

Survey on the Mental Health Status of Minority Students in the Post-Pandemic Era: A Case Study of the Business college at Beijing Union University

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Abstract: In the post-pandemic era, this paper divides university students based on their ethnic and cultural backgrounds, using a questionnaire survey method. Taking 640 students from the college of Business at Beijing Union University as the subjects, it explores the current status of the psychological health of minority university students in ordinary universities and the relationship between the psychological health of Han and minority students. The results show that the psychological health of both Han and minority students is not optimistic, with about 20%-30% of students experiencing varying degrees of psychological disorders. There is no significant difference in the psychological health of minority and Han students. Among Han students, there are differences in the psychological health levels of students in different grades, and psychological health issues are more serious among Han female students than male students. Some suggestions are proposed for reference.

Keywords: Mental health; Minority university students

Introduction

In recent years, the mental health issues of university students have become prominent, with problems like anxiety and depression occurring frequently^[1]. Particularly, the pandemic life of the past few years has significantly impacted their mental well-being. Although society as a whole has entered the post-pandemic era, and the teaching and

management order in college has returned to normal, the psychological effects of the pandemic on students are likely to persist for an extended period. The mental health issues of university students are increasingly evident. Recently, the Ministry of Education and other seventeen departments jointly issued the "Comprehensive Strengthening and Improving Special Action Plan for Student Mental Health Work in the



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New Era (2023-2025)", placing student mental health work in a more prominent position^[2].

1. Research Background

Since its establishment, the Business college of Beijing Union University has primarily enrolled students from Beijing, with a majority being of Han ethnicity and a few students from ethnic minorities, resulting in a relatively simple ethnic composition. In recent years, with the deepening of the massification of higher education, there has been a continuous influx of students from outside Beijing. Additionally, in line with the plans of the Ministry of Education, the college has admitted students from ethnic minority regions such as Xinjiang and Tibet. The number of ethnic minority students has been increasing, leading to significant changes in the student population structure and ethnic composition. In 2015, ethnic minority students accounted for 8.7% of the total student population, and by 2023, this proportion had increased to 16.6%, involving a total of 21 different ethnic minority groups. Among these, the largest ethnic minority group is the Manchu, followed by Uighur, Hui, Mongol, and others.

As a special group among university students, ethnic minority students possess psychological characteristics shared with their peers of the same age. However, due to influences such as geographical location, customs, religious beliefs, and language, they also exhibit distinctiveness and particularities in their psychological makeup. Therefore, their mental health issues deserve special attention.

The psychological well-being of ethnic minority students not only directly affects their physical health and academic efficiency but also influences individual academic achievements and future development. Simultaneously, it has implications for the quality of higher education in our country and even relates to the harmonious development of ethnic relations and regional security and stability. Therefore, researching the psychological conditions of ethnic minority students is of significant importance for guiding psychological health education for university students and maintaining ethnic harmony.

Foreign research on student psychological conditions has a long history and is rich in achievements. However, overseas studies on ethnic minorities generally rely on

the basis of "Ethnic," which significantly differs from the conceptual meaning of ethnic minorities in China. Currently, relevant research in China mainly focuses on two directions: firstly, qualitative research, which primarily analyzes and studies specific psychological issues among ethnic minority students and their causes, proposing corresponding countermeasures. Secondly, research on psychological conditions with the purpose of conducting psychological health education, usually employing survey questionnaires combined with interviews to analyze the challenges faced by ethnic minority students in various aspects of academic life, identify the reasons, and provide strategic recommendations.

2. Research Methods and Design

To gain a comprehensive understanding of the psychological well-being of students from different ethnic backgrounds, this study focuses on second to fourth-year students at Beijing Union University's Business college. Utilizing four well-established psychological health assessment questionnaires as the foundation, the research aims to investigate the current status of psychological health issues such as depression, anxiety, insomnia, and stress reactions among students of different ethnicities. The key analyses include examining whether there are differences in psychological health conditions between ethnic minority students and Han students, assessing variations in psychological health conditions among different ethnic minority groups, and conducting targeted psychological interventions and enhancing humanistic care based on the analysis of the reasons.

