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Implementation of Mental Health Education in Vocational Colleges: Teachers' Perspectives

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Abstract: Based on teacher cognitive theory, this study employed a mixed-methods approach, using questionnaires and interviews, to survey 20 mental health education teachers at five vocational colleges in China. The study examined the current status, challenges, and influencing factors of implementing a college mental health education curriculum. The study found that the curriculum was rich in content, with interactive and experiential teaching methods predominantly employed. Teachers reflected and adjusted their approach after class based on student feedback. However, challenges remained, including a disconnect between teachers' prior learning and current teaching practice, insufficient professional training, limited resources, and low student engagement. Key factors influencing implementation included teachers' early educational experiences, professional training, resource and environmental support, and adaptive adjustments in classroom practice. Based on this, the study recommends: strengthen teacher training focusing on practice and expertise, improve teaching facilities and institutional safeguards, innovate teaching mode integrating teacher development, interactive teaching, dynamic assessment, and contextual support to enhance the effectiveness of mental health education implementation in Chinese vocational colleges and address existing challenges.

Keywords: mental health education; vocational colleges; teacher development; classroom practice; contextual factors; mixed-methods research

1. Introduction

Mental health education has become a crucial part of higher vocational education, helping students develop psychological resilience, manage stress, and enhance overall well-being [1]. In vocational colleges, students often face academic pressures, social adjustment challenges, and career-related uncertainties, making structured mental health education essential for both personal development and professional preparedness.

These courses are delivered through multiple formats, including lectures, counseling sessions, experiential activities, and assessments. Lectures provide foundational knowledge on topics such as emotional regulation, interpersonal relationships, and stress management [2]. Experiential activities like role-playing, psychodrama, and mindfulness exercises allow students to practice coping strategies and reflect on their experiences. Psychological counseling and group guidance support individualized learning and crisis intervention, reinforcing classroom instruction. These approaches highlight that mental

health education integrates psychological theory, educational methods, and practical application.

Teachers play a central role in implementing these courses. Their educational background, professional training, and pedagogical orientation shape classroom practices and influence student outcomes [3]. Educators with student-centered, interactive experiences are more likely to adopt empathetic and innovative teaching methods, while those with rigid or lecture-dominated backgrounds may face challenges in engaging students [4]. Professional development in counseling, crisis intervention, and experiential techniques enhances teachers' capacity, but limitations such as outdated knowledge, insufficient hands-on experience, and gaps in training can hinder effective implementation.

This study aims to explore the implementation of mental health education courses in vocational colleges from teachers' perspectives. It examines the factors that facilitate or impede effective teaching, evaluates the alignment between teacher training and classroom practices, and investigates the impact of contextual and institutional conditions. By combining qualitative interviews with teachers and quantitative survey data from teachers, the study provides a comprehensive view of current practices and challenges.

The findings are intended to guide improvements in teacher training, course design, and institutional support. Insights from teachers' perspectives can inform strategies to increase engagement and relevance, while understanding contextual barriers can help institutions optimize resources, policies, and infrastructure. Ultimately, this research aims to enhance the effectiveness of mental health education, promote student well-being, and integrate psychological development into vocational training.

2. Literature Review / Background

2.1. Theoretical Foundations of study

The theoretical framework of this study was based on Teacher Cognition Theory [5]. This theory focus on how the internal cognitive structure of teachers affects their teaching behaviors. The theory emphasizes that teacher cognition is not static but a complex system formed by the dynamic interaction of schooling, professional coursework, contextual factors and classroom practice. Schooling refers to the classroom experiences of a teacher as a student, which shape their original teaching ideas. Professional Coursework refers to the pre-service and in-service training of teachers to accept, subject knowledge including the content, teaching method, and the application of technology. Contextual Factors including system, resources, culture and other external conditions for teachers' cognitive restriction or support. Classroom Practice refers to the decision-making and adjustment in teacher in a real Classroom behavior, including the design of activities, student feedback processing.

