



MENTAL WELLNESS AND POSTGRADUATE STUDIES 精神健康與研究及學習

Wellness and Counselling Centre

Office of Student Affairs, The Chinese University of Hong Kong

香港中文大學學生事務處 心理健康及輔導中心



August 2022

MENTAL WELLNESS (MENTAL HEALTH)

- It matters
- What it is about?
- Self-understanding
- CU's Support



MENTAL HEALTH MATTERS TO YOU



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One in four students suffer from mental health problems



Stress and anxiety are making day to day life difficult for hundreds of thousands of students

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The extent of mental health problems in UK universities has been laid bare in a new report. A quarter of students (27%) report having

NEWS

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Education & Family

Rising numbers of stressed students seek help

By Sean Coughlan
Education correspondent

30 September 2015 | Education & Family

f t b e Share



Sir Anthony Seldon says universities are not accepting their responsibilities towards young people



Getty Images

MENTAL HEALTH

Why College Is a Risky Time for Students' Mental Health

Maya Rhodan
Updated: Aug 31, 2016 2:29 PM ET

f t ...

For more, visit TIME Health.

SHARE



63K



1



1K



Warren Wong

Ph.D. students face significant mental health challenges

By [Elisabeth Pain](#) | Apr. 4, 2017, 3:15 PM

INSIDE HIGHER ED

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GRADHACKER
A Blog from GradHacker and MATRIX: The Center for I

Mental Health Issues Among Graduate Students

| Mental health issues may be the biggest barriers to grad student success.

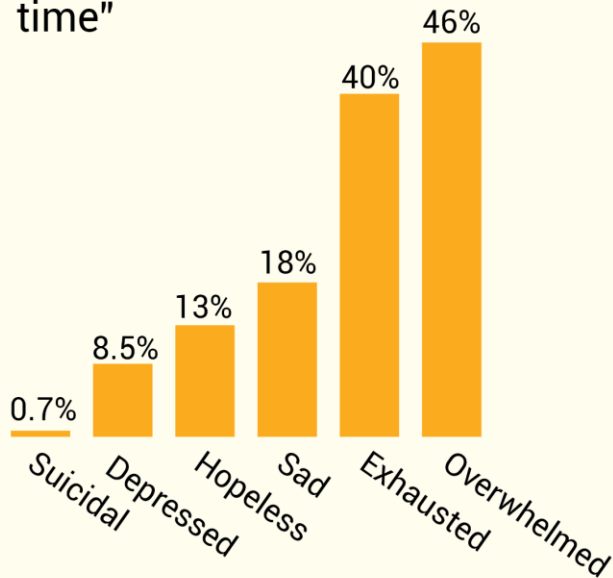
By [Nash Turley](#) // October 7, 2013

Under pressure:

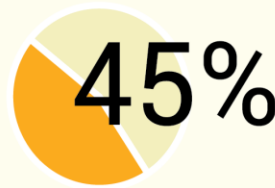
Report on graduate student mental health at UC Berkeley

Stress, anxiety, and depression are the most common reasons graduate students seek mental health services

Percentage of graduate students expressing the following emotions "frequently" or "all the time"



Women are up to **2X** as likely as men to report these stressors



45% of graduate students report having an emotional or stress related problem over the past year



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COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide



MENTAL HEALTH MATTERS TO UNIVERSITIES

Well-being/ Wellness as a Common Focus



Exercising on the treadmill, the grad student is we

Image Credit: Lego Grad Student @legograc

Welcome to the Graduate Student Wellness Portal

Looking for mental health services, resources, or acad experiences of supervision? This portal, developed in Students' Union (UTGSU), can help point you in the rig