The questionnaire for this study is divided into two parts:

The first part pertains to the natural information of the surveyed students, primarily including gender, grade, and other details. It also encompasses the psychological status of students, such as whether they perceive themselves to have issues in mental health. Additionally, this section includes information about students' families, such as parents' educational background, family income, and marital status of parents.

The second part comprises four psychological health assessment scales and the question regarding "whether

one has suicidal thoughts."

The PHQ-9 Depression Screening Scale consists of 9 items, covering diagnostic criteria for depressive disorders and can be used to assess the severity of depression. The scores on this scale are interpreted as follows: 0-4 points, no depression (please take care of yourself); 5-9 points, possible mild depression (consultation with a psychologist is recommended); 10-14 points, possible moderate depression (best to consult a psychologist); 15-19 points, possible moderately severe depression (recommend consulting a psychologist or psychiatrist); 20-27 points, possible severe depression (must consult a psychologist or psychiatrist).

The GAD-7 Generalized Anxiety Disorder Screening Scale is used to assess symptoms of anxiety. The scores on this scale are interpreted as follows: 0-4 points, no anxiety (recommended to balance work and rest); 5-9 points, mild anxiety (suggested professional psychological counseling); 10-14 points, moderate anxiety (recommended for professional psychological counseling); 15-21 points, severe anxiety (further assessment and treatment at a professional institution are recommended).

The AIS (Athens Insomnia Scale) is a self-assessment questionnaire designed based on insomnia diagnostic criteria, consisting of 8 questions. The scores on this scale are interpreted as follows: 0-4 points, no

sleep disorders; 4-6 points: suspicious insomnia; above 6 points, insomnia.

The PCL-C (Posttraumatic Stress Disorder Checklist-Civilian Version) is designed to assess the experiences of ordinary individuals after encountering trauma. Despite entering the post-pandemic era, the impact of the pandemic on individual psychology persists in the long term. The scale consists of 17 items. Scores on the scale are interpreted as follows: 17-37 points, no significant PTSD symptoms; 38-49 points, some degree of PTSD symptoms; 50-85 points, significant PTSD symptoms, and a potential diagnosis of PTSD.

The four scales mentioned above are utilized to assess students' psychological health across four dimensions: depression, anxiety, insomnia, and stress reactions. Each dimension is self-evaluated, and a higher score indicates poorer psychological health and more severe psychological issues.

The survey distributed a total of 656 questionnaires with a 100% response rate. After excluding 16 incomplete responses, there were 640 valid questionnaires, resulting in an effective response rate of 97.6%. Data analysis was conducted using SPSS 19.0, and the relationships between variables were examined using Pearson's chi-square test. A significance level of $P < 0.05$ was considered statistically significant. The basic characteristics of the sample are presented in (Table 1).

Table 1. Basic Information of the Study Participants

Project		Frequency	Percentage
Gender	Male	215	33.6
	Female	425	66.4
	Han	577	90.2
Ethnicity	Ethnic minority with Han cultural background	49	7.7
	Ethnic minority without Han cultural background	14	2.2
Ethnicity	Senior	202	31.6
	Junior	210	32.8
	Sophomore	228	35.6
	Total	640	100.0

3. Results

1. Overall, the psychological well-being of both Han and ethnic minority students is not optimistic, with approximately 20%-30% of students experiencing varying degrees of psychological disorders related to depression, anxiety, insomnia, and stress reactions.

About 38% of students are at risk of depression. The survey results are shown in (Table 2).