2.2. Mental Health Education in Vocational Colleges

Within vocational institutions in Chin, the mental health conditions status among students have become increasingly salient, chiefly manifested in academic pressure, strained interpersonal relationships, uncertainty of career development, and insufficient knowledge of mental health. Consequently, mental health education constitutes a critical component for enhancing vocational college students' psychological resilience and fostering their holistic physical and mental well-being. However, there are still some problems with mental health education in vocational colleges. Such as the curriculum often lacks relevance and practicality, failing to address students' actual needs and career development. The teaching model predominantly focuses on knowledge transfer, neglecting the integration with students' psychological growth and practical activities. Furthermore, these programs frequently lack systematic design and innovation, limiting their effectiveness in enhancing student well-being and social adaptability. A significant

implementation gap exists, exacerbated by teachers' lack of specialized training and contextual barriers like insufficient resources and cultural stigma [6].

2.3. Teacher Factors Influencing Course Implementation

Teachers' educational background, professional training, and classroom experience significantly shape the implementation of mental health education [7]. Past schooling experiences influence pedagogical orientation, with educators who have experienced interactive, student-centered approaches more likely to adopt similar methods. Professional coursework, including training in counseling techniques, crisis intervention, and experiential learning, equips teachers with practical skills that enhance classroom effectiveness. However, limitations such as outdated knowledge, lack of real-life case experience, and insufficient field-specific training can constrain teachers' ability to design engaging and relevant activities, affecting students' learning outcomes [8].

2.4. Contextual Factors

Contextual factors, such as institutional policies, physical facilities, cultural attitudes toward mental health, and availability of resources, also impact implementation [9]. Well-equipped counseling centers, flexible teaching spaces, and supportive institutional frameworks facilitate experiential learning, while rigid management, limited resources, and sociocultural stigma present barriers that educators must navigate to ensure meaningful engagement [10].

2.5. Integrative Perspective

While existing research paid attention on the current states of mental health education in vocational colleges, several aspects areas remain to be explored. First, few studies have used teacher cognition theory to deeply analyze the implementation process of mental health education courses, particularly lacking empirical investigation into the relationship between teachers' underlying beliefs, knowledge structures, and their teaching practices. Secondly, the influence of the multiple professional roles teachers navigate within the vocational education context on their cognition and behavior regarding course implementation has not been systematically examined. Furthermore, much of the existing literature focuses on broad descriptions of issues, failing to integrate the unique institutional and cultural environment of Chinese vocational colleges to provide a micro-level, in-depth interpretation of the psychological mechanisms and obstructive factors affecting teachers' implementation.

3. Research Methodology

3.1. Research Design

This study employed a mixed-methods approach, integrating qualitative and quantitative data to examine the implementation of mental health education courses in vocational colleges. The combination of qualitative interviews and quantitative surveys allows for a comprehensive understanding of both teacher and student perspectives, capturing nuanced experiences, perceived challenges, and measurable patterns in course implementation. The research design emphasizes triangulation, ensuring reliability and depth of insights by cross-verifying findings across different data sources.

3.2. Data Collection

Qualitative Data: Semi-structured interviews were conducted with vocational college teachers responsible for implementing mental health education courses. Interview questions focused on the implementation of the mental health education curriculum and the difficulties and challenges encountered in its implementation. Participants were

encouraged to provide detailed examples from their teaching experience, allowing thematic exploration of patterns and individual differences.

Quantitative Data: Surveys were administered to teachers to assess the extent of influence of factors on implementation of mental health education. Questionnaires utilized Likert-scale items ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) to capture participants' agreement with statements related to schooling, professional coursework, contextual factors, and classroom practice. Table 1 presents the Likert Scale Model used in this study.

Table 1. Likert Scale Model.

Rating	Response Category	Range Interval
5	Strongly Agree	4.21-5.00
4	Agree	3.41-4.20
3	Neutral	2.61-3.40
2	Disagree	1.81-2.60
1	Strongly Disagree	1.00-1.80

3.3. Sample Information

The study included 20 vocational college teachers responsible for mental health education courses across multiple institutions. Teachers were selected to represent a range of teaching experience, educational backgrounds, age and prior training.

