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Practice Research on Integration of Children's Mental Health Services

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ABSTRACT

Based on the practical methods of integrating mental health for young children, this study conducts research on effective countermeasures for identified problems through investigation and interview methods.

KEYWORDS

Young children; Mental health; Collaborative mechanism

1 Research background and significance

In recent years, China has introduced a series of policies to provide a solid institutional guarantee for the integration practice of children's mental health services. "Healthy China 2030" incorporates mental health into the national strategy and clearly proposes to strengthen the construction of children's mental health service system; The Ministry of Education's "Guidelines for Learning and Development of Children Aged 3-6" and "Guidelines for Kindergarten Education" emphasize the need to integrate mental health into children's daily education from the educational level. The Guiding Opinions on Strengthening Mental Health Services and the Year of Pediatrics and Mental Health Services (2025-2027) jointly issued by the National Health Commission and other departments focus on building a mental health service system covering children and adolescents, focusing on early intervention and service accessibility. The Guiding Opinions on Strengthening Mental Health Care Services for Children in Distress issued by the Ministry of Civil Affairs and other five departments has established a multi-departmental collaboration mechanism to promote mental health education, monitoring, referral and other services. In addition, laws and regulations such as the Basic Medical Health and Health Promotion Law and the Mental Health Law provide legal protection for children's mental health services. All localities are also actively exploring innovative models of "home-school-social medicine" collaboration, such as the vice-president system of mental health and the sinking of university resources, so as to jointly promote the systematic, professional and inclusive development of children's mental health services. These policies and regulations not only reflect the country's great emphasis on children's mental health, but also point out the direction for related practical research, that is, to build a service integration system with multi-subject participation and full-process coverage.

2 Path interpretation

2.1 Construct a "home-garden-community" collaborative integration model of children's mental health services

Use digital platforms such as mental health APP and online parent school to carry out parent-child psychology courses, and provide special counseling for working parents for high-stress families. In addition, in cooperation with community health service centers, a system of "psychologists visiting kindergartens" has been established to provide early intervention for children suspected of stunting.

2.2 Explore mental health intervention strategies suitable for different scenarios (kindergarten, family, community)

Incorporate emotion management modules such as programming emotional robots into STEAM courses, and use VR equipment to carry out social situation simulation training. Transform the corridor into an "emotional catharsis maze", and set up sound and light interactive decompression devices.

2.3 Improve the ability of teachers and parents to identify and cope with children's psychological problems

Build a "trainee-supervision" system with psychology departments in colleges and universities to train full-time mental

health teachers. Carry out a workshop on "combining medicine with education", and invite child psychiatrists to train ADHD recognition technology.

3 Current status and problems of integration practice of children's mental health services

3.1 Insufficient and uneven distribution of service resources

China's children's mental health service resources are lacking as a whole, professionals are short, and there is a significant gap between urban and rural areas and regions, which leads to some children being unable to get necessary psychological support.

3.1. 1 Shortage of professionals and infrastructure

There is a shortage of professional mental health teachers. Children's mental health services need professionals with compound backgrounds of psychology, pedagogy and medicine, but there is a serious shortage of such talents in China at present. For example, mental health teachers in some kindergartens in Shaanxi Province are part-time by class teachers or health doctors, lacking systematic training, and it is difficult to deal with children's emotional disorders or behavioral problems. Cui Yonghua, chief physician of psychiatry department of Beijing Children's Hospital, pointed out that the diagnosis and treatment of children's mental illness need professional guidance, but many areas lack doctors with children's psychological intervention ability, which leads to the lag of early intervention.

Inadequate facilities for mental health services. Some kindergartens do not set up special psychological counseling rooms, or are only equipped with simple tools such as basic sand tables and picture books, which cannot meet the intervention needs of children with special needs (such as autism and ADHD). Gaoyou City has established the psychological counseling station of "Love Cottage" through cooperation with professional institutions, but it still faces the problem of limited coverage, serving only 145 person-times, far from meeting the needs of the whole city.

3.1.2 There are significant differences between urban and rural areas and developed/underdeveloped areas

The gap between urban and rural areas is obvious. Urban areas are developing rapidly. For example, high-quality kindergartens in Beijing, Xi'an and other places have introduced the mode of "medical school cooperation", equipped with full-time psychological teachers, and established green referral channels with top three hospitals. Rural and remote areas are poorly developed, such as Wangchuan Town Central School in Lantian County, Shaanxi Province, where half of the students are raised by their grandparents, and mental health services rely on short-term assistance from volunteers, which lacks continuity. The distribution of resources between the east and the west is unbalanced. Eastern regions, such as Gaoyou in Jiangsu and Huangpu in Guangdong, have formed a relatively complete mental health service network through government purchase of services and participation of social organizations. Western regions, such as Dushan, Guizhou, rely on the cooperation mechanism between the east and the west to introduce external resources, but local professional strength is still weak. For example, mental health teachers need "drip irrigation" assistance from Guangzhou experts to improve their skills.

