

2024儿童心理健康 公益项目扫描报告（简版）

2024 Mapping Report of Children's Mental Health
Programs in the Third Sector (Brief Version)



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Abstract



In 2021, Mind Future Institute at RICI Foundation released the first mapping report on the topic of children's mental health, with the focus on the mental health education in the third sector. The report provided applicable program frameworks and practical experiences, while gathering detailed information of various programs for funders who are interested in or are already funding related programs. The report serves to dismantle informational silos between funders and practitioners and facilitated collaborations within the field.

To empowering practitioners, funders, and the public to attain a more comprehensive understanding of children's mental health issues and to encourage collaboration in exploring further possibilities support the mental health development of children, this year we have expanded the scope of our scanning to the field of children's mental health services. We have systematically reviewed the current status of the field and gathered precious experiences from fellow practitioners, leading to an all-new mapping report—2024 Mapping Report of Children's Mental Health Programs in the Third Sector.

The scanning includes 62 social service programs of children's mental from 59 organizations, with in-depth interviews conducted on 44 of these programs. To gain insights of the evolving trajectory of policies concerning mental health in China, we have screened and identified 67 policy documents at the national level and 536 from various provinces (excluding the Hong Kong SAR, the Macao SAR and the Taiwan region) that closely related to children's mental health.

The results show that, overall, a high proportion of programs are newly established, mainly targeting primary and middle school students, with a focus on groups such as left-behind children and migrant children. Most programs are preventive and promotive in nature, with a noticeable lack of rehabilitation programs. They predominantly concentrate on protective factors of the children themselves to promote their psychological wellbeing (e.g., enhancing children's social-emotional skills or psychological resilience), with relatively few programs addressing protective factors at the family, school, or community/societal levels.

Additionally, by investigating programs that focus on children at higher risk of mental health issues, such as migrant children, left-behind children, and children in difficult circumstances, we found that most related organizations are still in the early exploration stages of providing mental health services, with significant variation in their program development. Based on the scanning results and the current situation of children's mental health and the trajectory of related policies in China, the report also provides in-depth discussion and forward-looking perspectives on the development of the field.

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Chapter 1

Definition of Concepts

Definition of Concepts

Children

We define "children" as **all individuals under the age of 18**, based on the *Oxford English Dictionary* and the *United Nations Convention on the Rights of the Child*. This age classification is also justifiable from the perspectives of physical and mental development, legal statutes and societal systems.

Mental Health

In addition to **the absence of mental disorders and emotional or behavioral problems**, the understanding of mental health is also supposed to include **a focus on individual potential and capacity enhancement**. This specifically involves attention to the capabilities in specific aspects such as self-awareness and management, interpersonal relationships, social adaptation, and coping with stress and difficulties.

Children's Mental Health Services

Referring to the *Guiding Opinions on Strengthening Mental Health Services* (《关于加强心理健康服务的指导意见》) and the definition of "children", in this report, children's mental health services are defined as **services targeting individuals under the age of 18, utilizing theories and practical methodologies from the disciplines of psychological and medicine to prevent or reduce various psychological and behavioral problems, promote mental health, and improve the quality of life.**

It specifically encompasses, but are not limited to, the following service contents, which are also the scope of programs included in this report and scanning process:

- Supporting the development of children's social and emotional skills (such as self-awareness, emotion management, etc.) and resilience;
- Fostering friendly school climate;
- Preventing and intervening in bullying;
- Improving positive parenting styles and parent-child relationships;
- Creating harmonious community atmosphere and building child-friendly community spaces;
- Directly intervening in children's psychological issues;
- Monitoring and early warning of children's mental health.

Definition of Concepts: Mental Health

What Are The Practitioners In The Field Focusing On?

Based on the information collected from the questionnaires and in-depth interviews, we have extracted the keywords from the included programs regarding their understanding of mental health and formed a word cloud.

Among the more than 300 keywords extracted, the top 10 keywords with the highest frequency of occurrence are:

Depression (appearing 22 times), emotion (21 times), case management (20 times), mental health education (20 times), interpersonal relationship (19 times), prevention (18 times), anxiety (16 times), confidence (15 times), parent-child relationship (14 times), "school bullying" and "self-awareness" (12 times).

In addition to paying attention to mental health issues such as depression, anxiety, school bullying, network and mobile phone problems, practitioners in the field also understand mental health from multiple perspectives such as interpersonal relationships, self-awareness, and emotions.



Figure 1-2-1 What Are The Practitioners In The Field Focusing On



Chapter 2 Methods

Methods

Literature Review

To investigate the **conceptualization** of mental health, the **current status** of children's mental health and **protective factors** for children's mental health, related literature was searched and reviewed.

Survey

Online questionnaires were distributed to scan children's mental health programs in the third sector in China.

- **The questionnaire covered the following aspects:** information about the organization, basic program information, characteristics of the target population, intervention types, evaluation and technical applications, challenges encountered during implementation, expected.
- A total of **80 valid questionnaires were collected**, and **62 programs were included** in the scan.

In-Depth Interviews

To gain a more detailed understanding of the implementation and development of the included programs, **we conducted semi-structured interviews with 44 programs.**

Policy Retrieval

We searched and screened policies from government department websites and browser pages for policies related to children's mental health at **both national and provincial levels** (excluding the Hong Kong SAR, the Macao SAR and the Taiwan region). This work, carried out between March and April 2024, identified **67 policy documents at the national level and 536 from various provinces.** We analyzed these to **outline evolving trajectory of policies.**



Chapter 3

Background of the Field of Children's Mental Health

Current Status of Children's Mental Health in China



1. Data Overview

Multiple studies indicate that Chinese children currently have relatively good development in **social and emotional competence** and possess a certain level of **mental health literacy**. However, they face significant issues and challenges, such as **depression, anxiety, addictive behaviors involving smartphone and drug use, and bullying**.

The **prevalence of any mental disorders** among students aged 6-16 is **17.5%**, which is higher than data from other countries across the globe (Li et al., 2022).

Table 3-1-1: Top Three Most Prevalent Mental Health Issues by Educational Stage

	the Prevalence of Anxiety	the Prevalence of Depression	the Prevalence of Sleep problem	the Prevalence of Self-harm
Primary School	12.3%	14.6%	25.2%	/
Middle School	27%	24%	/	22%
High School	26.3%	28%	22.9%	/

Data sources: Huang Xiaoxiao et al., 2022; Zhang Yali et al., 2022; Yu Xiaoqi et al., 2022

Rural (left-behind) children and migrant children may face even greater challenges in terms of mental health, such as **depression, anxiety, and loneliness**.

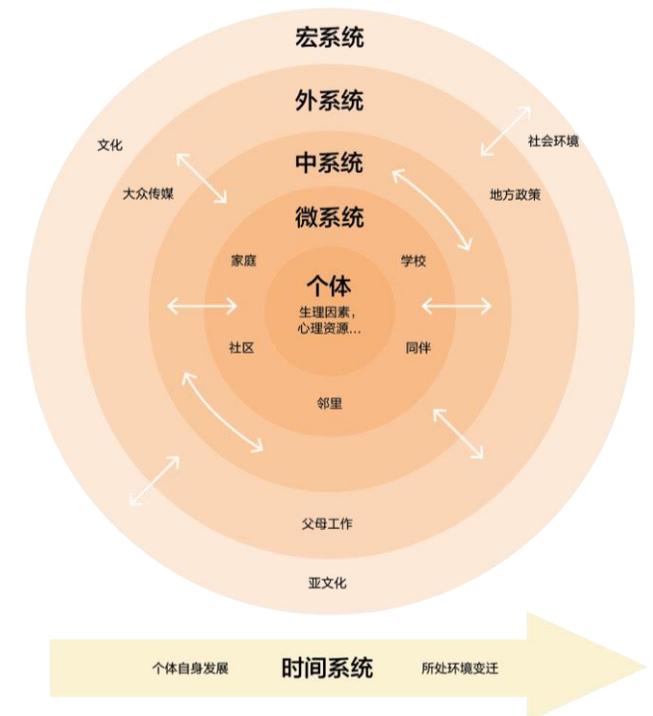
The issue of children's mental health demand increased attention in the public. Children's psychological and behavioral problems are in urgent need to be addressed.