3.4. Data Analysis

Qualitative Analysis: Interview transcripts were analyzed using thematic analysis, identifying recurring themes and subthemes related to teaching practices, professional preparation, contextual challenges, and student engagement. Coding was performed iteratively, with categories refined to capture the nuanced experiences of participants.

Quantitative Analysis: Survey data were analyzed using descriptive statistics, including weighted mean (WM) and standard deviation (SD), to assess the overall level of agreement with statements in different domains. Verbal interpretations (e.g., Strongly Agree, Agree) were applied based on established Likert-scale thresholds. This approach allowed comparisons across schooling, professional coursework, contextual factors, and classroom practice, highlighting areas of strength and concern in course implementation.

4. Results and Findings

4.1. Qualitative Findings

4.1.1. Schooling

Teachers' past educational experiences strongly shaped their approach to mental health education. As shown in Table 2, four major codes emerged from the interviews: personal experiences, role models, vicarious exposure to peer distress, and negative experiences guiding avoidance. Theses codes highlight how teachers' own schooling influenced both their teaching philosophy and classroom practices.

Many teachers emphasized the positive impact of engaging, student-centered educators, which inspired them to adopt interactive and enjoyable activities in their courses. For example, Table 2 illustrates that P6 noted, "My teachers were very humorous... So I focus on making students feel happy and inspired," demonstrating a direct link between prior experiences and pedagogical orientation. Conversely, teachers' negative experiences helped clarify what they wanted to avoid in their own teaching. For instance, P1 shared, "My Chinese teacher often insulted students; I don't want to be like her"

Table 2. Theme Analysis on Implementation of the MHE in terms of Schooling

Theme	Code	Sample Answers
Course Preparation Process of Implementation of MHE in vocational colleges	Prior schooling shapes pedagogical orientation	P6: My teachers were very humorous... So I focus on making students feel happy and inspired.
	Positive role models help build rigor & climate	P3: The first role model was my undergraduate advisor... His approach was highly rigorous.
	Personal transformation & help-seeking	P4: I struggled with self-esteem... through clubs and activities, I became more outgoing.
	Vicarious exposure to distress (peers)	P1: A classmate committed suicide, which made me realize the importance of mental health.
	Negative role models clarify teaching taboos	P1: My Chinese teacher often insulted students; I don't want to be like her.

The themes summarized in Table 2 demonstrate that teachers' schooling experiences exert both positive and negative influences, directly affecting their course preparation process of implementation of MHE.

4.1.2. Professional Coursework

Teacher training provided valuable methods and concepts, but classroom implementation required adaptation. As shown in Table 3, key codes included provision of methods, exploratory application, pedagogical adjustments, and coursework-practice misalignment.

Many teachers applied techniques such as mindfulness, emotional regulation, role-playing, sandplay, and crisis assessment (P2, P5). However, teachers often had to translate concepts into plain language or apply them selectively(P2). And P7 noted, "Training didn't match needs" (Table 3).

Table 3. Theme Analysis on Implementation of the MHE in terms of Professional Coursework

Theme	Code	Sample Answers
Teacher Training on the Implementation of MHE in vocational colleges	Provision of methods and concepts	P2: New methods and concepts from training enhanced effectiveness.
	Exploratory application of techniques	P5: I integrate counseling skills into teaching to assess crises and identify student needs.
	Implementation barriers and pedagogical adjustments	P2: Concepts must be applied selectively based on students' conditions.
	Coursework and practice misalignment	P7: Trainers had never worked as frontline counselors; training didn't match needs.
	Provision of methods and concepts	P2: New methods and concepts from training enhanced effectiveness.

Table 3 highlights that professional training enriches teachers' skills, the implementation of MHE in vocational colleges is a dynamic process of teachers critically digesting, selectively applying, and creatively transforming the knowledge and skills gained from the training into their pedagogical contexts.

