Modern people's concept of health is more comprehensive; in addition to physical health, they focus on mental health even more. Computer multimedia group psychological measurement is introduced, and a mental health education model is constructed in this paper. The model includes three interrelated levels: mechanism level, evaluation level, and target level. It emphasizes the key and core role of mental quality in mental health. It advocates incorporating mental quality into the evaluation and diagnosis system of the overall state of individual mental health, combines the classified qualitative assessment and quantitative assessment, and arranges appropriate prevention and intervention measures according to different types of individuals. Practice has proved that this method is effective.

1. Introduction

With the continuous development of social economy, people's material living standards have been greatly improved, but what needs to be paid attention to is that psychological problems are becoming one of the important issues, affecting people’s life safety [1]. Therefore, the understanding of the connotation of health is no longer limited to physical health but is related to the dual unity of mental health and physical health to achieve mutual complementarity and complete the true meaning of health [2, 3].

It should be noted that psychological problems have gradually received attention from various countries. Scholars and governments in the industry have done a lot of research and protection work on psychological problems, but psychological problems have shown a trend of diversification and rejuvenation [4–6], especially for college students and middle school students; due to specific age restrictions, influence of social environment, and impactful psychological influencing factor factors, it is difficult for individuals to resolve psychological problems. Although the school has appointed corresponding psychological counseling teachers, it is not completely effective to reduce the probability of psychological problems due to personal personality reasons, teachers’ professional and technical ability, and other reasons [7, 8].

Therefore, the current mental health education model requires deeper research and exploration. In this paper, a mental health relationship model is constructed in an attempt, relying on computer multimedia group psychological measurement, aiming to explore scientific and effective mental health counseling methods and better guide students’ psychological resolution to ensure the physical and mental health of students.

2. Computer Multimedia Group Psychological Measurement

2.1. Goal. For multimedia group psychometrics, the existing dynamic psychological processes have obvious directions. We take students as an example. Only by pursuing goals and making continuous efforts to improve can they show obvious psychological characteristics. The psychological characteristics of the aimless behavior are unstable, it has no predictive power on the behavior, and it is not called a dynamic process. Casual behavior represents unstable psychological characteristics, and for certain behaviors, regularity cannot be expressed. In the actual test, you can
specify specific performance as the criterion for testing; at the same time, it can also test its potential tendencies and trends. For example, in the task of using dilemma to measure the subject’s value orientation, the goal does not need to be clearly stated [9, 10]. Therefore, target can be used as an important indicator of the psychological measurement of the group.

2.2. Process. In the process of group psychological measurement, process and purpose are the same, showing regular psychological characteristics. This is a process of continuous improvement and continuous adjustment in the mind. The dynamic psychological test task is purposeful, and there must be a feedback loop between the subject and the test task. For the process of group psychological measurement, the main measurement is the psychological characteristics shown in the process, which is one of the important indicators that distinguish it from other traditional psychological measurements [11–13]. This is the basis for the subjects to constantly adjust and get closer to their goals. The dynamic test mainly measures the psychological characteristics shown in this continuous adjustment process, which cannot be achieved by traditional psychological tests. This procedural nature allows the test to measure some dynamic rules and to examine some unique development trend characteristics.

2.3. Situation. What needs special attention is that psychological measurement cannot leave the real environment. These need to be reflected in specific situations. If psychological measurement is to be reproduced, then the simulation measurement situation needs to be simulated, and only certain criticality is retained. Eliminate the corresponding interference, ensure that the experimental simulation is as close to the reality as possible, so as to realize the effectiveness of the simulation experiment [14, 15]. Different from field experiments, the situation of simulation test is easier to control, and dynamic simulation can capture key features for experimentation, so this method can make predictions more accurately.

2.4. Ability to Adapt to Complex and Dynamic Environments. With the introduction of computer multimedia technology, better monitoring methods emerged for the group psychological measurement, that is, the experimenter does not need to directly face the situation but simulates it through a computer. In the face of dynamic situational changes, operators need to maintain clear logic so that they can predict the effects of existing psychological problems and establish corresponding psychological reasoning models to distinguish measurement simulations under traditional static conditions. Meanwhile, computer multimedia technology can accurately and in detail record the investigation content of psychological measurement and select optimized indicators.