Mental Health Handbook for students



東京大学
THE UNIVERSITY OF TOKYO

2019清华心理健康论坛在清华大学幸福科技实验室举行

2019年4月20日下午13:45到17:00,“2019清华心理健康论坛”在清华大学幸福科技实验室举行。本论坛由中国社会心理学会心理健康专业委员会与清华大学心理学系共同主办,目的是让中国社会心理学会心理健康专业委员会委员、清华大学心理学系师生以及关注心理健康研究及应用的专业人员聆听来自全国高校的心理学报教授分享各自在不同领域内心理健康理论与应用研究的新成果,交流新理念,推进心理健康的研究与社会服务发展。论坛由中国社会心理学会心理健康专业委员会主任委员、清华大学心理学系樊富珉教授主持,论坛开始前,清华大学社科学院院长、心理学系主任彭凯平教授专门代表心理学系欢迎各位心理健康研究专家。幸福科技实验室负责人苏培德专门为专家介绍了幸福科技实验室在心理健康促进领域所开展的研究。论坛中,中国科学院大学经管学院时助教授做了题为《心理调适对老年人的影响因素及干预对策》的报告;西南大学心理学部郭成教授做了题为《心理品质研究与学校文化建设》的报告;南开大学社会学系李强教授做了题为《多元文化咨询之本土化路径研究——以“三元文化者”为出发点》的报告;陆军军医大学心理学院杨国瑜教授做了题为《特殊环境军人心理健康促进》的报告;中国科学院心理研究所祝卓宏教授做了题为《国家公务员心理健康现状及服务体系建设的报告》;清华大学心理学系樊富珉教授做了题为《团体心理咨询与我国心理健康服务》的报告,该论坛约有150名师生以及心理健康研究与应用人员参加,精彩的报告增进了彼此学习与交流,也为对心理健康感兴趣

Yale Well Resources for Student Wellness

About Us How to Yale Well Student Wellness Grants Peer Wellness Champions News & Events



Your well-being matters.

Welcome to Yale Well, the student wellness program at Yale University. Whether you are looking to find clinical resources, boost your overall well-being, learn stress management skills, or find a community to engage with, Yale has resources to support students during their time here. Your well-being is an essential component of your life. Use this site to navigate the services and opportunities throughout the Yale and New Haven community that can help you stay healthy or find help when you need it. This site will change and grow based on student input and the developments of [Yale Well](#). Be sure to visit often and [give feedback](#).

Upcoming Events

No events to display.

Featured Video

MENTAL HEALTH 精神健康

- a state of well-being in which every individual
一種健康狀態，包括能夠
- **realizes his or her own potential,**
發揮到自己的潛能
- **can cope with the normal stresses of life,**
應付日常的生活壓力
- **can work productively and fruitfully,**
有效率地做事
- **and is able to make a contribution to her or his community.**
及對自己的社群作出貢獻



FLOURISHING

Table 1
Factors and 13 Dimensions Reflecting Mental Health as Flourishing

Dimension	Definition
	Positive emotions (i.e., emotional well-being)
Positive affect	Regularly cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life.
Avowed quality of life	Mostly or highly satisfied with life overall or in domains of life.
	Positive psychological functioning (i.e., psychological well-being)
Self-acceptance Personal growth	Holds positive attitudes toward self, acknowledges, likes most parts of self, personality. Seeks challenge, has insight into own potential, feels a sense of continued development.
Purpose in life Environmental mastery Autonomy Positive relations with others	Finds own life has a direction and meaning. Exercises ability to select, manage, and mold personal environs to suit needs. Is guided by own, socially accepted, internal standards and values. Has, or can form, warm, trusting personal relationships
	Positive social functioning (i.e., social well-being)
Social acceptance Social actualization	Holds positive attitudes toward, acknowledges, and is accepting of human differences. Believes people, groups, and society have potential and can evolve or grow positively.
Social contribution Social coherence	Sees own daily activities as useful to and valued by society and others. Interested in society and social life and finds them meaningful and somewhat intelligible.
Social integration	A sense of belonging to, and comfort and support from, a community.

Note. The 13 dimensions are from Keyes (2005b, Table 1, p. 541).

Source: Keyes, 2007

MENTAL HEALTH IS
MORE THAN THE ABSENCE OF
MENTAL ILLNESS



KEYES, COREY L. M. 2007. "PROMOTING AND PROTECTING MENTAL HEALTH AS FLOURISHING: A COMPLEMENTARY STRATEGY FOR IMPROVING NATIONAL MENTAL HEALTH." *AMERICAN PSYCHOLOGIST*. 62: 95-108.

Promoting and Protecting Mental Health as Flourishing

A Complementary Strategy for Improving National Mental Health

Corey L. M. Keyes
Emory University

This article summarizes the conception and diagnosis of the mental health continuum, the findings supporting the two continua model of mental health and illness, and the benefits of flourishing to individuals and society. Completely mentally healthy adults—individuals free of a 12-month mental disorder and flourishing—reported the fewest missed days of work, the fewest half-day or greater work cutbacks, the healthiest psychosocial functioning (i.e., low helplessness, clear goals in life, high resilience, and high intimacy), the lowest risk of cardiovascular disease, the lowest number of chronic physical diseases with age, the fewest health limitations of activities of daily living, and lower health care utilization. However, the prevalence of flourishing is barely 20% in the adult population, indicating the need for a national program on mental health promotion to complement ongoing efforts to prevent and treat mental illness. Findings reveal a Black advantage in mental health as flourishing and no gender disparity in flourishing among Whites.