Current Status of Children's Mental Health in China

2. Factors Influencing Children's Mental Health

- **Ecological Systems Theory:** Children's psychological development is influenced by their social environment, which can be categorized into **a nested system** centered around the individual.
- **Factors Affecting Children's Mental Health in the System:**
 - **Individual:** The various **physiological and psychological characteristics** of the child, which are crucial to their mental health. This could include brain development, hormonal changes during puberty, and resilience.
 - **Microsystem:** **Direct interactions** that affect the child, such as family (e.g., parent-child relationships and parenting styles) and school (e.g., school climate, teacher-student relationships and peer relationships).
 - **Mesosystem:** **Positive connections between different microsystems** have beneficial effects on the child's mental health. For example, positive family-school interactions are positively related with adolescents' psychological wellbeing (Rothon et al., 2011).
 - **Exosystem and Macrosystem:** **Indirectly influence** children's mental health. The exosystem includes factors like social media, while the macrosystem encompasses broader factors such as climate change, social and cultural environments, and national policies.
 - **Chronosystem:** Transitions during the child's lifetime as well as the changes and trends within the systems mentioned above also influence the child's mental health.



Bronfenbrenner's Ecological Systems Theory

Relevant Policies on Children's Mental Health in China

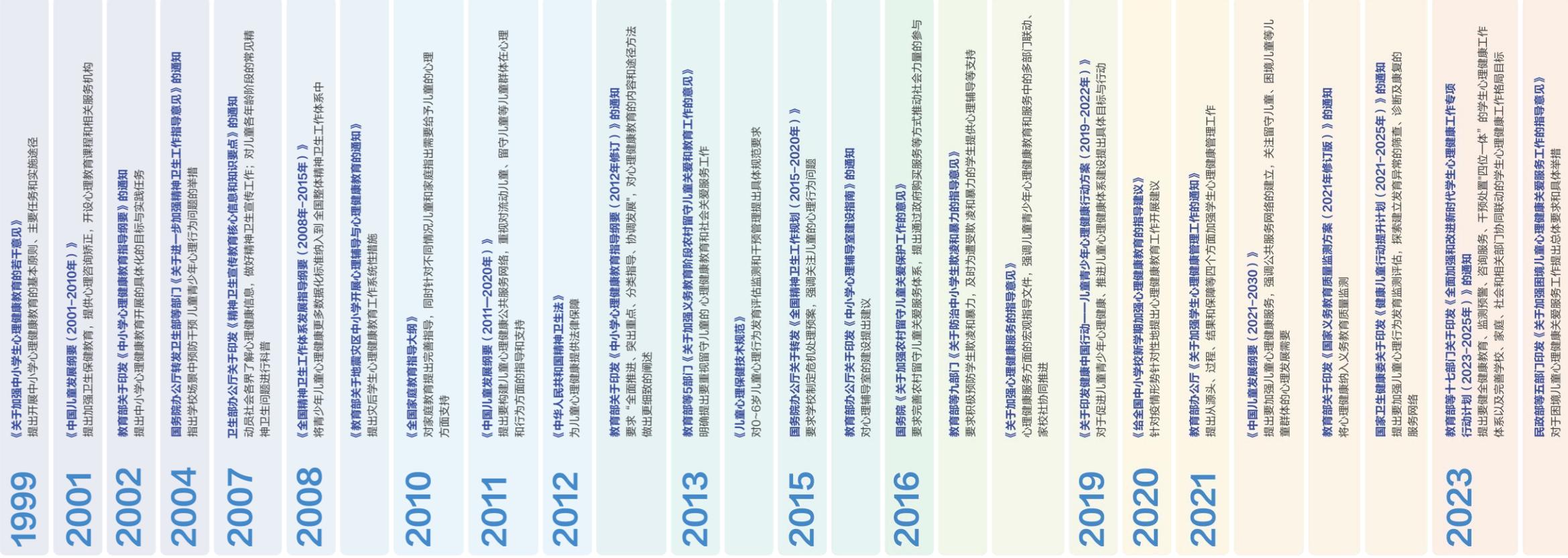


1. National-Level Policies on Children's Mental Health

As of April 2024, a total of 67 policy documents have been identified. **At the national level**, the trajectory of policy formulation is characterized by an **initial focal point on mental health education within primary and secondary schools**, gradually expanding to include community, family, healthcare institutions and public participation, **creating a multi-faceted network of children's mental health services.**

At the same time, policymakers are increasingly **paying attention to different subgroups of children** (such as children in poverty, left-behind children and migrant children, etc.) and formulating concrete support measures for these groups. Additionally, policies promptly address **social emergencies and prominent social phenomena**, such as natural disasters, public health emergency events, bullying and violence.

Timeline of National-level Policies on Children's Mental Health



Note: The figure only shows some of the identified policies.

Relevant Policies on Children's Mental Health in China

2. Province-Level Policies on Children's Mental Health

- A total of 536 province-level policies (excluding the Hong Kong SAR, the Macao SAR and the Taiwan region) have been identified. **The average number of policies** closely related to children's mental health at province level is **17**, with the **median also being 17 policies**.
- Local policies are often formulated based on national guidelines and tailored to local conditions and characteristics. Therefore, **the trends** of the policies related to children's mental health at the provincial level **generally align with those at the national level**.



Figure 3-2-1: Map for the Number of Policies Related to Children's Mental Health at the Provincial Level (excluding the Hong Kong SAR, the Macao SAR and the Taiwan region)



Chapter 4 Mapping Children's Mental Health Programs in the Third Sector

Overview of Included Programs

In this report, we included **62 nonprofit programs of children's mental from 59 organizations**. An overview of 61* of these programs is presented.

1. Information on the Organizations

- **Year of Establishment of the Organizations:** 24 organizations were established **between 2011 and 2015, accounting for 40.7%**. Additionally, 14 organizations were founded in **2020 or later, representing 23.7%**, infusing the field with renewed energy.
- **Type of Organizations:** Over half (32 organizations, or **54%**) are **social service organizations**.
- **Number of Full-Time Staff:** Most organizations are **relatively small in scale of staffing**. Twenty-eight organizations have 1 to 5 full-time staff members, making up 47.5% of all the programs.

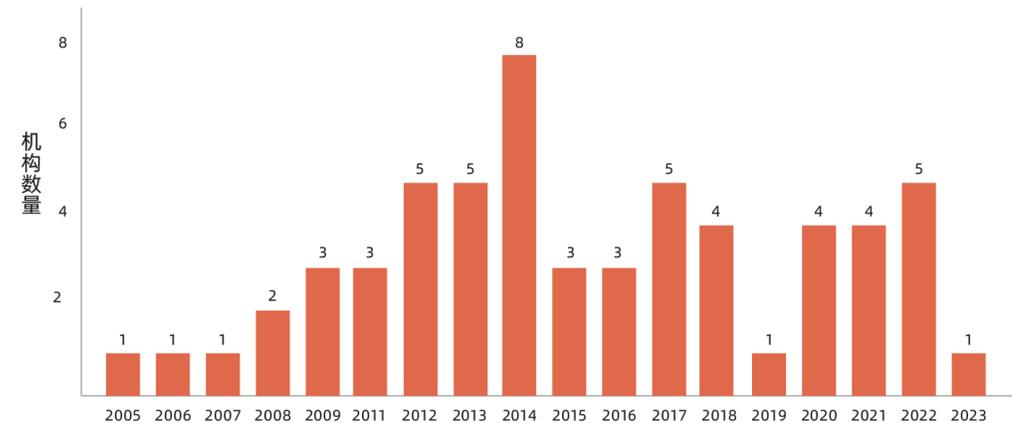


Figure 4-1-1: Year of Establishment of the Organizations

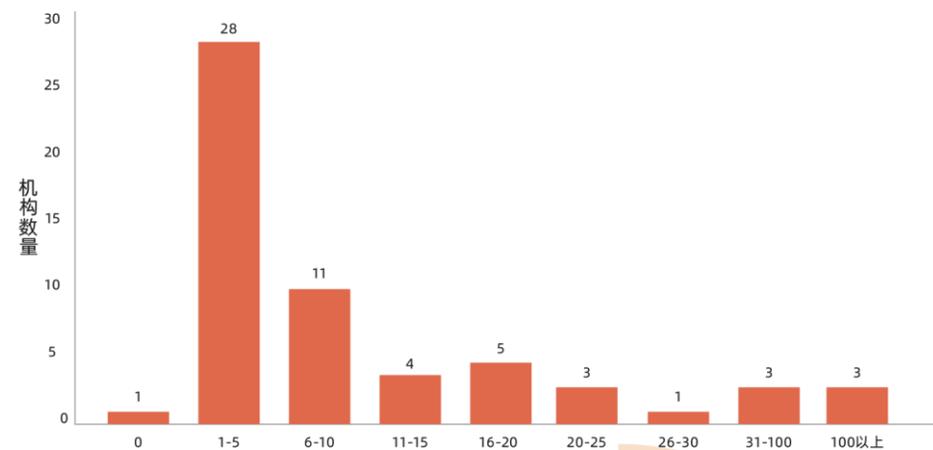


Figure 4-1-3: Number of Full-Time Staff at the Organizations (persons)

*One organization listed two programs in the same questionnaire. Since the questionnaire could not collect relevant information for the two programs respectively (including basic program information, target populations, and evaluation details), the two were recorded as one program in the overview presented in this section.

