Proceeding of ICSPHS 2026 Symposium: Critical Perspectives on Global Education and Psychological Development
DOI: 10.54254/2753-7048/2026.HT31169

Bipolar Disorder among Chinese Students and the Role of School Mental Health Education

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Abstract. Adolescent mental health is a major global concern. Many young people live with conditions that begin before adulthood and affect education and relationships. Bipolar disorder ranks as one of the most debilitating of these conditions, characterized by recurring episodes of both elevated and depressed moods. It is associated with early onset, self-harm, and suicide. In response, China has broadened its mental health policies and programs within educational institutions. National surveys show that affective disorders, including bipolar disorder, are present among Chinese school-attending children and adolescents. Yet, most school-based work focuses on depression, anxiety, and general psychological distress. This paper reviews global and Chinese evidence on bipolar disorder in youth, with attention to learning motivation, attention, and academic functioning. It examines how Chinese school mental health education addresses serious mood disorders and identifies gaps in research on bipolar disorder among Chinese students, with implications for policy and practice.

Keywords: Bipolar disorder, Adolescents, Chinese students, School mental health, Stigma

1. Introduction

Adolescence is a critical period for mental health, with depression and anxiety significantly contributing to the global burden of adolescent disease and injury [1]. Poor mental health in adolescents is associated with self-harm, suicide, and academic failure [2,3]. Bipolar disorder, characterized by mood swings, often emerges during this period, leading to impairment in various aspects of life and is a major cause of disability in young people [2].

China has placed student mental health among national priorities. Policies promote mental health education in schools and call for better prevention and intervention programs [4,5]. Results from national surveys show affective disorders including bipolar disorder present among school-attending children and adolescents in China [6]. However, most school based work in China focuses on depression, anxiety, academic stress, and general psychological problems. Specific attention to bipolar disorder remains limited.

This article synthesizes global and Chinese data on youth bipolar disorder, reviews mental disorder evidence in Chinese students, and explores related cultural factors. It examines China's school mental health education in the context of identifying and supporting students with bipolar disorder. Finally, it highlights research gaps and implications for future work on learning motivation, attention, and academic outcomes.

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2. Bipolar disorder in adolescents and young adults

Global data show that bipolar disorder is a common and serious mental health problem in young people. Using Global Burden of Disease 2019 data, Zhong and colleagues examined bipolar disorder among individuals aged 10 to 24 years [2]. It was reported that the prevalence of bipolar disorder within this age group has risen over time, with the most prevalent age for onset occurring between 15 and 19 years [2]. The occurrence of early onset, particularly prior to puberty, is associated with increased comorbidity and more significant functional impairment [2]. Young adults and adolescents diagnosed with bipolar disorder frequently encounter academic challenges and face a heightened risk of self-harm and suicide [2].

Birmaher reviewed clinical evidence on bipolar disorder in children and adolescents [3]. The author concluded that bipolar disorder has an estimated prevalence of about 1 to 3 percent in youth, particularly in adolescents. Youth with bipolar disorder often have recurrent episodes, suicidality, and behaviour problems [3]. Mood swings and unstable energy can reduce learning motivation, making it harder to focus in class and leading to erratic homework completion. Delays in recognition and treatment are associated with poorer outcomes [3]. More detailed work links bipolar disorder to specific learning and attention problems. Biederman and colleagues found almost half the youth with bipolar I to meet criteria for executive function deficits compared to 17 percent of controls, and those with both bipolar disorder and executive function deficits being more likely to be placed in special classes and having lower reading and arithmetic scores [7]. Problems with planning, working memory, and sustained attention can therefore exacerbate mood symptoms and negatively impact academic performance.

Social functioning also matters for learning. Goldstein and colleagues examined social skills in adolescents with bipolar disorder [8]. Adolescents with bipolar disorder showed deficits in social skills performance, even though their social skills knowledge was similar to that of controls. Parents rated them as having more inappropriate behaviours and fewer positive social behaviours [8]. In school, these problems may translate into peer conflict and strained relationships with teachers, which can further reduce participation and motivation.

Despite this burden, many young people with bipolar disorder remain undiagnosed or misdiagnosed. Keramatian and Morton described diagnostic challenges, including symptom overlap with other disorders and limited use of structured assessments, as well as service barriers such as scarce specialised services and stigma [9]. Bipolar disorder is therefore a major public health issue in adolescents and young adults, but recognition and treatment lag behind need. For students, this can mean long periods of unstable mood, poor attention, and academic decline without explanation or support.