Keywords: mental health, flourishing, mental illness, subjective well-being, race and ethnicity

The National Institute of Mental Health (NIMH) recently declared cure therapeutics as a goal of its portfolio of research (Insel & Socolnick, 2006). The assumption is that by reducing the number of cases of mental illness, either by preventing those at risk or by successfully treating more cases of mental illness, the American population will be mentally healthier. This is truly an assumption, because it rests on one of the most simple and inexplicably untested empirical hypotheses: The absence of mental illness is the presence of mental health. Put in psychometric terminology, the success of the current approach to mental health hinges on the hypothesis that measures of mental illness and measures of mental health belong to a single, bipolar latent continuum.

There is mounting empirical evidence that the paradigm of mental health research and services in the United States must change in the 21st century. First, measures of mental illness and measures of mental health form two distinct continua in the U.S. population (Keyes, 2005b). Second, measures of disability, chronic physical illness, psychosocial functioning, and health care utilization reveal that anything less

than flourishing is associated with increased impairment and burden to self and society. Third, only a small proportion of those otherwise free of a common mental disorder are mentally healthy (i.e., flourishing). Put simply, the absence of mental illness is not the presence of mental health; flourishing individuals function markedly better than all others, but barely one fifth of the U.S. adult population is flourishing (Keyes, 2002, 2003, 2004, 2005a, 2005b).

The two continua model (see also Tudor, 1996) calls for the adoption of a second, complementary national strategy: the promotion and maintenance of genuine mental health as flourishing. Curing or eradicating mental illness will not guarantee a mentally healthy population. Because mental health belongs to a separate continuum, and the absence of mental health—a condition described later as "languishing in life"—is as bad as major depressive episode (MDE), the current national strategy of focusing solely on mental illness can, at best, reduce mental illness but not promote mental health. The U.S. strategy for mental health must simultaneously (a) continue to seek to prevent and treat cases of mental illness and (b) seek to understand how to promote flourishing in individuals otherwise free of mental illness but not mentally healthy. To paraphrase the famous Johnny Mercer song (Mercer & Arlen, 1944), if mental health is truly society's national objective—and I would like to make a case in this article that it must be—then it has to "accentuate the positive [i.e., flourishing], eliminate the negative [i.e., mental illness] . . . and don't mess with mister in-between [i.e., languishing]."

Stuck in the Past: The Meanings of Health

The U.S. national vision of health is rooted in a bygone era; recognizing this is the first step toward adopting a complementary approach to national mental health. Throughout human history, there have been three conceptions of health.

This article is derived from my invited presidential plenary address at the 113th Annual Convention of the American Psychological Association, Washington, DC, August 2005.

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Corey L. M. Keyes

The pathogenic approach is the first, most historically dominant vision, derived from the Greek word *pathos*, meaning suffering or an emotion evoking sympathy. The pathogenic approach views health as the absence of disability, disease, and premature death. The second approach is the salutogenic approach, which can be found in early Greek writings and was popularized by Antonovsky (1979) and humanistic scholarship (e.g., Carl Rogers and Abraham Maslow). Derived from the word *salus*, meaning health, the salutogenic approach views health as the presence of positive states of human capacities and functioning in thinking, feeling, and behavior (Strittmpfer, 1995). The third approach is the complete state model, which derives from the ancient word for health as being *hale*, meaning whole and strong. This approach is exemplified in the World Health Organization's (1948) definition of overall health as a complete state, consisting of the presence of a positive state of human capacities and functioning as well as the absence of disease or infirmity. By subsuming the pathogenic and salutogenic paradigms, the whole states approach is, in my opinion, the only paradigm that can achieve true population health.