Overview of Included programs

2. Basic Information on the Programs

- **Year of Program Establishment:** **Forty-two programs were established in 2020 or later, accounting for nearly 70% of the total.** Over 20% of the programs have been initiated within the last two years.
- **Number of Full-Time Staff:** **The scale** of staffing of the programs is **generally small.** Over 80% of the included programs have 5 or fewer full-time staff members.
- **Financial Status:** The **amount of funds** of the included programs **is relatively small.** **More than 40%** of programs had revenue below 100,000 RMB in 2023, and **about 40%** of programs had expenditures below 100,000 RMB in 2023.
- **Service Scale:** Most programs have a **relatively small service scale.** **Over 40%** of programs provided services to 1,000 individuals or fewer in 2023.

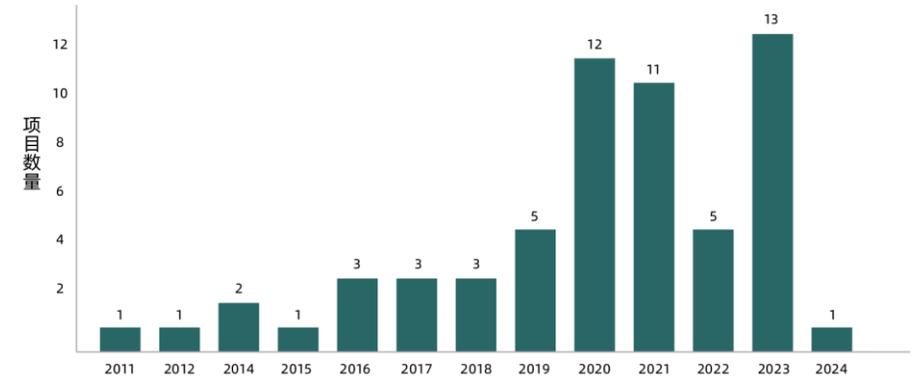


Figure 4-1-4: Year of Program Establishment

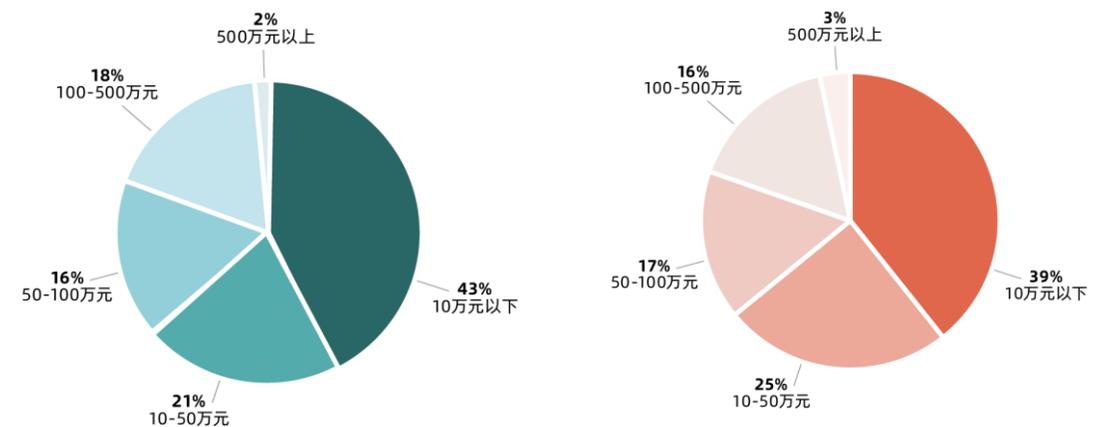


Figure 4-1-6:
Program Revenue in 2023

Figure 4-1-7:
Program Expenditure in 2023

Overview of Included programs

3. Characteristics of Program Target Group

- Age Distribution of Program Target Group:** Most programs target **primary (83.6%)** and **middle school (77.0%)** children. **Over 40%** of programs also include children in **high school**. Relatively fewer programs provide services to preschool children and adults (e.g. parents and teachers) as their direct target groups.
- Family Situation of Program Target Group/Children:** A higher number of programs target groups such as **left-behind children**, **migrant children**, and **de facto orphaned children**.
- Residential Area of Program Target Group (City/County/Township):** A significant proportion of programs are carried out **in townships**, accounting for 60.7% in total. Additionally, about **half of the programs** also reach city and county-level areas.

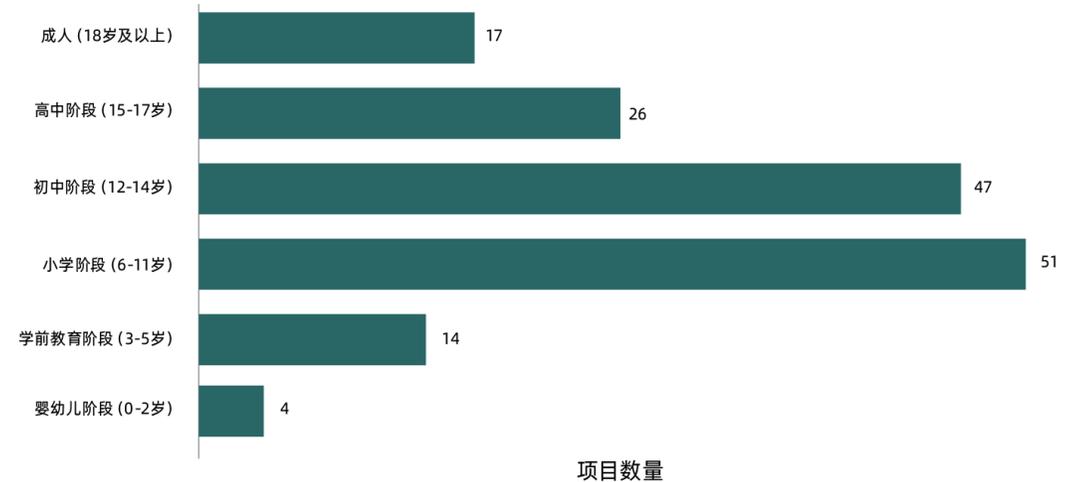


Figure 4-1-9: Age Distribution of Program Target Group (Multiple Choices)

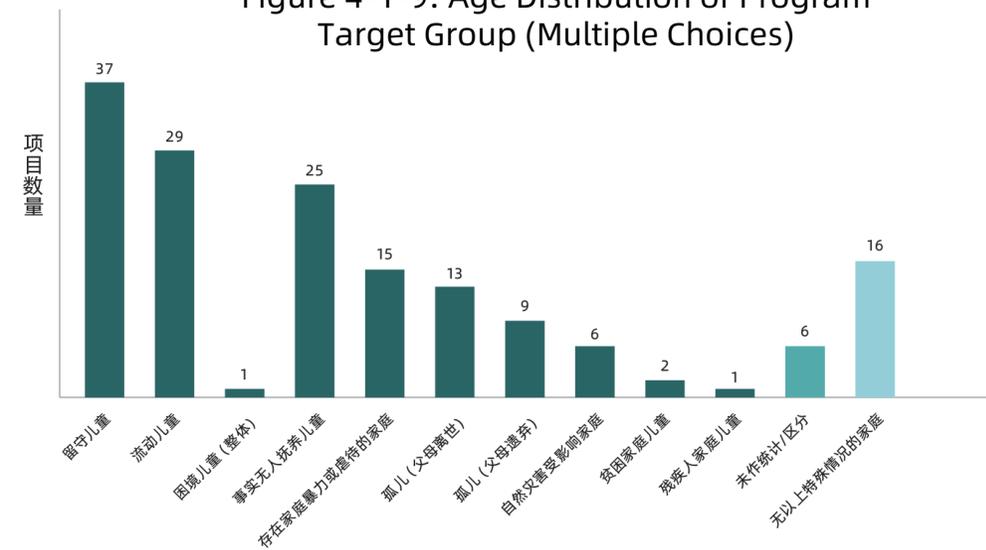


Figure 4-1-10: Family Situation of Target Children by programs (Multiple Choices)

Overview of Included programs

4. Overview of Program Evaluation and Technical Applications

- **Needs Assessment and Effectiveness Evaluation:** Most programs have conducted **needs assessments (72%)** and **effectiveness evaluations (69%)**. Among those that have conducted effectiveness evaluations, the majority use **self-assessment methods (74%)**. Common methods for effectiveness evaluation include **qualitative assessments**, **simple questionnaires** and **pre-and-post intervention analysis**.
- **Scaling* and Digitalization :** **The extent to which the programs have taken action to scale up** is somewhat limited, with 34 programs having undergone scaling, **accounting for 55.7%** of all programs. **The level of digitalization** is relatively low, with 39 programs indicating that they have not yet utilized digital technologies, **representing 63.9%** of all programs.