3. Mental health and bipolar disorder among Chinese students

China has a large population of children and adolescents, and mental health problems in this group have become a central concern. The first nationwide survey on the prevalence of affective disorders among school-attending children and adolescents aged 6 to 16 years used the MINI-Kid diagnostic interview and the Child Behavior Checklist [6]. Point prevalence rates were found at 2.0 percent for major depressive disorder, 0.35 percent for dysthymia and 0.86 percent for bipolar disorder with a total affective disorders' prevalence of 3.21 percent higher in adolescents and girls [6]. This finding confirms that bipolar disorder exists among Chinese school-attending youth not only clinic samples .The survey found high comorbidity between affective disordersand other problems [6]. In

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classrooms, this mix of symptoms may appear as poor concentration, disruptive behaviour, or falling grades rather than a clear mood disorder.

Chinese students experience widespread psychological distress, not just clinically diagnosed affective disorders. Studies reveal high rates of depression, anxiety, self-injury, sleep disturbances, and suicidal thoughts across educational levels [4]. Depression detection rates range from 13.5% in primary school to 28.0% in senior secondary students [4]. Approximately 30–35% of Chinese college students exhibit clinically significant psychological distress, with depression and anxiety affecting about one-third [10]. These mental health challenges impact many students during critical educational transitions, likely affecting academic performance.

Structural and cultural factors also shape how these problems are experienced. Xu and Chen showed that a mismatch between individuals' education and job requirements is linked to worse mental health and lower satisfaction [11]. A similar sense of mismatch between academic performance and expectations may affect students, especially those whose mood symptoms make it hard to meet school demands. However, this has not yet been studied in detail for bipolar disorder. Another important factor is stigma. Yin et al. found high levels of mental health stigma and low levels of knowledge about mental health in a Chinese population sample [12]. Knowledge was associated with stigma- the lower the knowledge, the stronger the stigma. Yang et al. examined depression-related stigma and also reported high levels of personal and perceived public stigma [13]. These studies focused on depression, but similar stigma likely affects bipolar disorder. Media images of bipolar disorder can be negative or sensational. Students who worry about being labelled may hide their symptoms, which delays help seeking even when mood swings and attention problems begin to damage school performance.

Clinical and cultural work on bipolar disorder in China adds another layer.Yu et al. reported elevated emotional symptoms in young Chinese bipolar patients, with symptom severity linked to emotional or unsociable traits [14]. Cultural factors influence bipolar symptom expression, as evidenced by Ng's study showing older Chinese patients attributing their condition to external factors, while younger patients internalized responsibility due to post-reform achievement ideals [15]. For students, this self blaming attitude may be intensified by heavy academic pressure and competition. A student whose grades drop during depressive episodes may see this as a personal failure rather than a treatable condition. Most clinical and anthropological research, however, focuses on patients in hospital or community settings rather than on students within schools. Hence, the direct impact on learning motivation and classroom behaviour in Chinese schools remains under described.

4. School mental health education in China

Schools are a crucial setting for promoting mental health, preventing issues, and providing early intervention. International guidance from UNICEF and others emphasises that schools can support mental health by building social and emotional skills, providing safe environments, and linking students to care [1]. In line with this, China has invested in school mental health education.

Shang et al. note that mental health education, featuring curricula and counseling, is a key governmental strategy within educational institutions for student well-being promotion. Their review highlights the need for better institutional frameworks, holistic student support systems, and improved teacher training [4]. Qu and colleagues reviewed school mental health prevention and intervention strategies in China and identified 77 empirical studies across different school levels [5]. Most interventions targeted depression, anxiety, stress, resilience, self-harm, and general

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psychological problems, using psychoeducation, cognitive behavioural approaches, mindfulness, social emotional learning, physical activity, and artistic activities [5].

There are regional disparities in programs and younger children receive less attention than adolescents. The three tiered model of universal, selective, and indicated interventions is not yet fully implemented [5]. Bipolar disorder rarely appears as a specific target. Most programs focus on common symptoms of depression and anxiety. This is useful for broad prevention, but it may not address the distinct features of bipolar disorder, such as mood swings and rapid changes in motivation. Teachers may notice inattention or sudden drops in grades but not link these patterns to a possible bipolar disorder. Integration between school mental health education and specialised services for conditions like bipolar disorder is therefore still weak.

5. Gaps in research on bipolar disorder among Chinese students

Although the literature on youth bipolar disorder and on student mental health in China is growing, there are clear gaps when the focus is on bipolar disorder among Chinese students and their learning.

5.1. Limited school based prevalence and course data

Deng and colleagues provided the first estimate of bipolar disorder prevalence among Chinese school-age children and adolescents [6]. However, this study was cross-sectional and did not follow students over time or describe school outcomes, such as grades, attendance, or dropout rates. More studies are needed that link bipolar disorder diagnoses to educational trajectories in Chinese schools.