The pathogenic approach to health has justifiably dominated human history, because only a few nations have recently undergone the epidemiological transition. This transition refers to a historical change in the cause of death and illness from acute and infectious to chronic and modifiable lifestyle causes (see, e.g., Gribble & Preston, 1993). Before this transition, life was, to paraphrase Thomas Hobbes (1651), "nasty, brutish, and short" because of acute and infectious diseases and illness. The United States and other industrialized nations underwent the epidemiological transition in the 20th century, during which life expectancy at birth increased by an average of 30 years for Americans,

which amounted to adding more years of life during the past 100 years than all prior centuries combined.

Clearly, Americans have shown themselves capable of molding the conditions of life that hasten death and acute diseases. Believing that reducing premature mortality—that is, increasing longevity—is the gold standard of population health, America has been sobered by the rise in a host of health-related problems (e.g., a threefold increase in teen suicide, more adults with anxiety and depression, and more lifestyle and stress-related chronic physical health conditions; see, e.g., Stiles, 2005). Increased life expectancy has increased the number of years spent living with chronic physical diseases and mental disorders rather than greater health.

This epidemiological paradox has happened for at least three reasons. First, with age, biological, cellular (e.g., free radicals and oxidative stress), and genetic (e.g., telomere shortening) responses to stress and the normal adaptation to life's demands produce long-term wear and tear on organ systems (see, e.g., Epel et al., 2004; McEwen, 1998). Thus, with time, all individuals will experience some physical, physiological, or neurological disorder or disease. Second, although risk of physical disease is rather low in youth and younger adults, some chronic problems such as diabetes, asthma, and even cardiovascular disease (CVD) are now occurring at younger ages (Nusselder, van der Velde, von Sonsbeek, Lenoir, & van den Bos, 1996; Olshansky, Rudberg, Cames, Cassell, & Brody, 1991). Modifiable lifestyle factors that do not necessarily influence the overall population's life expectancy now affect individuals' levels of physical and mental health. Third, increased life expectancy has not ushered in a paradigm shift toward a salutogenic approach to complement the health care system that was built to address the pathogenic crisis when life was "nastier, brutish, and shorter."

Before the epidemiological transition, biomedical and public health practices of pursuing health by creating and implementing prevention and panaceas for illness and disease were cost-effective and benefited citizens by increasing life expectancy.¹ The continued attempt to improve population health solely by disease and illness prevention and panaceas after the epidemiological transition has proven extremely costly and largely ineffective. The United States is among three nations worldwide that now spends over 10% of its gross domestic product on health care (Reinhardt, Hussey, & Anderson, 2004), and health care consumes the largest percentage of the U.S. gross domestic product, more than housing, food, or defense spending (BlueCross & BlueShield, 2006). For the average American family, health care in the 21st century is likely to rival the purchase of a home, which historically has been a family's greatest expenditure (Lamm & Morreim, 2002). In 1999, diabetes, for example, resulted in a combined cost (i.e., direct costs due to health care and indirect costs due to

¹ Although life expectancy has increased in racial-ethnic minorities, the disparities between Caucasians (non-Hispanic) and minority populations have not decreased.