Insufficient coverage of special group services. The establishment rate of mental health records of migrant children, left-behind children and other children in distress is low. For example, although "one person, one file" is implemented in Xi'an, there is still a phenomenon of missing screening in rural areas. Psychological rehabilitation resources for disabled children are scarce. Some areas, such as Gaoyou, try "respite service", but it can only cover 10 children every week, which is far from meeting the demand.

3.2 Imperfect family-school-society coordination mechanism

3.2. 1 Insufficient family participation, parental cognitive bias and lack of support

Mental health awareness is weak. Some parents think that "children are young and will not have psychological problems" and ignore early emotional and behavioral signals. For example, a kindergarten teacher reported that a child showed aggressive behavior for a long time, but the parents insisted that "the child was just naughty" and refused to cooperate with the intervention. Misunderstandings about mental health services, such as equating psychological counseling with "treating diseases", fearing that children will be labeled, and thus avoiding professional help.

Improper way of family education. Over-reliance on electronic devices to appease young children and lack of parent-

child interaction. For example, a survey shows that 30% of children aged 3-6 spend more than 2 hours on screen every day, which affects the development of emotional regulation ability. Simple and rude discipline methods (such as beating and scolding, cold treatment) are adopted to aggravate children's anxiety or withdrawal behavior.

3.2.2 Poor communication between school and family: insufficient information sharing and collaboration

One-way communication is the main focus. Schools usually convey information through parent-teacher meetings or notices, lacking in-depth communication. For example, after teachers discover children's abnormal behavior, they only simply inform parents, but do not provide specific guidance plans. It is difficult for parents to actively participate in school activities because of busy work or language barriers, such as migrant children's families.

The contradiction between home and school affects the intervention effect. Some parents are skeptical about mental health education measures in schools. For example, a kindergarten introduced an "emotional corner" to help children express their feelings, but parents thought that "it is better to waste time than to read more".

Because the school is worried about parents' complaints, it avoids talking about sensitive issues such as suspected autism, and delays the opportunity of intervention.

3.2. 3 Fractured social support network: lack of inter-agency referral and resource sharing

Healthcare institutions are out of touch with schools. After diagnosis, the hospital did not feed back the intervention suggestions to the school, and the school continued to use the general education method. For example, a child with hyperactivity disorder (ADHD) receives medication in the hospital, but the kindergarten has not adjusted the teaching strategy, and the effect is limited. Schools lack cooperation channels with mental health institutions, and they don't know how to refer them when encountering crisis events (such as self-injury tendency).

Community resources are not used effectively. The activities of community mental health service centers are mainly adults, and there is a lack of services for young children. For example, a community psychological service station in a city held 20 lectures throughout the year, only one of which involved children's emotional management. Short-term projects of social organizations such as public welfare organizations are difficult to sustain. For example, the "art therapy course" provided by a foundation only runs for half a year due to the interruption of funds.

3.3 Mental health services for children with special needs lag behind

Early screening and identification mechanisms are missing. The lack of professional screening tools in primary care institutions leads to delays in diagnosis. Kindergarten teachers' recognition ability is insufficient, and they often misunderstand special behaviors as "naughty". An autistic child had typical symptoms when he was 3 years old, but he was not diagnosed until he entered school at the age of 6.

There is a serious shortage of professional services resources. The imbalance between the ratio of special education teachers and children is indeed 1:50 in a certain province; Lack of supporting support for integrated education, such as the allocation rate of shadow teachers is less than 5%. An ADHD child attended a regular class, and the lack of professional support affected the whole class teaching.

The service model is simplified. Focus on behavior correction, ignoring emotional and social development; There is a lack of individualized intervention programs such as sensory integration training, and 8 out of 10 integrated kindergartens in a certain area only adopt traditional group teaching methods.

4 Practical strategies for the integration of children's mental health services

4.1 Build a three-level linkage service system

Establish a collaborative network of "gardens-families-professional institutions". The allocation rate of mental health service stations in kindergartens is over 80%, and cooperation agreements are signed with medical institutions, such as expert consultation once a month.

Improve the referral mechanism. Formulate a standardized referral process (screening-evaluation-intervention), and establish a regional resource sharing platform. For example, Xuanwu District, Nanjing realizes the exchange of electronic medical records between kindergartens and top three hospitals.

4.2 Innovative service supply model

Stepped service design. Universal service, mental health education for all children; Selective services, group counseling for at-risk groups; Individual intervention program for targeted services.

Digital service innovation. Develop children's mental health APP (parent side + teacher side) and use AI technology for emotion recognition 4.3 Strengthen the construction of professional team.

In the talent training system, colleges and universities add the professional direction of "children's mental health", and implement teachers' mental health education ability certification; In addition, strengthen the on-the-job training mechanism for teachers, require no less than 20 hours of continuing education every semester, and establish the practical guidance of "mentoring system".

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