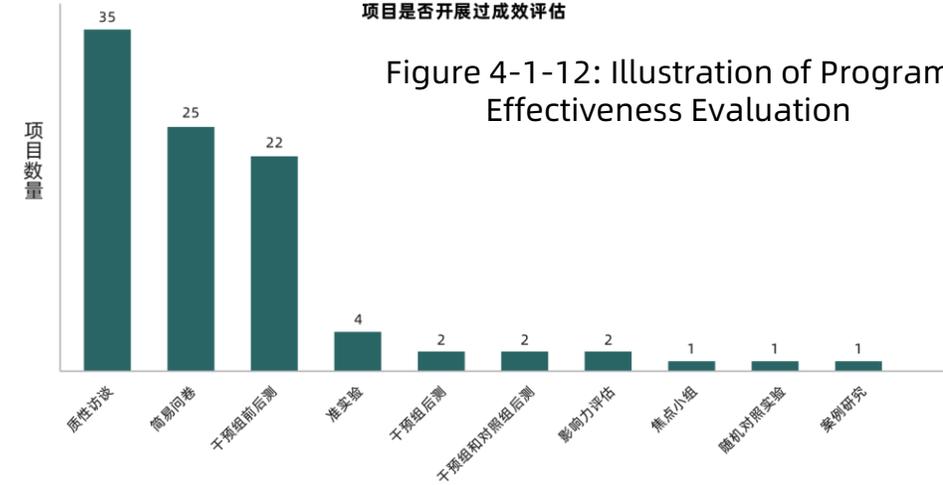
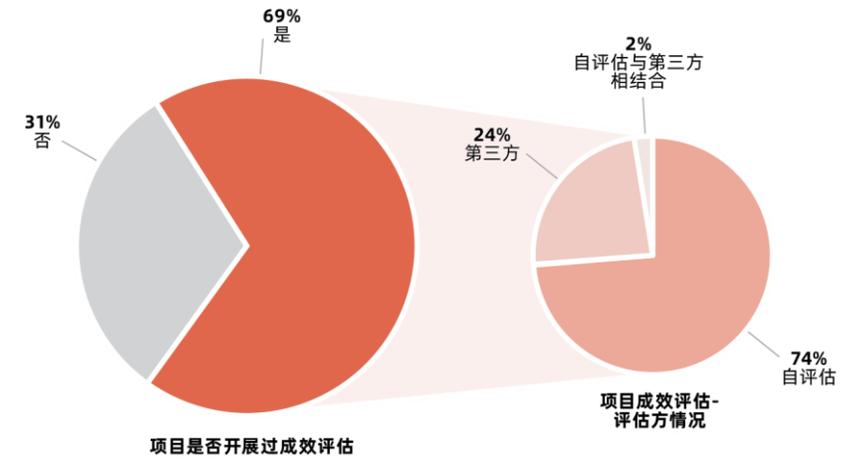


Figure 4-1-13: Methods of Program Effectiveness Evaluation (Multiple Choices)

*In the present report, scaling indicates that the program shows the willingness and employs strategies to increase the program's impacts and deliver services across broader contexts.

Program Distribution Map

1. Distribution of programs Based on Service Setting

- **More than 50%** of the included programs deliver services in **two or more setting**.
- Among programs that serve in a **single setting**, about half provide services in **school**, and the other half in **communities**.
- **Schools** are the places that the greatest number of programs reach, with **40 programs** providing services in school, accounting for 65.6% of all programs. **The community setting** is the second most common, with **35 programs** delivery services in community settings.

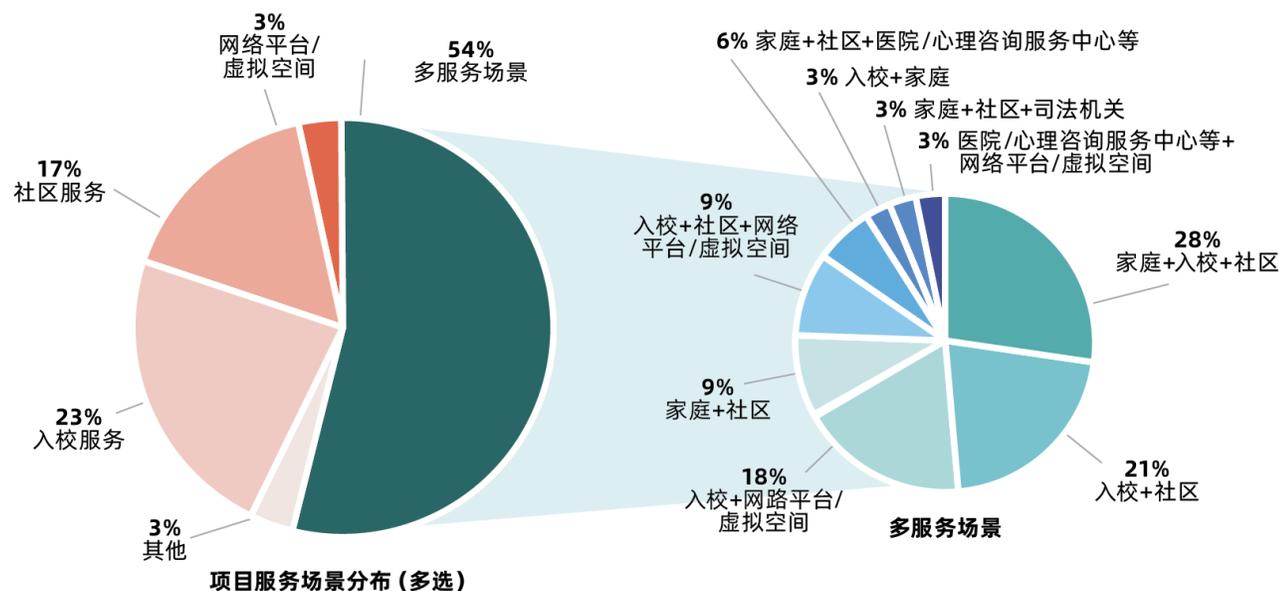


Figure 4-2-1: Distribution of Program Service Settings

Program Distribution Map

2. Distribution of programs Based on Core Elements of Mental Health Interventions

- Based on the information collected from the questionnaires and in-depth interviews regarding program designs, frameworks and implementation approaches, we identified the **core mental health intervention elements** of each program (e.g. case counselling, school curricula, teacher training, parent workshops, etc.).
- Based on these intervention elements with their corresponding target groups (i.e., children themselves, parents, teachers, schools as a whole, and community/society) and the frequency of each intervention element, **a distribution chart of core intervention elements for the programs is mapped out (see Figure 4-2-2).**
- From the perspective of intervention targets, programs targeting **children** directly are the **most common**, with a **diverse and rich array of intervention elements**. Programs targeting community/society are relatively fewer.
- From the perspective of intervention elements, **case counselling** and **school curricula** are the most frequently involved intervention elements.