4.1.3. Contextual Factors

Institutional, cultural, and resource-related factors shaped teachers' course implementation. Table 4 highlights codes such as institutional support, facilities, sociocultural stigma, and positive cultural influences.

Policy mandates and school-level support facilitated course scheduling and occasional funding. Despite well-equipped counseling and sandplay rooms,

administrative restrictions limited their use. Cultural stigma also constrained open discussion, as P5 noted, "Students and families stigmatize conditions like depression" .

Teachers drew on positive local cultural aspects, such as relaxed regional norms or traditional texts, to enrich teaching. P10 explained, "Traditional culture, like the Book of Yijing, guides understanding of life challenges" (Table 4).

Table 4. Theme Analysis on Implementation of the MHE in terms of Contextual Factors

Theme	Code	Sample Answers
Contextual Support for Course Implementation of MHE in vocational colleges	Institutional support	P3: Institutional system mandates mental health education as a compulsory course.
	Physical space and facilities	P7: Well-equipped counseling centers exist, but administrative rigidity limits usage.
	Sociocultural stigma and reserved tradition	P5: Students and families stigmatize conditions like depression.
	Positive influence of traditional/regional culture	P10: Traditional culture, like the Book of Yijing, guides understanding of life challenges.
	Institutional support	P3: Institutional system mandates mental health education as a compulsory course.

4.1.4. Classroom Practice

Teachers implemented modularized content and diverse methods, integrating theory with group projects, role-play, and experiential activities. Assessment emphasized participation, group projects, and reflections instead of traditional exams, promoting engagement and personal growth. Lesson plans were regularly adjusted based on student feedback and classroom observations to enhance relevance and responsiveness (Table 5).

Table 5. Theme Analysis on Implementation of the MHE in terms of Classroom Practice.

Theme	Code	Sample Answers
Classroom Practices in Course Implementation of MHE in vocational colleges	Modularized and thematic teaching content	P2: Covers interpersonal relationships, emotions, romantic relationships, life education, self and personality.
	Variety of teaching methods	P1: Theoretical explanations plus debates, group guidance, drawing activities.
	Feedback-driven implementation adjustments	P4: Adjust content based on students' input.
	Assessment methods focusing on process	P1: Grades based on performance, attendance, and simple end-of-term responses.
	Modularized and thematic teaching content	P2: Covers interpersonal relationships, emotions, romantic relationships, life education, self and personality.

4.2. Challenges Faced by Teachers

Teachers faced multiple challenges across schooling, professional coursework, contextual factors, and classroom practice. These challenges were identified through qualitative interviews and are summarized below.

4.2.1. Schooling

Teachers' prior educational experiences sometimes constrained effective course implementation. Challenges included an imbalance between theory and practice, limited hands-on experience, and outdated knowledge that did not align with current student

needs. As a result, teachers found it difficult to provide authentic examples or practical guidance (Table 6).

Table 6. Challenges in Schooling

Theme	Code	Sample Answers
Teacher Preparation & Knowledge Currency Constraints	Imbalance between theory and practice	P1: Too much theory in my training, so I lack practical examples for teaching self-regulation skills.
	Lack of cases and practical experience	P9: I haven't counseled many cases, so my explanations feel superficial.
	Knowledge update lag	P3: Knowledge from ten years ago is outdated; student issues are more complex today.
	Lack of specific training in teaching design	P10: No training on designing engaging mental health classes limits my teaching.
	Imbalance between theory and practice	P1: Too much theory in my training, so I lack practical examples for teaching self-regulation skills.

Analysis: These findings suggest that teachers' prior education strongly influences their confidence and ability to apply mental health concepts in a practical and engaging manner.

4.2.2. Professional Coursework

While professional training offered valuable methods and skills, teachers faced challenges in applying them. Key barriers included limited training opportunities, difficulties adapting specialized knowledge for non-specialist students, and fragmented or suboptimal training sessions that hindered practical implementation (Table 7).