Global work reviewed by Zhong and Birmaher shows that early onset bipolar disorder is linked to worse long term outcomes and a higher risk of suicide [2,3]. Biederman and colleagues show that youth with bipolar I disorder and executive function deficits are at high risk of placement in special classes and lower academic achievement [7]. Similar long-term data are largely missing for Chinese students. There is little evidence on how many students with bipolar disorder complete compulsory education, sit for national entrance examinations, or move into higher education.

5.2. Few studies of school experiences and support

Most of the Chinese studies on bipolar disorder either focus on clinical samples or general population surveys. Yu et al. studied the personality traits and emotional symptoms among young Chinese patients with bipolar disorder, without any specific reference to school functioning [14]. Ng analyzed narratives about self and state in a hospital setting [15]. There is little research on how Chinese students with bipolar disorder experience everyday school life, how symptoms affect concentration, homework, relationships with teachers, and peer acceptance, or how schools respond. International work by Goldstein and colleagues suggests that social skills performance is impaired in adolescents with bipolar disorder [8]However, comparable school-based data from China are absent.

5.3. Weak integration between bipolar disorder research and school mental health programs

The school mental health literature described by Shang and Qu rarely discusses bipolar disorder directly [4,5]. There are no detailed descriptions of school protocols for identifying and supporting students with suspected or diagnosed bipolar disorder. Teachers may lack guidance on how to interpret patterns of fluctuating motivation, risk-taking, and inattention. Work by Keramatian and Morton suggests that delays in identification are common in youth more generally, but there are no empirical studies on how these barriers appear in Chinese schools [9].

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5.4. Limited attention to stigma and cultural meanings in school settings

Studies by Yin and Yang show that stigma towards mental illness and depression is high in Chinese community samples and that mental health knowledge is limited [12,13]. These findings likely also apply to school communities, but specific data are lacking. There is little research on how students and teachers understand bipolar disorder, how they react to manic or depressive behaviour in the classroom, or how stigma affects peer relations and help seeking. Ng's work suggests a shift toward self blame in younger generations, which may intensify shame and silence in students whose learning is disrupted by mood swings [15].

5.5. Lack of Chinese studies on early identification and diagnostic delay in schools

Keramatian and Morton emphasise that the delayed diagnosis of bipolar disorder in youth is common and harmful [9]. In Deng's survey, school attending youth in China were found to have bipolar disorder but data on diagnostic delay are missing [6]. No studies have been conducted to show how long it takes for students with early symptoms of bipolar disorder to get a diagnosis and treatment, or which level bears the greatest delay-education or health. The role of teachers and school counsellors in noticing early changes in motivation, attention, and behaviour has not been described in detail.

6. Implications and future directions

More school based epidemiological studies are needed that focus specifically on bipolar disorder. These studies should use validated screening tools and structured diagnostic interviews, as in Deng's work, and collect data on school performance, attendance, and social relationships [6]. Longitudinal designs would allow researchers to examine how bipolar disorder and executive function deficits affect educational trajectories in Chinese students and whether early support can reduce the risk of special class placement or school dropout [7].

School mental health education programs should include clear information on bipolar disorder. Universal programs can introduce basic knowledge about mood swings, early warning signs, and the importance of professional assessment. Selective and indicated programs can develop specific support plans for students with recurrent mood episodes, including communication between school counsellors and specialist services [5]. Social skills training that pays attention to emotional regulation, as suggested by Goldstein and colleagues, may help students whose knowledge of appropriate behaviour is good but whose mood makes performance inconsistent [8].

Future research should target stigma reduction and mental health education in schools. Expanding on Yin and Yang's work, school studies can quantify bipolar disorder stigma among students, teachers, and parents, and evaluate anti-stigma programs [12,13]. Reducing stigma may improve disclosure and accommodation requests. Given existing educational mismatch and distress among Chinese students [10,11], bipolar disorder adds further vulnerability. Comprehensive support requires coordinated efforts from schools, families, health services, and social policy.

7. Conclusion

Bipolar disorder is a serious and disabling condition that often first appears in adolescence or early adulthood. Global data show that it imposes a growing burden of disease among young people and is linked to high risks of self harm, suicide, and long term functional impairment. Research on

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executive function and social skills in youth with bipolar disorder shows risks for attention problems, special class placement, and social difficulties that can undermine learning.

Nationwide data in China confirm that school-aged children and adolescents are affected by bipolar disorder alongside major depression and dysthymia. High rates of psychological distress among Chinese students, along with cultural factors such as academic pressure and stigma, highlight the need for school mental health education. However, research on bipolar disorder in this population is limited, lacking detailed school-based data and integration with mental health interventions. Current programs primarily focus on depression and anxiety. Future research should combine epidemiological, qualitative, and intervention studies, fostering cooperation between schools and mental health services to improve mental health literacy and support for students with bipolar disorder, thus protecting learning motivation and educational opportunities.

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