2.5. Applicable to the Investigation of Psychological Characteristics in Group Homework Tasks. Group psychological measurement is a simulation of information exchange and cooperation among members. For individuals, only the relationship between the individual and the situation needs to be considered, and psychological feedback is given to the corresponding situation; for group psychological characteristics, the relationship between the entire group, groups, and situation needs to be considered, and the psychological measurement needs to be jointly completed. Because the situational factors are too complicated, computer multimedia technology can control and set the connection between groups. Each individual in the group can be preset to provide feedback, and in the meantime, parameter adjustments can be carried out to induce individual feedback in the group work situation.

2.6. Computer-Simulated Dynamic Psychological Tests Can Control and Measure Phased Characteristics. For certain research, the traditional method is to observe, track, and observe again. Although recording ensures real-time performance, the observed individual is extremely susceptible to influence during the entire measurement period, which will lead to greater errors in psychological measurement. Therefore, using computer multimedia to simulate, you can preset the corresponding control parameters and only consider the few reactions of concern. At the same time, the setting of the situation should be as simple and ideal as possible, and the difference in behavior performance under static and dynamic conditions should be comprehensively investigated. Introduce the time component, investigate the simulation test, and introduce the time factor for effective measurement.

It is precisely because of the advantages of computer multimedia simulation that psychological measurement has been further improved. For static measurement and dynamic measurement, the main purpose is to distinguish between feedback. As shown in Figures 1 and 2, computer multimedia can make psychological measurement more able to control the measurement and exclude general influencing factors.

Where \( A = \sum_{i=1}^{n} B_i W_i \) and \( A = \sum_{i=1}^{n} B_i W_i \) are the mean and standard deviation of the luminance of all pixels in the local area centered on \( i \) in the reference image \( r \). Similarly, \( A = \sum_{i=1}^{n} B_i W_i \) and \( A = \sum_{i=1}^{n} B_i W_i \) are the mean and standard deviation of the luminance of the pixels in the corresponding area in the fault image \( d \), \( A = \sum_{i=1}^{n} B_i W_i \) is the covariance, and \( T_1 \) and \( T_2 \) are constants greater than zero.

\[
A = \sum_{i=1}^{n} B_i W_i, \quad (1)
\]

The local image quality is weighted based on the quantity of information, and the weight function \( W(i) \) used has the following form:

\[
A = \sum_{i=1}^{n} B_i W_i, \quad (2)
\]
where $R$ and $D$ represent the reference image block and the fault image block centered on $i$, respectively; $E$ and $F$ represent the image blocks obtained by $R$ and $D$ through the perceptual visual noise channel, and $I(\cdot)$ represents the mutual information.

$$A = \sum_{i=1}^{n} B_i W_i,$$

$$B_i = \sum_{j=1}^{n} C_i r_{ij},$$

(3)

where $B_i$ and $C_i$ are the evaluation scores of the second criterion; $W_i$ is the weight of the second criterion; $r_{ij}$ is the weight of the index; and $A$ is the score on the construction and application of the evaluation system of college students’ mental health status.

3. The Background of the Model Construction of the Relationship between Mental Quality and Mental Health

3.1. Defects in the Psychopathological Model. Traditional mental health models mainly focus on mental treatment and external assistance but ignore the individual’s abilities in psychological changes, self-recovery, and renewal. Because of this, many people ignore some changes in the individual, prone to overestimation affected by the strong subjectivity during the measurement of mental health, and will not give corresponding artificial assistance in the initial stage of psychological problems to eliminate them.

3.2. Contributions and Deficiencies of the Two-Factor Model of Mental Health. In response to the shortcomings proposed, some scholars have proposed a two-factor model of mental health, emphasizing a comprehensive assessment of the state of individual mental health (positive and negative) and overcoming a unilateral perspective of mental illness. Therefore, it is necessary to introduce certain subjective factors, make scientific judgments, realize the complete mental health of the two-factor model of mental health, and explore the reasons and mechanisms behind it.

3.3. Problems in Mental Health Research and Mental Health Education in China. For the ongoing mental health research, there are obvious shortcomings. For example, theoretical research cannot keep up with the actual situation, and to some extent, it is still copying the inherent research results and using them indiscriminately. Secondly, there are many research studies on mental health issues, but there are few research studies on the influencing factors behind it; the symptoms of psychological problems are further treated instead of the causal treatment. They fail to fully attach importance to the cultivation of students’ full-health mental quality and fail to eliminate the tendency of one-sided and inefficient psychological problems.