Table 7. Challenges in Professional Coursework

Theme	Code	Sample Answers
Training Transfer Faces Resource and Fit Barriers	Lack of training opportunities	P4: Usually only mental health center teachers attend external training.
	Knowledge transformation and adaptation	P2: Specialized content must be translated into everyday language for students.
	Poor training effectiveness	P3: If my technique is not proficient, student participation declines.
	Lack of long-term systematic training	P10: There is no systematic, in-person training on teaching college mental health courses.
	Lack of training opportunities	P4: Usually only mental health center teachers attend external training.

Analysis: Without adequate and continuous training, teachers struggle to transfer theoretical knowledge into effective classroom practices.

4.2.3. Contextual Factors

Institutional limitations, insufficient resources, and administrative rigidity created significant obstacles for teachers. Excessive workloads and multiple role assignments further constrained their ability to implement experiential teaching methods or innovate classroom activities (Table 8).

Table 8. Challenges in Contextual Factors

Theme	Code	Sample Answers
Overload and Rigidity Squeeze Ideal Design	Insufficient teaching staff and hardware	P6: Only three mental health teachers for 6-7 thousand students.
	Bureaucratic rigidity	P10: Procedures are cumbersome, making it hard to hold activities outside the classroom.
	Excessive workload and role conflict	P9: Juggling administrative duties and class advisement leaves little time for lesson preparation.
	Weak cross-departmental collaboration	P5: Counseling services are weakly integrated with course instruction.
	Insufficient teaching staff and hardware	P6: Only three mental health teachers for 6-7 thousand students.

Analysis: Institutional and resource limitations hinder teachers' ability to implement courses flexibly, especially for experiential and student-centered approaches.

4.2.4. Classroom Practice

Teachers encountered practical dilemmas in delivering engaging lessons. Large class sizes, low student motivation, and difficulties in obtaining honest feedback impeded innovative teaching and experiential activities (Table 9).

Table 9. Challenges in Classroom Practice

Theme	Code	Sample Answers
Practical Dilemmas Hinder Innovation	Student engagement and motivation issues	P1: Many students see it as a lesson without value; classroom atmosphere suffers.
	Large-class teaching dilemmas	P6: Classes over 100 students make engagement uneven and experiential activities hard.
	Difficulty obtaining genuine student feedback	P8: Students give overly positive ratings, making it hard to improve lessons.
	Challenges and self-doubt in adjusting strategies	P13: Techniques are difficult; student cooperation varies, causing self-doubt.
	Student engagement and motivation issues	P1: Many students see it as a lesson without value; classroom atmosphere suffers.

Analysis: These practical obstacles suggest that classroom-level interventions require both pedagogical skill and structural support to succeed.

4.3. Quantitative Findings

Teachers strongly acknowledged that their past educational experiences shaped their awareness, pedagogical orientation, and engagement strategies. For example, 4.55 (SA) of respondents reported that their prior schooling strengthened their awareness of mental health education, and 4.45 (SA) indicated that knowledge from student days helped them implement practices. Role models also mattered: 4.15 (A) agreed that teacher role models influenced positive interactions in class. Conversely, exposure to lecture-based mental health classes was rated slightly lower (3.85, A), suggesting some limitations in motivating interactive teaching approaches (Table 10).

Table 10. The extent of influence factors - Schooling

Statements	Mean	SD	Verbal Interpretation
My past educational experiences have strengthened my awareness on mental health education.	4.55	0.686	SA
The role models from my student years have influenced me to adopt positive teacher-student interactions in my classes.	4.15	0.875	A
The mental health knowledge acquired as a student helps me implement mental health education practices.	4.45	0.510	SA
My exposure to lecture-based mental health classes as a student motivates me to use more interactive teaching approaches.	3.85	0.988	A
Observing case discussion approaches from my former teachers has enhanced my ability to deliver mental health classes.	4.05	0.826	A
Overall	4.21	-	SA

Analysis: Teachers strongly acknowledged that prior schooling informs their teaching philosophy and practical engagement strategies.