2. There is no significant difference in the psychological well-being between ethnic minority students and Han students. Similarly, there is no significant difference in the psychological well-being

between ethnic minority students with a non-Han cultural background and those with a Han cultural background. The results of the chi-square tests, conducted for depression, anxiety, insomnia, stress reactions across the four dimensions, and the chi-square test for the question of having suicidal thoughts, all

showed significance levels (*P*-values) greater than 0.05. This indicates that there is no significant difference in various dimensions of psychological well-being based on ethnicity and different levels of psychological well-being. (See **Table 2**)

Table 2. Chi-square Tests for Various Psychological Health Dimensions Based on Ethnicity

		Han	Ethnic minority with Han cultural background	Ethnic minority without Han cultural background	Total	Chi-square value	<i>P</i>		
Depression (376)	Not experiencing depression	357 62.1%	28 57.1%	11 84.6%	396 62.2%	7.796	.454		
	Possibly experiencing mild depression	136 23.7%	11 22.4%	1 7.7%	148 23.2%				
	Possibly experiencing moderate depression	48 8.3%	4 8.2%	1 7.7%	53 8.3%				
	Possibly experiencing moderately severe depression	16 2.8%	4 8.2%	0 0.0%	20 3.1%				
	Possibly experiencing severe depression	18 3.1%	2 4.1%	0 0.0%	20 3.1%				
	No anxiety	440 76.5%	36 73.5%	13 100.0%	489 76.8%			5.302	.506
	Mild anxiety	90 15.7%	7 14.3%	0 0.0%	97 15.2%				
Moderate anxiety	32 5.6%	4 8.2%	0 0.0%	36 5.7%					
Severe anxiety	13 2.3%	2 4.1%	0 0.0%	15 2.4%					
Insomnia (636)	No sleep disorder	344 59.9%	28 57.1%	11 84.6%	383 60.2%	4.009	.405		
	Suspected insomnia	76 13.2%	6 12.2%	0 0.0%	82 12.9%				
	Insomnia	154 26.8%	15 30.6%	2 15.4%	171 26.9%				
Stress Response (638)	No apparent symptoms of PTSD	489 85.0%	38 77.6%	14 100.0%	541 84.8%	7.502	.112		
	Some degree of PTSD symptoms	51 8.9%	4 8.2%	0 0.0%	55 8.6%				
	Potentially diagnosed with PTSD	35 6.1%	7 14.3%	0 0.0%	42 6.6%				

3. The psychological well-being levels vary among Han Chinese student groups in different grades. Psychological health issues are more severe among Han

Chinese female students compared to male students. To explore whether there are significant differences in depression, anxiety, insomnia, and stress response

scores among college students with different characteristics, minority students were considered as a whole and compared with Han Chinese students. Regarding gender, chi-square tests revealed that among Han Chinese students, females had significantly higher scores in anxiety and stress response compared to males; however, there were no significant gender differences in depression, anxiety, insomnia, and stress response scores among minority students. In terms of grade level, the psychological well-being levels varied among students in different grades. Among Han Chinese students, sophomores had higher scores in anxiety, insomnia, and stress response compared to students in other grades. Minority students showed no significant differences in depression, anxiety, insomnia, and stress response scores across different grade levels.

Furthermore, a comparison was made based on parents' educational levels, parents' occupation categories, political affiliations, number of siblings in the family, and parents' marital status. It was found that there were no significant differences in psychological well-being between Han Chinese students and minority students in these aspects.

4. Strategies and Recommendations

4.1 Innovate college Mental Health Education Approaches

Continue to strengthen the promotion of mental health education and knowledge among university students. Based on the patterns of mental health education for university students, actively explore the integration of minority-specific sports projects and elements of artistic education into mental health education services, considering the characteristics of minority students. Actively encourage students to participate in various mental health education activities. Utilize platforms such as WeChat, broadcasts, and lectures to extensively disseminate essential mental health knowledge, integrating mental health education into all aspects of students' learning and daily life.

4.2 Strengthen the Construction of Mental Health Management System for Minority Students

At the macro level, from the perspective of institutional design, establish and improve a comprehensive mental health work system for minority students, including health education, psychological counseling services, intervention, and guidance. Increase investment, allocate special funds for mental health education for minority students, and enhance the construction of both software and hardware facilities. Strengthen the supply of mental health resources, including psychological counseling services, diagnostic and treatment services, and other related services.

4.3 Acknowledge the Differences and Special Characteristics of Minority Students, Enhance Mental Health Services for Key Groups

On a micro level, establish a "Dynamic Mental Health Record" for minority students, accurately capturing the changes in the psychological activities of minority students. Provide targeted attention and solutions to address the psychological issues of minority students.

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