and root causes of students' psychological problems, so as to ensure the pertinence and effectiveness of psychological services.

2.3.3 Role and Function.

Specialization and expansion many foreign countries regard school mental health education as a profession, an industry and a specialty, and emphasize that professionals play their professional role in many aspects: they are experts in children's psychology, educational psychology and social psychology; Experts in psychological diagnosis, counseling and counseling; Subject teaching method expert; Educational experts who teach students according to their aptitude and deal with problems flexibly; Experts in psychological intervention and correction, etc. In some countries with good development of school mental health education in the world, such as the United States, Canada, Britain, France, Austria, Sweden, Israel, South Africa and Brazil, school mental health education has become a very professional profession and has all the characteristics of the profession: complete knowledge system, independent literature accumulation and certified Universities and departments that can provide professional training, professional organizations and institutions that license, certify and issue licenses, job opportunities, code of ethics, continuing education system, etc. At present, the professional workers of mental health education in western schools mainly play six roles in school education and teaching: the health care provider of mental health, the tutor of learning and life, the guide of career choice, the guide of ideology and morality, the excavator of psychological potential and the promoter of psychological development. In the 21st century, the work field of school mental health educators will be further expanded, which is reflected in three aspects: serving the students at the whole school, serving the older people, and caring for the welfare of the whole society. It is certain that the role connotation of school mental health education professionals has expanded and will continue to expand and will play a more and more important role in the process of achieving school education goals.

2.3.4 Organization and Management.

Diversification and individualization from the current situation of various countries, the vast majority of school mental health education institutions are uniformly managed by the national and local governments, but they belong to different departments, some belong to the Ministry of education, and some belong to the Ministry of health. Countries with decentralized educational management, such as the United States, advocate strengthening the leadership, management and supervision functions of professional societies; Countries with centralized educational management tend to implement regional or national systematic leadership (Nellis & John). In addition, some countries implement the form of group organization services. For example, in France, a psychological educational assistance group composed of school psychologists, educational psychologists and psychological power development experts toured several schools to provide door-to-door services (Cénat et al., 2021). The location of school mental health education institutions also varies from country to country and has its own characteristics. For example, school mental health education service institutions in countries and regions such as New Zealand, Ireland, Israel, Denmark, England and Wales are set in communities rather than in schools. Their purpose is to meet the needs of schools and communities, while the United States, Canada Australia, Germany and other countries only require school mental health education

professionals to provide services for the education department. School mental health education service institutions in these countries are often set up in schools. School mental health education has a history of more than 100 years in western developed countries. Great changes have been taking place since its birth. So far, we can't give it a precise definition, but it doesn't affect its strictness. In recent years, with the change of social needs and the development of psychology and pedagogy theory, school mental health education has also changed accordingly, and some new characteristics have emerged, such as paying attention to the use of group mental health education, group mental health education is rising step by step, which is more common than individual counseling; With the popularization of computers and the rapid development of the Internet, many schools attach importance to using computer networks to expand the scope of services. Computer networks have opened up a new way of mental health education, and network mental health education has attracted much attention; Establish and improve the integrated network of mental health education inside and outside the school, make full use of family and community mental health education resources, jointly provide psychological services for students' development, and form a good situation of psychological education is everyone's responsibility (Tam & Milfont, 2020).

Although many foreign countries pay more and more attention to the value and implementation of school mental health education, due to various reasons, there are still many problems, which can be summarized into five categories: first, the weakness and weakening of the main theoretical research of mental health education. Since its birth, there has been a development crisis of "weak theoretical trunk and flourishing disciplines", The subject theory of mental health education has been covered and swallowed by many powerful related disciplines, and the basic concepts are vague, which seriously hinders the further deepening of academic research and discipline construction.

The second is the bad differentiation and deviation of different research orientations and discipline orientations. Between the development orientations of natural science and humanities and social sciences, psychology and pedagogy, most of them prefer the research and development strategies of pure natural science and psychology, intentionally or unintentionally avoiding and weakening the research orientations of Humanities and Social Sciences and pedagogy, there is even the problem of each side holding its own and blaming each other.

Third, the practice of school mental health education is not popular enough, there are serious imbalances and regional differences, especially the gap between developed and developing countries.