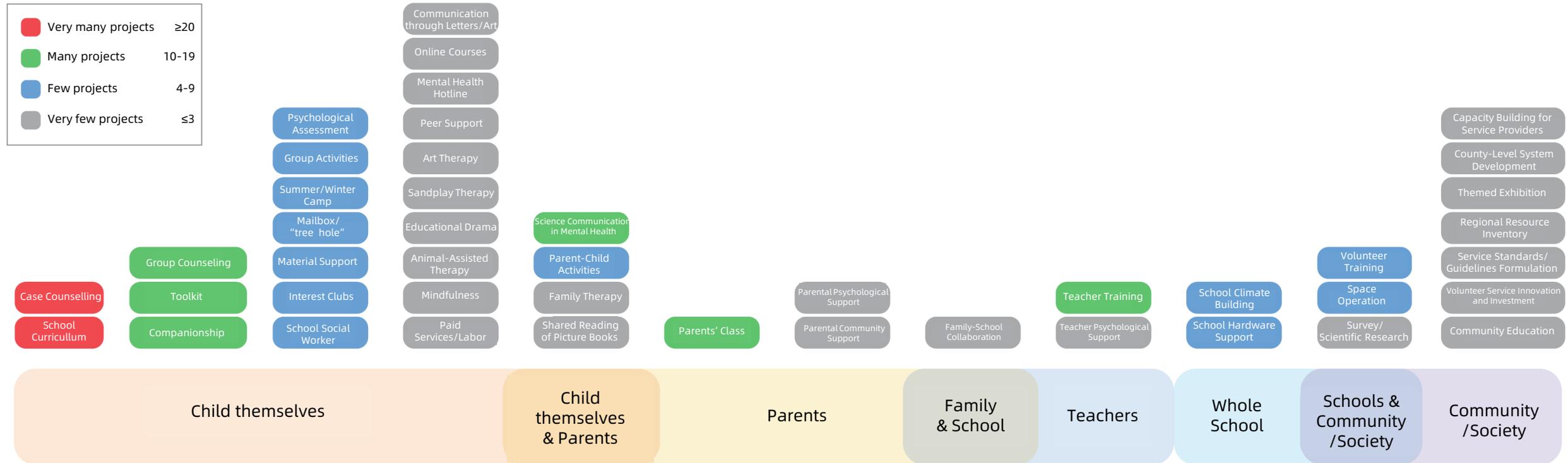


Figure 4-2-2: Distribution Map of Core Mental Health Intervention Elements in Programs

Detailed Presentation of Interviewed programs

1. Overview of programs Based on Types of Mental Health Interventions

Referring to China's Mental Health Law and the classification by the Institute of Medicine (IOM) in the United States, we categorize mental health interventions into three types.

- **Prevention and Promotion programs:** These aim to prevent the occurrence of mental health issues or to broadly promote mental health, such as mental health awareness campaigns, mental health education programs, and counseling.
 - **Mental Health Monitoring:** This involves identifying individuals at risk for mental health issues through monitoring and data analysis, such as psychological assessments and screenings.
 - **Counseling:** Utilizing psychological theories and techniques to help individuals reduce psychological distress and address personal development issues.
- **Treatment programs:** These provide therapeutic interventions for individuals and groups with mental disorders or mental health conditions, such as psychotherapy and psychiatric treatment.
- **Rehabilitation programs:** These aim to reduce the recurrence of mental disorders and help individuals regain social functionality, such as supported housing and life and vocational skills training.

The scanning process included **40 prevention and promotion programs in the present report, accounting for over 90%** of the 44 interviewed programs (See Table 4-3-1).

Figure 4-3-1: Overview of programs by Type of Mental Health Intervention



干预类型	机构名称	项目名称
预防促进类	北京桥爱慈善基金会	心灵放映室*
	北京幸福公益基金会	幸福学校*
	北京致诚社会组织服务中心	点亮者计划——乡村教师教学技能提升培训
	佛山市顺德区北滘慈善会	北滘镇“阳光少年”心理健康培育项目
	广东省千禾社区公益基金会	社区教育项目板块
	广东省日慈公益基金会	心灵魔法学院*
	广东省日慈公益基金会	心益计划*
	广州市番禺区童伴公益服务中心	童伴艺术行动*
	广州市番禺区星爱共同成长公益服务中心	共同成长项目*
	国际救助儿童会（英国）北京代表处	儿童发展相关的多个项目： • 0-3岁儿童早期发展项目 • 3-6岁儿童早期发展项目 • 6-15岁儿童基础教育项目 • 青少年发展项目 • 灾害及紧急情况下的儿童心理健康项目
	国际救助儿童会（英国）北京代表处	家庭保护项目
	杭州市上城区长腿信箱公益发展中心	长腿叔叔信箱
	花园剧场	教育戏剧公益课
	辉县市文化志愿者协会	呵护儿童心灵成长
	江苏省荣昌济困基金会	圆梦困境儿童

预防促进类	晋城市城区家庭教育与青少年心理健康协会	阳光儿童成长计划
	昆山汀斯公益发展中心	“点亮希望·助你远航”学校社工服务项目*
	南京市秦淮区明升社会工作中心	家门口儿童戏剧社
	南京双喵未成年人发展服务中心	汤泉小学/汤泉中学/陡岗小学心理健康服务项目*
	上海市乐知一心慈善基金会	乐知一心音乐陪伴计划*
	陕西妇源汇性别发展中心	学校社工项目
	陕西科技大学源梦公益团队	一点心通——乡村心理教育赋能引领者*
	深圳市龙岗区青睐青少年发展中心	“多彩心世界”流动儿童家庭心理健康赋能项目
	深圳市龙岗区正阳社会工作服务中心	脱“瘾”而出，安心成长——沙湖社区儿童网络沉迷干预项目
	深圳市罗湖区艺启梦想公益服务中心	和山里孩子艺启梦想*
	武汉市武昌区绿房子儿童社会工作服务中心	听见绿房子
	香江社会救助基金会	香江心灵成长计划*
	新乡市心理学研究会	暖暖童心
	信阳市平桥区立德心理服务中心	暖心护苗
	西北师范大学心理学院	甘肃欠发达地区农村留守儿童心理健康教育项目
永济市鸟与树社会工作服务中心	鸟与树*	

友乐青春	“预防性性别欺凌”教师项目	
	“阳光廿四、青春无郁”-盈江青少年心理健康支持项目(中国传统健康文化知识防抗抑郁症) ^a	
	致未来·美好足球	
心理健康监测	北京市浩瑞恩社会组织能力建设发展中心	“智育心桥”儿童青少年心理健康综合服务
	深圳市春风应激干预服务中心	深圳市儿童心理应激干预基层人才培养项目
心理咨询	北京新阳光慈善基金会	联爱护心
	重庆市江津阳光社会工作服务中心	“津心护未”困境儿童危机干预心理服务
	济南时代春风青少年公益发展中心	青鸟童行——学困儿童心理健康援助服务
	昆山汀斯公益发展中心	“点亮希望·助你成长”困境未成年人保护项目
康复类	北京渡过文化传播有限公司	青少年劳动成长计划
	西宁心理健康教育研究会	“朗月”涉罪未成年人心理服务
	芜湖市青禾社会工作发展中心	渡过青春号——青禾青少年心理关爱行动（抑郁症青少年）
其他	佛山市南海区社会服务联会	南海区青少年心理健康服务联盟 ^b

注：
*表示该预防促进类项目主要以课程的形式提升儿童社会情感能力或心理弹性水平。
^a此项目云南大盈江玉锦社工中心为合作单位，昆明西山区永续动力社工中心为负责单位。
^b南海区青少年心理健康服务联盟是在佛山市南海区政法委指导下发起的公益项目，有相关领域内的社会组织、社会企业及个人共同参与，旨在挖掘和整合南海区青少年心理健康服务资源。因此，该项目具有一定特殊性，我们将其单独列出。

Detailed Presentation of Interviewed programs

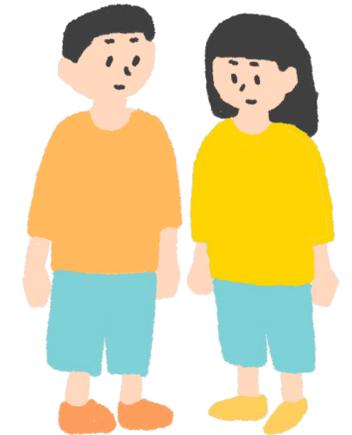
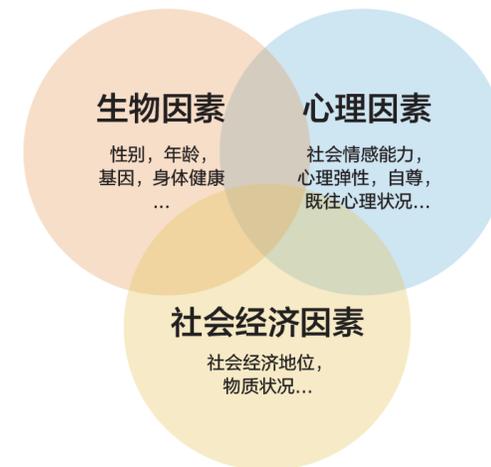
2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

Ecological Systems Theory describes the impacts of both individual factors and the surrounding environments on children's mental health. Based on the theory, this section will focus on key protective factors within **the child themselves** and **their environments**. It will demonstrate **how these protective factors promote children's mental health** and introduce **some prevention and promotion programs** related to these factors.

(1) The Child Themselves

Protective factors for children's mental health within the child themselves include **biological factors** (e.g., gender, age, brain development, and physical health), **psychological factors** (e.g., social and emotional competence, psychological resilience, and self-esteem), and **socio-economic factors** (e.g., socioeconomic status and material conditions) (Lin Xuan et al., 2023).