4. The Basic Framework of the Relationship Model between Mental Quality and Mental Health

From a broad perspective, psychological problems are not only individual problems but also reflect environmental and social problems. Therefore, a model of the relationship between mental quality and mental health is built from the perspective of individual mental health in an attempt in this paper.

The relationship model between mental quality and mental health is used to represent the basis of the mental health education model. It pays more attention to external protective factors and meanwhile plays a role with internal psychological factors to form a submodel of the mechanism, as shown in Figure 3.
For the selection of indicators, first adopt theoretical analysis and analyze the five dimensions of college students’ mental health education, including coverage, density, feasibility, security, and sustainability; based on the determination of indicator dimensions, use theory model method and data analysis method and select the key indicators; according to the expert scoring method, further improve and supplement the indicator system. Its core proposition is as follows: external risk factors for disease and external gain and protection factors work through internal psychological quality, emphasizing that the key to mental health problems is psychological quality [16].

On the one hand, the submodel here is closely related to the surrounding social and cultural environment and is also inseparable from the traditional physiological inheritance. This is a stable and implicit psychological character formed by external stimuli. It should be guided to be positive and positive. What is beneficial to the healthy development of the individual shall be excluded from the useless to the development of the individual. This kind of psychological quality is relatively stable. It will further actively choose its social and cultural environment, seek advantages, and avoid disadvantages and thus selectively accept the influence of the environment to maintain or promote the development and change of psychological quality.

This submodel reveals that in addition to the direct role of individual psychological quality in the occurrence and development of diseases, it also plays a key core intermediary and regulating role. Psychological quality and mental health interact with each other and develop dynamically.

The external environment and psychological quality play an important role in the individual’s mental health and are related to each person’s age. Strictly speaking, mental quality increases with age, that is, its maturity becomes higher and higher. It is relatively stable in adulthood and then slightly declines in old age. Considering the influence of external factors, there is a great correlation between the strength of mental health and age, that is, the older the age, the higher the maturity of mental health in theory. Therefore, the mental health of adolescents is particularly valued by society, parents, and schools, which is extremely important.

To evaluate and diagnose the current state of individual mental health and the overall state of individual mental health, the relationship model between mental quality and mental health advocates the combination of categorical qualitative evaluation and quantitative evaluation, that is, the classification and qualitative evaluation of the individual’s condition is carried out first, and then the qualitative evaluation of the individual is classified. Quantitative assessment is carried out on the basis of the assessment, and the corresponding prevention or intervention targets are set on the basis of the assessment.

The classification evaluation is mainly based on the current individual’s psychology. Among them, the current individual mental health status needs to be sorted out and divided into first-level categories (positive mental health indicators and negative mental health indicators); secondly, according to the psychological state, up or down is divided into four secondary categories: complete healthy psychology, partial healthy psychology, partial sick psychology, and completely sick psychology. Finally, after constructing the corresponding indicators, how to evaluate is most important. For the four secondary indicators, set corresponding thresholds. When the score reaches the interval, you can consider which type it belongs to; when there are certain psychological problems or deviations, targeted self-regulation is required; if it is a part of a sick psychology, it is necessary to seek medical attention as soon as possible to find out the problem; if it is completely pathological, you need to pay great attention to it, try to get rid of psychological problems, and improve self-regulation.

Regarding how to conduct a quantitative evaluation, you can use the three indicators of positive mental health, negative mental health, and psychological quality evaluation of the individual to be evaluated to accumulate and multiply to obtain the corresponding result.

5. Construction of College Students’ Mental Health Education Model

Figure 4 shows the detailed data of the measurement and calculation of the level of students’ mental health education.

The calculation of the evaluation indicator result is carried out according to the formula, and the result is shown in Figure 5.

The result of the calculation is (0, 1). The results classified in this paper are as follows: 0.6 or more is considered as passing, 0.7 or more is medium, 0.8 is good, and 0.9 or more is excellent.
In terms of coverage indicators, colleges and universities pay relatively high attention to psychological education, but the coverage of psychological counseling received by different colleges and universities is different, and the ratio of the income of college counseling teachers to other teachers' income is also different, indicating that there is still a big gap between universities.