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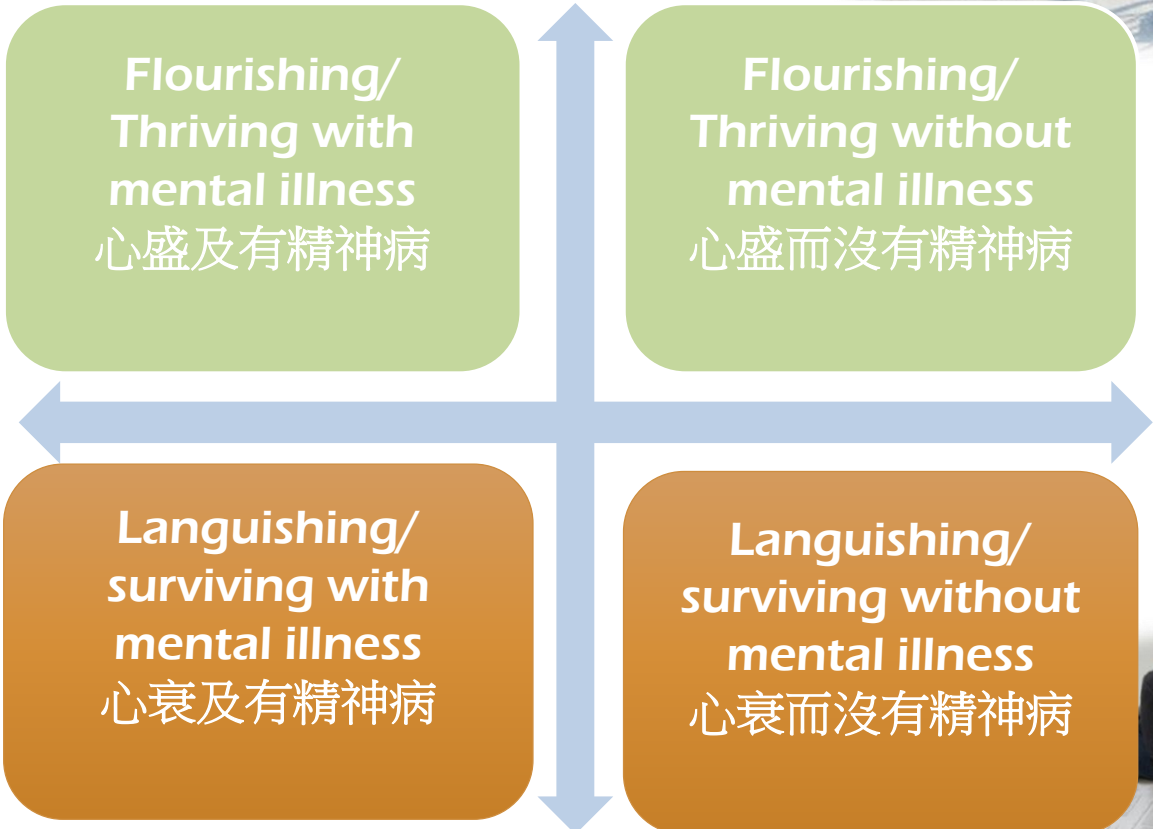
Research

“My research centers on illuminating the **“two continua” model of health and illness**, showing how the absence of mental illness does not translate into the presence of mental health, and revealing that the causes of true health are often distinct processes from those now understood as the risks for mental illness.

MENTAL
HEALTH
精神健康



Good Mental Health
良好精神健康



Poor Mental Health
不良精神健康

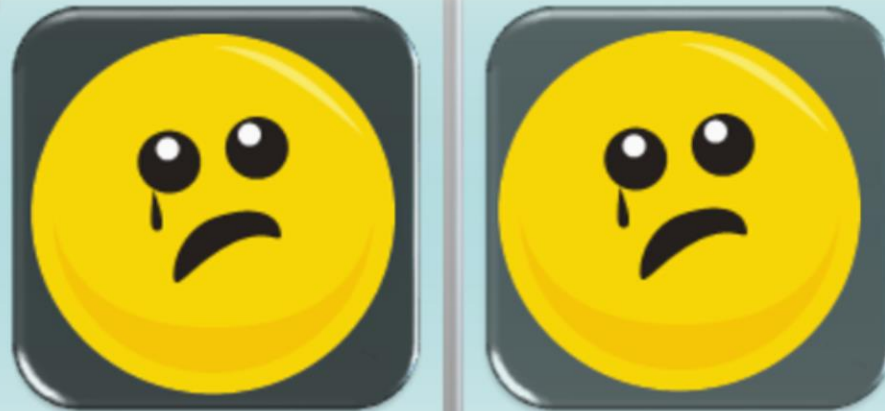


Flourishing



No
Symptoms

Serious
Illnesses



Languishing

The Role of Primary Care in Promoting Mental Health
Marianne Kobus-Matthews
Figure 1: Two-Continuum Model of Mental Health



Do I have mental
disorder?



Just stress reactions?

LOW MOOD VS. DEPRESSION

Low Mood

Depression

Duration & Frequency

several hours to days;
making some small changes in your life, getting more
sleep might usually improve the mood

2 weeks persistent low mood; probably lasts for years;
does not go away easily

Intensity

self esteem may be affected temporarily
but still hopeful for the future;
concentration, sleep & appetite may be affected,
yet generally be able to maintain daily routine

Feeling of worthlessness, hopelessness and
helplessness;
not getting any enjoyment in life; concentration
difficulties, sleep & appetite disturbances; daily
routine may be affected; suicidal thoughts