This report focuses on the protective effects of **economic and material conditions, physical health, social emotional competence, and resilience** on children's mental health, as well as related programs.



Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(1) The Child Themselves

- **Economic and Material Conditions**

Satisfying children's physiological and safety needs being is fundamental to supporting their ability to connect with others, gain respect, and ultimately foster their own development (Maslow, 1943).

- **Physical Health**

Childhood and adolescence are critical periods for the development of the brain and cognitive abilities, formation of self-awareness and self-concept, and the establishment of behavioral habits. Adequate physical wellbeing can enhance cognitive functions (such as attention, response speed and accuracy) and contribute to increased self-confidence.

江苏省荣昌济困基金会——圆梦困境儿童

- Distributing care packages to children in difficult circumstances (e.g., those facing economic hardship or family changes), providing them with clothing, shoes, and other essentials, in order to help them better integrate with their peers and enhance their self-esteem and self-confidence.

昆明西山区永续动力社工中心与盈江县益心社工、大盈江社工服务中心合作，成立“阳光廿四、青春无郁”——盈江青少年心理健康支持项目

- The program has developed a course titled "Traditional Chinese Health Knowledge for Depression Prevention." In group counseling sessions, students learn techniques such as acupressure, meridian tapping, and Ba Duan Jin (Eight Brocades) to help manage and alleviate physical responses to depression and stress, thereby promoting physical health.

Detailed Presentation of Interviewed programs



2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(1) The Child Themselves

- **Social and Emotional Competence and Resilience**

Social and emotional competence and resilience are both protective factors for children's mental health and are highly interrelated. The development of social and emotional competence enhances children's resilience, allowing them to cope effectively with lifetime challenges (Grazzani et al., 2022).

广东省日慈公益基金会——心益计划

- Supporting university student volunteers to conduct **mental-health-themed summer camps** for rural elementary school students. The program helps children **comprehensively enhance their social and emotional competence and resilience**, filling the gap in mental health education in rural areas.

广州市番禺区星爱共同成长公益服务中心——共同成长项目

- Based on the Understanding Adolescent Project in Hong Kong (SAR) and the Resilience CBO Framework, **a resilience course** was designed. This course is delivered by trained university student volunteers and local teachers to rural primary schools with a high proportion of left-behind children. The course aims to enhance students' sense of competence, belonging, and optimism, thereby improving their resilience.



Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(1) The Child Themselves

- **Social and Emotional Competence and Resilience**

Forms of Artistic Expression

Artistic expression helps children **recognize and understand emotions**, reduces negative feelings. It also inspires multi-perspective thinking, promoting **cognitive flexibility and creativity**. Collaborating with others on artistic creation enhances **relational skills**.

Forms of Physical Activities

Participating in physical activities can enhance children's **self-efficacy and sense of competence**. Engaging in sports with others allows them to learn **communication and collaboration skills**, experience team **support and connection**, and reduce feelings of loneliness.

深圳市罗湖区艺启梦想公益服务中心——“和山里孩子艺启梦想”项目

- Based on expressive art therapy, an **aesthetic education course** is designed. Employing **painting** as a medium, the course guides children to explore themes such as self-awareness, emotional management, and interpersonal relationships through non-verbal expressions.

广州市番禺区星爱共同成长公益服务中心——共同成长项目

- The program help students form and run interest groups, including **basketball clubs**. Through playing basketball, students can enhance their sense of competence, belonging, and optimism, thereby building their resilience.

Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(2) Family

The family is the primary environment a child encounters after birth and has significant influences on individuals' psychological development, especially in the early stages of life. Related protective factors within family include **family relationships, parenting styles, parents' educational levels and psychological wellbeing, parental expectations, family socioeconomic status and family structure, etc.**

The following paragraphs mainly focuses on **family relationships** and **parenting styles**.

Among the included programs, few directly intervenes in **other protective factors** mentioned above (such as parents' educational levels, parents' psychological wellbeing, and family economic conditions). Therefore, only **brief explanations of how these factors influence children's mental health development** will be presented.



Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(2) Family

- **Family relationships**

Among various interactive relationships among family members, **parent-child relationships** and spousal relationships affect children's mental health more strongly (Zou et al., 2010).

- **Parenting style**

Among four parenting styles (i.e., authoritative, authoritarian, permissive, and neglectful parents). The **authoritative style** is considered most beneficial for children's growth. Authoritative parents are enthusiastic and would listen to their children's opinions, which encourages children to **exhibit more altruistic behavior** (Liu Meidan & Liu Xiaoyan, 2007).

深圳市龙岗区青睐青少年发展中心——“多彩心世界”流动儿童及家庭心理健康赋能服务项目

- Conduct **playful parenting courses** for **parents of migrant children** and provide them with a list of games. The courses guide parents to discover the plenty opportunities for communication with their children through games, which improves the parent-child relationship.

国际救助儿童会（英国）北京代表处——家庭保护项目

- Help improve parent-child relationships by teaching parents positive parenting methods.
- Develop **positive discipline courses** to promote changes in parents' views on parenting, children, and child protection awareness. The courses encourage parents to use their own and other parents' experiences of parenting, along with the methods and techniques from the course, to find parenting approaches that suit their families.

Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(2) Family

- **Parents' Psychological Wellbeing**

Parents' emotions directly affect their children's emotions and the family atmosphere, leading children to experience similar emotional responses. Additionally, **parents with low self-worth** can have negative effects on their children.

- **Parents' expectations**

Appropriate expectations can foster children's performance and lead to higher **self-efficacy**. However, **excessively high expectations** can impose **invisible pressure** on children (Zhang & Huang, 2014). For children, parents' expectations are mainly on academic achievements.

- **Family socioeconomic status**

It consists of **parents' education level and economic income** etc. It also affects children's psychological health. For example, parents with higher education levels are more likely to use authoritative parenting styles (Cheng Zuolin, 2008).

- **Family Structure**

The structural factors that constitute a family mainly include the number of family members, family generations, and the number of couples. Different types of family structures can impact children's psychological development.

There are relatively few programs that directly address the above factors in the included programs.

Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(3) School

Schools are crucial places for children's socialization and are the spaces where children spend most of their time outside their families. Therefore, schools significantly affects children's mental health development and their psychological wellbeing.

Documents from the Ministry of Education support schools in **taking on the responsibility for children's mental health development**. However, the reality is that some rural primary and secondary schools consider mental health education to be optional, with many teachers equating it with moral education (Yu Xinxin et al., 2019). **This creates favorable conditions for the implementation of social service programs**. When communicating with local education departments and schools, **proposals based on policy documents are more likely to be accepted and implemented**.

Many included programs have recognized schools as a significant factor. They promote the school's positive role in children's mental health development from three perspectives: **creating a positive school climate, empowering teachers, and improving interpersonal relationships**.



Detailed Presentation of Interviewed programs



2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(3) School

• School Climate

A positive school climate is associated with **fewer psychological symptoms**, **lower levels of depression**, and **greater psychological well-being** among students. It also plays a crucial role in **preventing bullying behaviors** and **promoting positive development** in children.

广东省日慈公益基金会——心灵魔法乐园

- **Campus Activity Package:** With the form of **mental health-themed day**, the program deepens school staff's and students' understanding of mental health and mental health education through their own experience, building the atmosphere that values the significance of mental health in school.
- **Mind Education Park - Classroom for Mental Health Education:** It provides a safe, comfortable, and relaxing teaching environment for teachers and students. All mental health courses, related training, and demonstration classes can be held in this space, advancing the school's work on mental health education in general. It also extends its influences to nearby schools, cultivating the establishment of regional mental health education system.

昆山汀斯公益发展中心——“点亮希望·助你远航”学校社工项目

- Through **campus advocacy activities**, children can relieve stress through play and learn skills to cope with stress and manage emotions. **The "Secret Tree Hole" (mailbox)** allows children's psychological concerns to be addressed and resolved. By **involving teachers and parents in mental health-themed activities**, a positive social support network can be built for students.



Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(3) School

- **Teachers: Psychological Wellbeing and Mental Health Education Skills**

Teachers are generally **more vulnerable** to common mental disorders compared to other professions (Kidger et al., 2016). When teachers are struggling with their mental health, it becomes more **challenging for them to support the mental health development of their students** (Melchior et al., 2007).

Furthermore, there is a significant unmet demand for **training in professional knowledge** and **practical skills** among teacher groups, such as mental health education teachers and class teachers.