2.4 Analysis of contributing factors of college Students' mental health.

2.4.1 Students' mental health.

The mental health situation with Chinese college students is not very optimistic. Students are plagued by different kinds of pressure. Report points out that 19% of the students usually have obvious psychological problems, 30% may have psychological obstacles, and only 51% have a rather stable mental status (Wang et al., 2020). The incidence of mental health problems of female college students is

higher than that of male college students, which may be related to the poor psychological quality of female college students.

2.4.2 Factors affecting students' mental health.

College is a stressful time for many students as they go through the process of adapting to new educational and social environments (Misra et al., 2000). Most articles point out that the mental health status of college students has nothing to do with age, gender and nationality (Kitzrow, 2003). However, the mental health status of students is more related to their physical health condition, academic pressure, financial pressure, employment pressure and interpersonal relationship (Korkeila et al., 2003). Physical health and mental health are supplementary, a healthy mental state relies on a healthy physical condition (Schofield et al., 2011). We should encourage students to engage in physical activities more often, sports events are also positive for students' mental stability (Bell, 1997). Academic performance is one significant factor that triggers students' anxiety. Students report experiencing academic stress predictably, with the greatest sources of academic stress being found in taking and studying for exams and with respect to grade competition and the large amount of content to master in a small amount of time (Abouserie, 1994). Apart from the exams, academic pressure on college students is also related to the curriculum design and course management system in the colleges. Sometimes when sessions are too frequent and prolonged, it would often lead to an increase in students' anxiety level (Maidment, 2003). In Chinese colleges, it is not very easy for a student to switch one's major. So, when a student is forced to major in a subject which he shows no interest in, it would pile up one's academic stress, resulting in a negative impact on the psychology of college students.

Employment is an inevitable topic among college students, especially among seniors. Many students in vocational colleges come from families with less material support. While these students are under academic pressure as well, they need to constantly be on the watch for any potential job opportunities, this would certainly add to their stress level.

Financial stress is also one major reason affecting students' mental health. However, we will not include financial factors in the research, because the topic of this research is about curriculum reform, and the effect of financial pressure on students' mental health will not be the target of this research.

The conventional teaching method is built upon the output of the teacher, students are bound inside the classroom. This method of teaching is not very efficient in improving students' concentration. It is necessary to introduce new technologies into the classroom, which would get students more involved in the teaching process, like TikTok or the Course Management System (CMS). A CMS is a software program or integrated platform that contains a series of web-based tools to support a number of activities and course management procedures (Severson, 2005). We can even introduce technologies like streaming into the teaching in vocational colleges, to get students to experience the actual manufacturing process. Traditional teaching environments tend to be teacher-centered; a blended approach allows instructors to mix things up and to offer students a more intellectually engaging learning experience by combining in-class time with online components (Vovides et al., 2007). The above situation suggests

that when educating students, teachers should fully understand the actual situation of college students and combine mental health education with students' characteristics, so as to reduce college students' mental health problems and cultivate a new model of physical and mental health and all-round development.

CONCLUSION AND FUTURE WORK

1. Discussion

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (Health et al., 2005).

College is where students can further improve themselves, a place where students prepare themselves for their future (Flowers, 2002). For college students, mental health is as important as physical health. Mental health not only affects students' learning effects, but more importantly it affects students' career options and their future lives. However, the situation with vocational college students is distinct, the students, staff and the teaching activities in vocational colleges are different from other universities. Of the key educational fields, vocational education is probably the least homogeneous. Its diversity in terms of its purposes, institutions, participants and programs stands as being one of its keys and defining characteristics (Canning, 2013).

Students in vocational colleges, like any other educational setting, exhibit a range of mental health characteristics influenced by various factors such as academic pressures, personal life circumstances, and the transition to adulthood. Understanding these characteristics is crucial for educators, mental health professionals, and policymakers to create supportive environments that foster well-being. Here are some key characteristics associated with the mental health of students in vocational colleges.

1.1 Inability to adapt to new environment.

This is very common among the freshmen. For students who just started the journey of campus life alone, they need to fit into a new environment, make new friends and embrace themselves for new challenges. However, some students are overwhelmed by the change of environment, they can't deal with the new situations involving academic issues, interpersonal relationship, or other matters, and this, over time, leads to loneliness, panic, anxiety or other latent psychological problems (Sontag-Padilla et al., 2018). Unfortunately, this would deprive students of the enthusiasm for the new environment and the chance to really enjoy campus life.