Teachers reported that participation in professional training improved classroom quality (4.30, SA) and enhanced crisis intervention skills (4.20, A). However, limited training in digital tools (3.75, A) and conflicts with pre-existing beliefs (3.25, N) moderated the adoption of training-promoted methods. These results highlight that while coursework provides valuable skills, its effectiveness depends on alignment with teacher needs and beliefs (Table 11).

Table 11. The extent of influence factors -Professional Coursework

Statements	Mean	SD	Verbal Interpretation
Participation in professional training has improved the quality of my classroom activities.	4.30	0.979	SA
Limited training in digital tool reduces technology integration in mental health courses.	3.75	0.911	A
Crisis intervention skills gained from training help me address classroom emergencies effectively.	4.20	0.894	A
My teacher training has a direct impact on the effectiveness of mental health course implementation.	3.80	1.105	A
When training-promoted teaching methods conflict with my pre-existing beliefs, I choose not to adopt them.	3.25	0.911	N
Overall	3.86	-	A

Analysis: Professional coursework supports practical teaching skills, though adoption is moderated by perceived relevance and alignment with teacher beliefs.

Institutional support and available resources were recognized as influential. Teachers rated inadequate physical resources (4.25, SA) and funding availability (4.25, SA) as key enablers of curricular innovation, while negative student attitudes (3.40, N) and limited interdepartmental collaboration (3.95, A) were identified as barriers. Institutional constraints overall received 3.80 (A), underscoring moderate influence on skill-building opportunities (Table 12).

Table 12. The extent of influence factors-Contextual Factors.

Statements	Mean	SD	Verbal Interpretation
Institutional constraints (e.g., credit hours/assessment requirements) limit opportunities for practical skill-building in mental education.	3.80	0.952	A
Students' negative attitudes toward the course make it difficult to implement innovative teaching methods.	3.40	1.314	N
Limited collaboration between departments reduces the relevance and effectiveness of instructional design.	3.95	1.05	A
Inadequate physical resources (e.g., activity space) restrict the use of experiential activities in favor of more passive formats.	4.25	0.967	SA
Available funding for mental health courses influences the feasibility of introducing new curricular innovations.	4.25	0.639	SA
Overall	3.93	-	A

Analysis: Contextual factors such as facilities and funding strongly affect teachers' ability to apply experiential teaching methods.

Effective classroom practice was seen as central to translating knowledge into engagement. Teachers reported adjusting task difficulty based on group performance (4.20, A) and using student feedback to improve course design (4.25, SA). Increasing experiential activities in response to low participation scored highest (4.45, SA), highlighting the importance of responsive, student-centered strategies (Table 13).

Table 13. The extent of influence factors-Classroom Practice.

Statements	Mean	SD	Verbal Interpretation
I adjust the difficulty of subsequent tasks based on my observations of group performance.	4.20	0.834	A
I use post-class reflections to turn student resistance to theory into engagement through scenario-based simulations.	4.05	0.999	A
When students raise sensitive topics (e.g., family trauma), I suspend modify my lesson plans to address them appropriately.	3.80	0.768	A
I use student feedback after classes to improve future course design and implementation.	4.25	0.550	SA
When in-class participation is low, I increase the use of experiential activities in future sessions.	4.45	0.605	SA
Overall	4.15	-	A

Analysis: Classroom practice emerges as a critical factor in translating teacher knowledge into engaging, student-centered learning experiences.

5. Discussion

The study highlights multiple interrelated factors that influence the implementation of mental health education from teachers' perspectives. Teachers' prior educational experiences and classroom practice emerged as critical determinant of their pedagogical orientation and classroom strategies. Qualitative findings indicated that personal experiences, role models, exposure to peer distress, and negative schooling experiences shaped teaching approaches, with many teachers drawing inspiration from engaging, student-centered educators while avoiding previously encountered ineffective methods

(Table 2). Survey data further confirmed this, as teachers strongly agreed that prior schooling enhanced awareness and guided interactive teaching practices (Table 10). These results suggest that foundational educational experiences provide both motivation and a framework for translating mental health principles into practical teaching.These findings support the research of Bardach et al [3].