Impairment on daily function

minimal impairment

may affect interpersonal relationship & performance



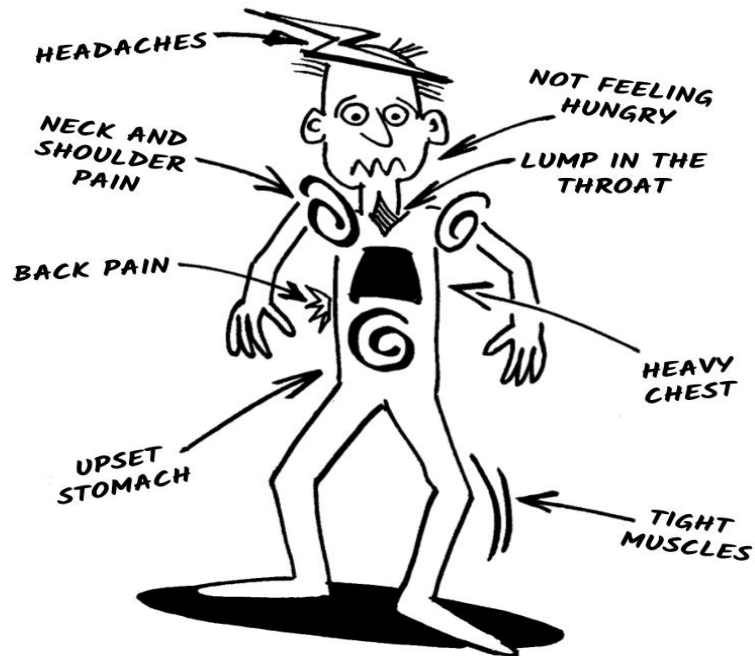
Clinically significant distress

VIDEO



Everyone experiences stress at times. A little bit of stress is not a problem.

But very high stress often affects the body. Many people get unpleasant feelings.



Other people find their body gets sick – skin rashes, infections, illnesses or bowel problems.

Source: Doing what matters in time of stress – an illustrated guide (WHO)

MENTAL HEALTH CHECK-UP!

精神健康檢測



MEASURE
YOUR
MENTAL
HEALTH,

SCREEN
FOR
DEPRESSION
& ANXIETY

Scale 1:

Measure for **Mental Wellness** (adapted from the **Mental Health Continuum-Short Form [MHC-SF]**)

Scale 2:

Measure for **Depression** (adapted from the **Patient Health Questionnaire – 9 [PHQ-9]**)

Scale 3:

Measure for **Anxiety** (adapted from the **generalized anxiety disorder 7-item scale [GAD-7]**)

Mental Health Check-up 2019-2020

1 > 2 > 3 > 4 >
Personal Information MHC-SF PHQ-9 GAD-7

QR CODE

ENGLISH



<https://cloud.itsc.cuhk.edu.hk/webform/view.php?id=13652866>

CHINESE



<https://cloud.itsc.cuhk.edu.hk/webform/view.php?id=13652864>

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University Health Service

大學保健處

Hostel Warden & Tutors

宿舍舍監及導師

Office of Student Affairs

學生事務處

And, your Family & Friends!

還有你的親友！

KNOW MORE ABOUT US & MENTAL HEALTH RELATED INFORMATION

想知道更多心理健康的資訊及我們的服務

Wellness and Counselling Centre
Office of Student Affairs, The Chinese University of Hong Kong
香港中文大學 學生事務處 心理健康及輔導中心

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Psychological Assessment
心理健康評估

「春回大地, 喻意一元復始, 萬象更新。」 - 諺語
"Spring is the season for rebirth, renewal and regrowth." — Proverb

For Students

- FAQs
- Current Students
- New students
- Students with disabilities
- Postgraduate students

For Staff

- FAQs
- Referral Guidelines
- Operational Guidelines
- Useful contacts
- Training

Contact Us

- 3943 7208
- 3943 3493
- Mon - Thu
8:45 am - 1:00 pm
2:00 pm - 5:30 pm
- Fri
8:45 am - 1:00 pm
2:00 pm - 5:45 pm
- @ wacc@cuhk.edu.hk
- 2/F, Pommerenke Student Centre, CUHK

Programmes

Campus Campaign

'uBuddies' Peer Counselling Network

Self-help Materials

Community Resources

Publications

Photo Album

- uBuddies Handover Ceremony
- Stress Management Education Booth
- Disability Awareness Exhibition

龐萬倫學生中心

Pommerenke Student Centre



座落於崇基學院眾志堂側的龐萬倫學生中心，是中大校園內最具規模的學生活動中心。中心設有各類設施，包括禮堂、健身室、鋼琴室、會議室、樂隊室及桌球室等。設於一樓之服務台提供相關設施借用服務。

Pommerenke Student Centre (PSC) is the largest student amenities centre in CUHK. The Centre offers various student facilities, including Multi-purpose Hall, Fitness Room, Piano Rooms, Meeting Rooms, Band Room and Snooker Room, etc. The OSA Service Counter on 1/F PSC, provides loan of facilities services.