6. Conclusions

Generally speaking, psychological problem is not only a personal problem but also a problem that reflects the surrounding environment and society. This article relies on computer multimedia group psychometrics to try to construct a mental health education model and aims to further improve the mental health education of college students and guide the development of college students' mental health and normalization.

Data Availability

The data used to support the findings of this study are available from the corresponding author upon request.

Conflicts of Interest

The author declares that there are no conflicts of interest.

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References

[1] Y. H. Wang, Q. Y. Luo, and Z. T. Shi, “A study on the relationship between sexual morality education and mental health level of Chinese female college students,” Medicine, vol. 98, no. 19, pp. 155–162, 2019.
[2] L. Li, H. Pei, Z. Liu, and J. Zhang, “Analysis of risk factors and construction of prediction model of drop out from peritoneal dialysis,” Medicine, vol. 100, no. 3, pp. 24195–24205, 2021.
[3] E. A. Mcguier, S. D. Rothenberger, A. Friedman, and D. J. Kolko, “An equivalence analysis of provider education in youth mental health care,” Health Services Research, vol. 56, no. 3, pp. 1–8, 2021.
[4] C. Yang, “Mental health status of the interns in the construction project of urban water resources circulation along the yellow river basin,” Journal of Coastal Research, vol. 115, no. 1, pp. 579–586, 2020.
[5] S. M. Horwitz, P. Cervantes, A. D. Kuppinger et al., “Evaluation of a web-based training model for family peer advocates in children’s mental health,” Psychiatric Services, vol. 71, no. 5, pp. 2019–2025, 2020.
[6] D. R. Radford and P. Helley, “Empowerment in a model of outreach undergraduate dental education,” British Dental Journal, vol. 222, no. 1, pp. 41–46, 2017.
[7] J. P. Huguley, M. T. Wang, A. C. Vasquez, and J. Guo, “Parental ethnic-racial socialization practices and the construction of children of color’s ethnic-racial identity: a research synthesis and meta-analysis,” Psychological Bulletin, vol. 145, no. 5, pp. 1–8, 2019.
[8] A. A. Kahaleh and H.-A. Truong, "Applications of the health belief model and continuing professional development for emergency preparedness and response," American Journal of Pharmaceutical Education, vol. 85, no. 1, pp. 8376–8386, 2021.
[9] X. S. Dong, X. Wang, J. A. Largay, and R. Sokas, "Long-term health outcomes of work-related injuries among construction workers-findings from the National Longitudinal Survey of Youth," American Journal of Industrial Medicine, vol. 58, no. 3, pp. 308–318, 2015.
[10] A. J. Rotondi, S. M. Eack, B. H. Hanusa, M. B. Spring, and G. L. Haas, "Critical design elements of e-health applications for users with severe mental illness: singular focus, simple architecture, prominent contents, explicit navigation, and inclusive hyperlinks," Schizophrenia Bulletin, vol. 41, no. 2, pp. 440–448, 2015.
[11] P. L. Mokhtarian, F. Papon, M. Goulard, and M. Diana, “What makes travel pleasant and/or tiring? An investigation based on the French National Travel Survey,” Transportation, vol. 42, no. 6, pp. 1103–1128, 2015.
[12] J. Smolow, J. Smolow, E. Huruba, and A. Badza, “Second chance education in Zimbabwe: an inclusive model to achieve education for all,” Annals of Global Health, vol. 81, no. 1, pp. 53–60, 2015.
[13] S. Sanif, “Implementation of peer observation of teaching in ELT tertiary education system in Malaysia: a social-constructionism view,” Journal of Food Protection, vol. 78, no. 4, pp. 723–730, 2015.
[14] L. Balasuriya and L. B. Dixon, “Homelessness and mental health: Part 2. The impact of housing interventions,” Psychiatric Services, vol. 72, no. 5, pp. 618–619, 2021.
[15] L. C. Floren, J. Mandal, M. Dall’Era et al., “A mobile learning module to support interprofessional knowledge construction in the health professions,” American Journal of Pharmaceutical Education, vol. 84, no. 2, pp. 847–859, 2020.
[16] X. Wang and D. Zhang, “The criticism and amendment for the dual-factor model of mental health: from Chinese psychological suzhi research perspectives,” International Journal of Clinical Medicine, vol. 3, no. 5, pp. 319–327, 2012.