Professional coursework contributed additional knowledge and techniques but was not sufficient on its own to ensure effective classroom application. Teachers highlighted the usefulness of methods such as mindfulness, role-play, and crisis assessment but noted challenges in adapting them to real classroom contexts, particularly for non-specialist students or when training content did not align with practical needs (Table 3). Quantitative evaluation reflected this moderate influence, showing agreement that training improved classroom quality but noting limitations in adoption when methods conflicted with pre-existing beliefs (Table 11). This indicates that while professional training is valuable, its impact depends on relevance, adaptability, and opportunities for hands-on application. Cai & Wang found a positive correlation between teachers' investment in professional training and the effectiveness of classroom activities, this study are consistent with Their findings [11].

Contextual factors including institutional policies, physical facilities, and cultural considerations also influenced course implementation. Teachers reported that administrative rigidity, insufficient space, and resource limitations constrained innovative teaching, while policy mandates and occasional funding provided some support (Table 4). Survey data corroborated these findings, highlighting that inadequate resources and interdepartmental collaboration hindered experiential activities, though available funding and institutional support could enhance feasibility (Table 12). Williams pointed out that resource allocation is the material foundation that affects the implementation of mental health education, and departmental collaboration is the key to building an effective mental health education system [12].

Classroom practice served as the immediate medium through which knowledge and skills were translated into student learning. Teachers employed modularized content, diverse instructional methods, and feedback-driven adjustments to enhance engagement and responsiveness (Table 5). Quantitative results reinforced the centrality of this dimension, showing that teachers regularly modified tasks, increased experiential activities when participation was low, and incorporated student feedback to improve course delivery (Table 13). King et al. design curriculum based on real-time data collection and feedback, which is consistent with this study's finding that MHE curriculum implementation teachers make immediate classroom decisions and reflective adjustments based on student profiles and feedback.

The analysis suggests schooling provides the foundational orientation to teachers, professional coursework supplies skills and techniques, contextual factors affect the feasibility of course implementation, and classroom practice operationalizes teaching strategies. Effective mental health education therefore requires an integrated approach leveraging teacher experiences, supporting skill development, optimizing institutional conditions, and implementing responsive teaching practices. The study demonstrates that addressing each dimension holistically can enhance both teacher efficacy and the quality of mental health education in higher vocational settings.

6. Conclusion and Recommendations

This study found in terms of MHE course implementation, teachers in vocational colleges deliver it through systematic lesson preparation, interactive experiential activities, and continuous feedback. Teachers use varied methods and adapt to student needs, but institutional and cultural constraints limit full resource utilization. In terms of implementation challenges, teachers faced multi-level issues, such as gaps between theory and practice, insufficient professional development, and administrative and role conflicts

that hinder pedagogical innovation and sustainable curriculum delivery. In terms of the extent of influence factors, teachers view their early educational experiences as most influential, than is classroom practice.

Based on these insights, several recommendations can be proposed. First, ongoing teacher training should focus on practical, case-based learning and classroom-ready strategies, ensuring theoretical knowledge is effectively translated into student-centered practice. Second, institutions should enhance psychological education infrastructure, including dedicated spaces, materials, and administrative flexibility, to support interactive and experiential teaching. Third, classroom strategies should emphasize active learning, continuous feedback, and adaptive task design to sustain student engagement and deepen understanding of mental health concepts.

This study is limited by its focus on a specific sample of vocational institutions and the combination of qualitative and survey-based quantitative data, which may affect generalizability. Future research could expand to diverse institutional types and cultural contexts to explore how these factors interact with teacher experiences and classroom practices. Despite these limitations, the findings offer valuable guidance for enhancing mental health education delivery and inform policies and professional development programs aimed at improving student well-being in higher vocational settings.

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