1.2 Inability to relieve the stress from campus life on their own.

The students in vocational colleges are burdened with much pressure, pressure from academic requirement, interpersonal relationship, financial insufficiency, job-hunting and stress from other sources

(Bhujade, 2017). For college students, rarely are they exclusive to one kind of pressure, most of the students in vocational colleges are burdened by this pressure at the same time. As students can't deal with this stress on their own, unwillingly their minds are in constant tension as a result, and this would intensify their college life (Bryant & Malone, 2015).

2. Conclusion

The definition of mental health by the World Health Organization is, a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in (Mental health: strengthening our response, 2022). From the definition given by the WHO, we can see that mental health affects the comprehensive development of an individual.

The maintenance of mental health to students is of great significance as well. Research shows that high levels of mental health are associated with increased learning, creativity and productivity, more pro-social behaviors, and positive social relationships, and with improved physical health and life expectancy (Rosenthal & Wilson, 2008). However, this significance has failed to be grasped by the administration, faculty, and staff. Positive mental health is a warm house where a student feels comfortable and achieves his/her optimal potential at study and in life. Poor mental health, however, contributes to lack of motivation and problems focusing which can lead to failing grades. For vocational college students, learning requires a disciplined commitment of time and effort in order to achieve academic success, which can place significant stress on students' minds. It's important for the faculty and teachers to understand this and offer options for students to ease these tensions.

Not only will mental health problems impact the academic performance of college students, but also the lifetime success of them. This success is not strictly restrained to materialistic success, but also the spiritual content of vocational college students. Therefore, more in-campus resources should be pivoted to students' mental health.

2.1 Review of the effectiveness of the curriculum reform.

The purpose of this research is to improve students' mental health through the perspective of curriculum reform. For vocational students, study takes up a big part of their college life. In this thesis, we explored the effectiveness of curriculum reform on students' mental health on the following six scales: course design, course management, teaching method, assignment method, career service and introduction of new technology into teaching. The logic is that through the framework of these six scales we can solve the mental problems that students are troubled with, and thereby improve the quality of students' mental health.

In academic colleges, there is a universal curriculum paradigm that is applicable to all majors, which is the curriculum based on the structure or the systematization of the disciplinary knowledge disciplinary knowledge. Majors in academic colleges are more of an academic nature (Maher, 2004). Each major has

a unique knowledge system, that is, it has its own uniqueness in the scope, structure, content, method, organization, and development of

the theory. However, in vocational colleges, the majors are more of an occupational nature (Stein et al., 1998). The presence of agriculture, manufacturing industry, service industry and other occupational fields is due to the divergence in the working process (Plewa et al., 2015). Each occupation has its unique working process, in the way of its content, method, organization and development of the tools.

If the systematization of subject knowledge is the frame of reference for the narrative-knowledge-centered academic high education content, then the systematization of working process is the frame of reference for the procedural-knowledge-centered vocational college education. Vocational education is employment-oriented, therefore navigating the work of curriculum reform using working process as the frame of reference is more in line with the characteristics of vocational education (Ecclestone, 2013). Each occupation has a relatively stable working process, yet each occupation also has a special working process which is different from other occupations (Liu, 2016). Throughout the history of vocational education development, while emphasizing vocational practice, the essence of the curriculum—the working process has been neglected (Jagersma, 2010). This means, that the curriculum in vocational colleges should not simply be a tool for content transmission, it should be the process of working which is learner-centered, instead of teacher centered (Choppin et al., 2018). Therefore, only by the systematical design of the working process can we meet the needs of individuals or occupations and facilitate sustainable. Development of individuals in their careers

The curriculum represents educational ideas in practice (Prideaux, 2003). If we want to merge the concept of mental health into educational practice, then it should be reflected in the curriculum design and practice. Curriculum includes teaching, which involves teaching activity, teaching media, teaching method and teaching content. We should rearrange the curriculum setting in the vocational colleges, so the teaching activity, teaching media, teaching method etc. should be leaning towards the improvement of mental health of students while stay on the track of working process-oriented talents training.

2.2 The deficiencies of the research

In this research, we aim to find out the correlation between curriculum and mental health. Thereby we can build a more comforting campus environment for all the students living and studying in it, eliminating possible mental problems and therefore contributing to the mental health of vocational students through campus-wide effort. However, while we were using curriculum reform as our independent variable, there are many other influential variables that students are exposed to, such as financial status, family relationship, social environment etc. These factors have deep and constant influence on students' mental health, however the influence of these factors on students are very hard to be standardized and gauged, and it is impossible to rule out the influence of these factors even during the intervention. This might affect the effectiveness of the intervention.

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