北京致诚社会组织服务中心

—— “点亮者计划——乡村教师教学技能提升培训”

- Improving the mental health education skills of rural teachers and training mental health specialists who can assist professionals in counseling. This initiative is approached from two angles: **knowledge learning** and **practical application**. It is implemented through the “**learn + practice + supervision + peer group**” format, establishing two learning systems: “theoretical system and “practical system” . Each system has three learning levels: basic, intermediate, and advanced.

广东省日慈公益基金会—— “心灵魔法学院” 项目

- **Teaching Skills**: Enhance teachers' knowledge and teaching skills through training videos, demonstration classes, experience sharing by outstanding teachers, and experiential workshops.
- **Mental Health Education Concepts**: Regularly organize online teacher book clubs and hold summer teacher study camps.
- **Psychological Empowerment**: Design and implement activities such as teacher stress relief workshops, teacher SEL (Social and Emotional Learning) workshops, and teacher self-compassion workshops.

Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(3) School

• Interpersonal Relationship

Peer Relationships

Positive peer relationships have significantly positive effects on children's school adaptation, academic achievement, emotional adjustment, and psychological wellbeing in general. They can even compensate for the unmet attachment needs in parent-child relationships.

Teacher-student Relationship

The positive relationships and sense of security established by teachers are crucial for students' well-being in school (Jamal et al., 2013).

友乐青春——“预防性别欺凌”教师项目

- Provide teacher with support regarding school bullying. The direct target group of this program are teachers. It aims to raise teachers' awareness about the prevalence of school bullying and its relevance to daily teaching through **lectures** and **professional training**.
- The program also provides teachers with techniques, courses, and toolkits to help them develop more systematic and in-depth approaches for **fostering friendly interpersonal relationships**.

浙江敦和慈善基金会——“致未来·美好足球”项目

- integrate positive psychology into sports teaching, such as soccer, to help build **positive teacher-student and peer relationships**, and to promote the development of students' social and emotional competence.

Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(4) Community/Society

In addition to the family and the school, the community where children live and spend their time is also a micro-system closely related to their mental health. Within the community system, factors such as favorable neighborhood safety, housing conditions, harmonious and friendly neighborhood relationships, trustworthy support networks, as well as accessible community services and resources are also important protective factors for children's mental health (Chen et al., 2020; Hou et al., 2017; Lin et al., 2023).

At the same time, macro-level factors also directly or indirectly interweave with micro-level factors, influencing children's mental health development. These macro-level factors include social stability, societal equality, and environmental quality and more (Currie & Morgan, 2020; Rathmann et al., 2015).

The following will focus on **community support networks** and **service accessibility and quality** in elaborating how community/society-level factors influence and promote children's mental health. Given that general prevention and promotion programs targeting protective factors within the community/society are relatively limited, the report will also include some related programs of their types.



Detailed Presentation of Interviewed programs



2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(4) Community/Society

• Community Support Networks

Children can **learn and develop social skills**, as well as **expand and strengthen their social support networks** through interactions with community members.

Supportive and trusting community and neighborhood relationships enhance children's and adolescents' sense of **security and belonging**. Participation in community activities can also help children build their self-esteem and **self-efficacy**, reducing the occurrence of emotional issues and risky behaviors (Blum et al., 2022).

广东省千禾社区公益基金会——“小禾的家”

- Create a child-friendly space within the community known as "Little He's Home" by collaborating with community-based organizations.
- Mobilize community residents and volunteers to participate in providing **community education courses** and other activities for migrant children, as well as **create safe and open public activity spaces** within the community.
- In this space, other community residents **provide alternative social support** for migrant children who lack parental companionship, **helping them feel cared and supported** within the community, and enhancing their **sense of belonging**.

深圳市龙岗区青睞青少年发展中心——“多彩心世界”项目

- **Leveraging the peer support of migrant children**, the program creates the "Little Fish Worry Relief Post Office", a platform for children's emotional dialogue. Children express their feelings and thinking within the community in the form of "Little Fish Bubbles," allowing them to **respond to each other**. Peer interactions helps children feel understood, cared, and supported.

Detailed Presentation of Interviewed programs

2. Protective Factors for Mental Health and Related Prevention and Promotion programs, Based on Ecological Systems Theory

(4) Community/Society

- **Accessibility and Quality of Mental Health Services**

The **accessibility** of mental health services, meaning how conveniently and equally accessible of these services, is a **critical factor influencing individual's mental health** at the community/societal level (WHO, 2024). In situations where medical resources are relatively scarce and cannot fully meet the demand for children's mental health services, if the community can **integrate relevant resources and services to provide timely support**, it can positively affect on children's mental health.

Enhancing the professional qualities of mental health service providers is also crucial for delivering **higher-quality services** to children and adolescents and promoting their mental health development.

广佛山市南海区社会服务联合会——南海区青少年心理健康服务联盟

- Integrate resources for adolescent mental health services within the region (such as government-purchased programs, community organizations, medical services, and family education promotion volunteers), conduct public welfare activities and cultivation of professional talents, forming two editions of the *Nanhai District Adolescent Mental Health Service Resource Handbook*, including a version for parents. This handbook helps families in need find relevant professional resources and receive timely support.

深圳市春风应激干预服务中心

- Empower grassroots workers engaged in child protection (such as child supervisors, child directors, social workers, and counselors) by providing them with **professional knowledge and skills training in child mental health crisis intervention**. This training helps them deliver more effective mental health services.

Detailed Presentation of Interviewed programs



3. Mental Health Monitoring and Counseling in Prevention and Promotion programs, Treatment and Rehabilitation Programs

(1) Prevention and Promotion: Mental Health Monitoring programs

北京市浩瑞恩社会组织能力建设发展中心——“智育心桥” 儿童青少年心理健康综合

- The program relies on the excellent mental health research team at Beijing Normal University, integrating information technology such as the Internet and artificial intelligence. Adhering to the principles of tiered service and evidence-based practice, it supports schools in **conducting psychological assessments and screenings** for students, categorizing **the risk levels of students' mental health**, and **training teachers** to provide **targeted group counseling or other interventions**.

(2) Prevention and Promotion: Counseling programs

Due to the high professional requirements and costs associated with such services, programs focusing primarily on counseling are relatively rare in this scan.

北京新阳光慈善基金会——联爱护心

- Since September 2021, the program has focused on providing **public welfare psychological services** for adolescents, as well as operating **a hotline for psychological support and counseling** available daily from 9 AM to 12 AM.
- The program has a group of highly professional and dedicated counselors who are committed to providing public service. It has established a counselor information management system and a public welfare counseling management approach, including standardized work processes (e.g., how to handle consultation records and report emergencies). Regular supervision and training are also provided to the counselors.

Detailed Presentation of Interviewed programs



3. Mental Health Monitoring and Counseling in Prevention and Promotion programs, Treatment and Rehabilitation Programs

(3) Treatment Programs

According to China's Mental Health Law, "counselors are not allowed to engage in psychological treatment or the diagnosis and treatment of mental disorders," and "psychotherapy activities should be carried out within medical institutions." Therefore, **strictly speaking, there are no treatment programs in this mapping report.**

(4) Rehabilitation programs

北京渡过文化传播有限公司（社会企业）——青少年劳动成长计划

- Focusing on “peer support” and “value realization”, the program aims to activate the motivation of adolescents who have been sidelined by depression. Utilizing the “Du Guo Qing Chun Hao” and “Du Guo Qing Chun She Tuan” public accounts, the program provides various job opportunities with compensation.
- By participating in the program, adolescents can make friends, learn new skills, and develop their collaboration abilities. Earning a paycheck helps them recognize their capabilities and value, enhancing their self-esteem and confidence. This approach assists them in **gradually restoring their social functions and returning to school life.**

Children at High Risk of Mental Health Issues

In China, there is a large number of **migrant children, left-behind children, and children in difficult circumstances** who face significant challenges in mental health, including depression, anxiety, loneliness, and bullying.

In this section, we focus on these three high-risk groups of children. We collect information on nonprofit organizations serving these populations through **online surveys and searching**. We analyze **official documents and in-depth interview contents** to detail how these organizations address the mental health needs of these children and identify opportunities and challenges in their services.

We hope this will encourage more nonprofit organizations dedicated to children's mental health to engage in creating psychologically healthier environments for high-risk children.

