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The Construction of High-Risk Student Leave and Return-to-School Process from the Perspective of Home-School Collaborative Education

-- Based on a Case Study of a Psychological Crisis

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Abstract: Psychological crisis management is a critical component of school mental health education today. In recent years, psychological crises on campus have become increasingly prominent. However, the existing "home-school collaboration" intervention system is still lacking in comprehensive processes and systems, which can lead to issues such as unclear responsibilities, incomplete systems, vague procedures, and disconnection between home and school education when addressing psychological crises from the perspective of home-school collaboration. Therefore, this paper analyzes a student psychological crisis intervention case at our school and explores in detail the construction of a system for managing the leave and return-to-school process for high-risk students from the perspective of home-school collaborative education. It aims to provide institutional support for frontline teachers dealing with students facing psychological issues and offers suggestions for improving the management of high-risk students in schools.

Keywords: Psychological Crisis; Leave and Return-to-school; Home-school Collaboration; High-risk.

1. Introduction

With the rapid pace of social development and increased academic pressure, student mental health issues are becoming more prominent, and the number of students taking leave or returning to school due to psychological problems has significantly increased. Work experience shows that managing these students' leave and return-to-school processes, as well as conducting psychological assessments, are crucial. Therefore, constructing a complete and effective process system for handling the leave and return of high-risk students has become a key focus in school psychological work. Furthermore, recognizing that the family is an important factor affecting students' mental health, and in response to building a "family-school-community" collaborative education mechanism, our school, after successfully handling a psychological crisis case involving a student's leave and return due to mental health issues, has reflected deeply and continuously summarized its approach. We aim to further construct and improve the leave and return-to-school process system for students with psychological issues from the perspective of home-school collaboration, hoping to guide future psychological work, help high-risk students better adapt to campus life after returning, avoid secondary crises, and better safeguard students' physical and mental health.

2. Case Background

At around 6:00 p.m. on October 22, 2023, the center's teacher received a report from a psychology association officer that a student had been suffering from moderate or more severe depression since high school and was emotionally distressed due to the recent death of someone close to them. The officer provided the student with a consultation appointment channel, and the student said they would schedule the appointment themselves. However, the center later did not receive any appointment information from the student. The center contacted the association officer to inquire about the student's recent situation and whether they had scheduled the appointment. The student claimed to have scheduled a consultation, but the center found no related records. Upon reviewing the student's file, the student was identified as part of a high-risk group. Given the student's current situation, the center immediately contacted the student's counselor to communicate further. On October 26, 2023, at around 3:30 p.m., the student briefly went missing, but was successfully found by the secondary school, after which the center promptly intervened.

Student A, male, 18 years old, a freshman in the college. He is usually introverted, obedient, and well-behaved. His family is financially well-off, consisting of four members: both parents are alive, and he has a younger sister. In his early years, he studied outside with his parents, but later transferred back to his hometown in Sichuan during middle school. During this transition, he exhibited symptoms of maladaptation, and his parents, being busy with work, neglected him. Subsequently, his father began to pay attention to his mental health, improving their relationship, although his relationship with his mother remained poor. In high school, he was diagnosed with moderate depression and anxiety and engaged in a high-risk behavior where he unknowingly swallowed a large number of sleeping pills. He later received treatment, including medication and counseling.

Before entering college in September, he underwent a review at home, and the hospital recommended two weeks of hospitalization, which his father refused. After entering college, he remained emotionally low, lacking a sense of purpose, with frequent suicidal thoughts. He engaged in uncontrollable suicide attempts, such as walking by the river, while carrying sleeping pills. Given the student's frequent suicidal thoughts and uncontrollable behavior, combined with

the relapse caused by not following medical advice, which severely affected his studies and campus life, it was recommended that he return home for professional and systematic treatment. The secondary school immediately contacted the student's parents, and on the evening of that day, his parents came to the school to take him home.

On the evening of November 19, 2023, the student returned to Guangyuan. On the morning of November 20, he returned to school for a psychological assessment at the center. The assessment thoroughly evaluated his condition during the leave, his medical treatment and medication, his psychological reconstruction for returning to school, and crisis evaluation. Based on hospital treatment over the past three months and discharge proof, along with psychological assessment results, the center, along with the counselor, parents, and the student, made relevant agreements and signed a return-to-school management agreement, requiring the student to undergo one month of consultation and evaluation after returning to school.

On the morning of December 7, 2023, at around 9:00 a.m., during the student's third return-to-school consultation and evaluation, the student reported that on December 6, a discussion with his roommate about professional development caused an emotional fluctuation, triggering an acute crisis and a suicide attempt. The center's evaluation indicated a high suicide risk, and relevant leaders and the secondary school were immediately informed. The school contacted the student's parents to coordinate communication, after which the student left school and returned home for treatment.

At around 3:00 p.m. on February 28, 2024, the student returned to the center for a re-evaluation, accompanied by his counselor and father. Following the school's return-to-school process, the student officially re-enrolled. After nearly a month of consultation and evaluation at the center, the student showed good compliance, actively cooperating with treatment, displaying strong self-motivation for change, and adapting well to school life. The consultation was concluded.