24 Hour
Emotional
Support
Hotline



5400 2055

The hotline service is **operated by trained counsellors** which offers telephone counselling.

本熱線由**專業輔導員接聽**，並提供即時情緒支援。



Sunshine At CUHK

A one-stop online platform for students to access handy self-help mental health information

❖ Mental Health materials include:

- ❖ Mindfulness videos
- ❖ Self-help tips and articles
- ❖ In-depth mental health information
- ❖ Self-assessment tools
- ❖ Online community resources, etc.



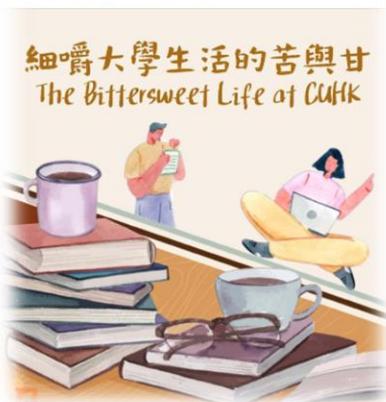
下載「中大有晴手機應用程式」
隨時隨地照料你的心靈！
More self-care tips on Sunshine@CUHK Mobile App



中大有晴網頁換新裝啦！
Sunshine At CUHK Website is Newly Designed!

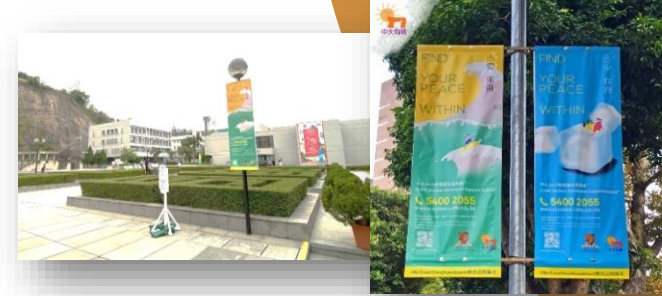


中大有晴 Sunshine At CUHK
April 27 · 🌞
來到今個學期的最後一課，對應屆畢業生來說，這是大學生活的總結；對新生而言，或只是平平無奇的一日。我們都深深體會過失落、可憐、無力或憤怒等情緒，然而，大學生活就如一杯咖啡，苦、甘、酸、澀四味渾然一體，互相襯托，再見識此起彼落的這周，這篇文章或能引起你的共鳴 🌞 <https://bit.ly/32Lehra>
This semester is coming to an end 🌞. While graduation class might regard it as the end of the... See More





Sunshine At CUHK at-a-glance



01 WEBSITE

<https://www.sunshine.cuhk.edu.hk>

03 FB

<https://www.facebook.com/SunshineatCUHK>

05 Campus Wide Wellness Initiatives

Lamp Post Revamp
Exercise / Welcoming Events etc.

02 MOBILE APP



中大有晴APP
Sunshine@CUHK
Mobile App



中大有晴APP
Sunshine@CUHK
Mobile App



04 IG

<https://www.instagram.com/sunshineatcuhk/>

06 Workshop

Mindful Walk / Shinrin Yoku



Sunshine At CUHK Mobile App Development

新功能登錄「中大有晴手機應用程式」
New features in Sunshine At CUHK Mobile App!



觸感 Touch



聽覺 Hearing



視覺 Sight



中大有晴APP
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挑戰以下任務，即有機會贏得豐富禮品！
Join our Social Media Challenges and win fantastic gifts!

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Stay tuned for Sunshine At CUHK's Facebook and Instagram



「按放情緒」放鬆心情
"Press & Relax" Outlet for Emotions
< Challenge date: 27/7 - 9/8 >



「聽·自流」配搭自己的療癒聲音
"Mix & Listen" Create unique mix of sounds
< Challenge date: 10/8 - 23/8 >

「心晴盆栽」助培養記錄心情的習慣
促成「心之苗」成長
"Plant the Plant" Write in Diary to plant growth
< Challenge date: 24/8 - 6/9 >



PLEASE STAY TUNED!!