3. Case Analysis

Based on Student A's situation, we can analyze the causes as follows:

3.1. Family of Origin Factors

Family factors are critical in the formation of psychological issues, and the impact of the family is already in place before a student enters school. The family environment includes parenting styles, family structure, and parents' educational level. Psychologists divide parenting styles into three types: authoritarian, permissive, and authoritative. In this case, Student A's parents were busy with work during his early years, neglecting his development and communicating less with him. His mother had a dominant personality, and Student A, as the eldest son, bore high expectations, and his upbringing was relatively strict, leading to a strained mother-child relationship. Meanwhile, the younger sister received more attention, which increased Student A's psychological pressure and a lack of security. Additionally, the parents' educational level also influenced their parenting style. With lower education levels, the parents had limited awareness of mental health issues, leading to misunderstandings and an escalation of Student A's problems.

3.2. Individual Factors

Student A's psychological crisis is also closely linked to his personality and psychological traits. He is introverted, not good at expressing himself, has few close relationships with classmates, lacks emotional regulation skills, and easily breaks down emotionally when things don't go well. He is also not adept at seeking help. Psychologically, while introverted and not communicative, he craves attention and support from others. The lack of communication with his busy parents resulted in unmet emotional needs, which contributed to his psychological crisis.

3.3. Life Stress Events

Life stress events are the direct cause of psychological crises. Any change in life requires an individual to mobilize resources to adapt, generating tension, anxiety, and fear. If an event is significant to the individual, it can trigger a psychological crisis. When Student A first entered school, he struggled with adapting to his new environment, which worsened his depression. The third crisis, during the return-to-school evaluation, was also triggered by emotional instability related to a professional development discussion.

4. Case Intervention

In response to Student A's situation, the college promptly activated its psychological crisis intervention mechanism, effectively preventing a crisis. The mental health education center comprehensively assessed Student A's situation and filled out a feedback form for high-risk students, reporting recommendations. The secondary college followed up by contacting the parents, informing them of the situation, and together with the mental health education center, signed a "Psychological Crisis Management Responsibility Agreement," clarifying the responsibilities and obligations of all parties. The student was temporarily withdrawn from school and sent to a hospital for systematic treatment.

When Student A's treatment was completed, he applied for return to school through the secondary college, following the school's leave and return procedures for students with psychological issues. Upon his return, the center listed Student A as a high-risk student, arranging for him to receive weekly psychological counseling for a month to help restore his social functioning. The counselor also regularly checked on Student A's progress through the class mental health officer and classmates, monitored his medication, and kept close contact with his father to ensure ongoing communication between home and school. After the first return-to-school, when Student A experienced a second crisis, the center immediately reactivated the crisis intervention mechanism, reported the situation to the relevant leaders and the secondary college, contacted the parents, and arranged for his return home for treatment. Once his condition improved, he resumed the return-to-school process. Throughout the leave period, the counselor maintained regular contact with the parents, communicated regarding the student's treatment and recovery, and kept the mental health education center informed to prepare for his return.

5. Intervention Outcomes

After nearly six months of intervention and support, from October 2023 to April 2024, two psychological crises were successfully prevented. During this time, Student A made significant improvements in physical, cognitive, emotional,

and behavioral aspects. His relationship with his father gradually improved as his father became more attentive to his mental health, increasing their communication. Student A's relationships with his roommates deepened, and he received more interpersonal support. He also communicated more comfortably and thoroughly with his counselor. He developed clear goals for his personal development, with a strong determination to pursue further education, and found his life fulfilling and meaningful, rating his satisfaction at around 7 to 8 out of 10. He was cooperative with treatment, showed strong self-motivation to change, and adapted well after returning to school.

6. Case Insights

6.1. Strengthening the Home-School Collaboration Mechanism

The family and school are the two most important social support systems for students. Their collaboration provides strong support for addressing students' mental health issues, effectively preventing, intervening in, and monitoring psychological crises. Therefore, the school's mental health work should focus not only on students but also on parents, conducting educational outreach to help parents correctly understand mental health issues and prioritize their children's psychological well-being. It's important to facilitate communication between the school and parents regarding students identified as high-risk, to stay informed about the student's situation and collaborate on handling crisis events. To further strengthen the home-school collaborative education mechanism, several approaches can be taken:

1. Combine routine psychological surveys with improving student information files, gathering detailed family information and developmental history before enrollment to facilitate later communication.

2. Increase awareness of home-school collaboration and establish a two-way student information feedback mechanism.

3. Emphasize the role of family therapy in student crisis intervention.

6.2. Establishing Comprehensive Leave and Return Procedures for High-Risk Students

Currently, the number of students taking leave or returning to school due to psychological issues is significantly increasing. Experience shows that managing these students' leave and return procedures, as well as conducting psychological assessments, is crucial to preventing campus psychological crises. In this case, Student A exhibited suicidal behavior during the return-to-school process, triggering a psychological crisis and leading to the activation of the crisis intervention mechanism. Therefore, it is necessary for schools to establish a comprehensive, systematic process for managing the leave and return of high-risk students. This includes conducting thorough psychological evaluations upon their return to prevent gaps in procedure, content, or execution. From the perspective of home-school collaborative education, a multi-party, well-coordinated leave and return process can ensure effective intervention and smooth reintegration into campus life.

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