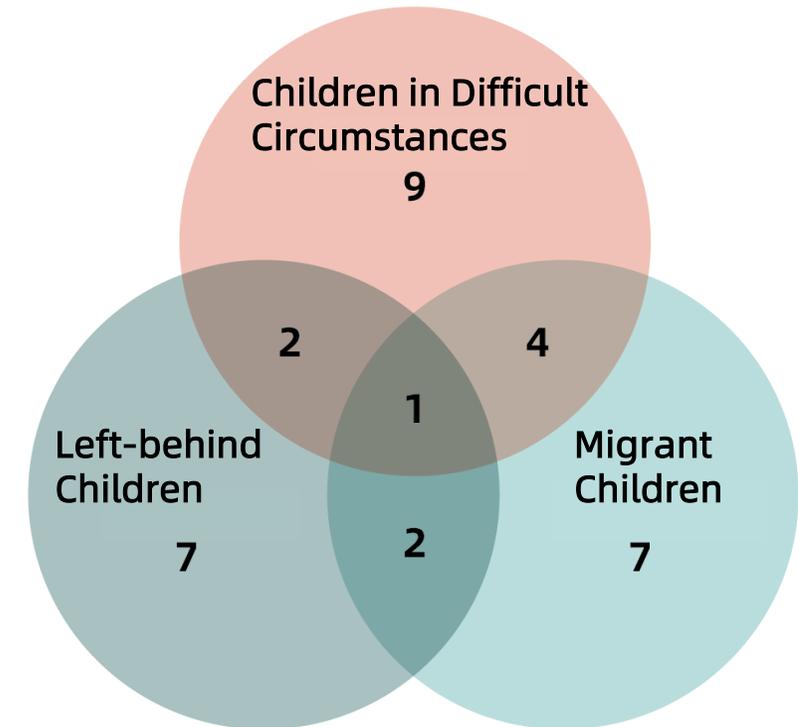


Figure 4-4-2: Survey of the Target Groups Served by 32 Nonprofit Organizations

Children at High Risk of Mental Health Issues



1. Current Situation

(1) Diverse Mental Health Needs

The mental health issues and challenges faced by migrant children, left-behind children, and children in difficult circumstances are complex, often closely related to their living environments, family structures, and social support systems. Organizations serving high-risk children indicate that compared to typical children, **these three groups have more specific needs in terms of psychological health, requiring more tailored supports and interventions.**

Different psychological health issues and challenges faced by these three groups of children are:

- **Migrant Children:** Experience strained parent-child relationships and school rejection.
- **Left-behind Children:** Often show more pronounced signs of anxiety, depression, and loneliness, and are at higher risk for self-harm, as well as issues like internet addiction.
- **Children in Difficult Circumstances:** Their self-esteem and self-worth are severely affected due to experiences of family breakdown, abandonment, or abuse.

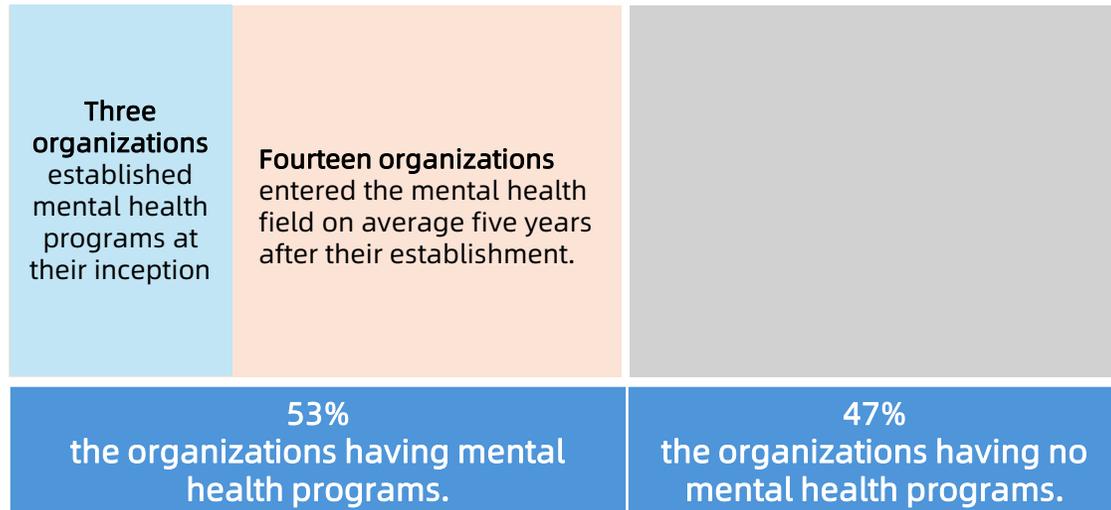
Therefore, addressing the psychological health of these children requires not only precise and in-depth strategies but also higher levels of professionalism from mental health providers, social workers, and related professionals to provide appropriate and effective services.



Children at High Risk of Mental Health Issues

1. Current Situation

(2) Mental health programs started relatively late



(3) Services provided by mental health programs

For migrant children, left-behind children, and children in difficult circumstances, Non-Profit organizations mainly provide the following types of services:

Mental Health Courses: Developing relevant courses based on social and emotional learning and positive psychology; including courses such as concentration training, emotional management, and life education, and introducing these courses through collaboration with school.

Case Interventions: Conducting mental health crisis interventions and ongoing counseling; working closely with professional institutions such as mental health centers to provide necessary referral services.

Growth Companionship: Providing continuous growth companionship for migrant children through community volunteers to reduce psychological risks; offering emotional companionship and support for high-risk children through letters.

Personnel Training: Due to limited manpower and material resources, only a few organizations provide specialized training in mental health services.

Parent Education: The work pressure and time constraints faced by parents make it difficult to participate in the education of migrant children; for left-behind children, the long-term separation from parents leads to estrangement in parent-child relationships, making parent education a challenge.

Children at High Risk of Mental Health Issues

2. Opportunities and Challenges

We will categorize the social service programs serving migrant children, left-behind children, and children in difficult circumstances into four types, and analyze the difficulties and challenges encountered in the implementations. This reflects the diverse needs of programs and will also inspire stakeholders to explore opportunities and potentials for future development and collaboration in this area.

<p>Thorough Preliminary Research and Assessment</p> <p>Able to Mobilize Multiple Stakeholders and Community Resources</p> <p>Linking Collaborators Across the Mental Health System</p> <p>Adequate Media Promotion and Positive Social Reputation</p> <p>A Rich Pool of Professionals and Consulting Experts</p>	<p>Lack of Scientific Theoretical Support and Design</p> <p>Unclear Role of Social Organizations in Mental Health</p> <p>High Entry Requirements and Time Consumption for Social Workers and Other Professionals</p> <p>Lack of Support from Experts</p> <p>Low Cooperation from Guardians such as Parents</p> <p>Difficulty in Effectively Assessing Program Quality</p>
<p>Existing Mental Health Programs with Good Development</p>	<p>Existing Mental Health Programs Still in Development</p>
<p>No Current Mental Health Programs with Plans to Develop Them</p>	<p>No Current Mental Health Programs and No Plans to Develop Them</p>
<p>Need to Improve Abilities to Integrate Community</p> <p>Insufficient Abilities of the Organization and Staff</p> <p>Development Challenges Due to Insufficient Professional Expertise</p> <p>Difficulties Arising from Restricted Funds</p>	<p>Difficulty in Identifying Policy Priorities</p> <p>Focus on Improving Existing Mature Programs</p> <p>Reduce the Pressure on Children Caused by High Program Density</p> <p>Insufficient Budgeting and Prioritization within the Organization</p>

Figure 4-4-3 Current Status of Mental Health Programs Serving Migrant, Left-Behind and At-Risk Children



Chapter 5 Discussion and Prospects

Response to Challenges in Children's Mental Health

This report included **62 social service programs focusing on children's mental health from 59 organizations.**

Overall, a high proportion of these programs are **newly established**, generally having **smaller full-time teams**, **limited funding**, and relatively **modest service scales** in 2023. These programs primarily target **primary and middle school students**, particularly focus on children from **left-behind, migrant, and de facto orphaned children.**

- An increasing number of programs focus on alleviating children's **anxiety and depression**, enhancing their **stress coping and interpersonal skills**, boosting their **self-confidence and self-esteem**, and improving **parent-child relationships** through parent education lectures and parent-child activities.
- Issues such as **bullying, smartphone and internet addiction, and depression-related school dropout**, which are receiving increasing attention and becoming more prominent, are **only addressed by a few programs**, and the service scale of these programs is relatively small. These issues urgently require more innovative exploration and resource investment to meet the substantial societal demand.

Response to Policies Related to Children's Mental Health

- Many programs start with school-based mental health education and gradually expand to families and surrounding communities, initially exploring models of **"family-school co-education"**, **"family-school-community"** or **"family-school-community-medical"** multi-party collaboration, which aligns with the policy-promoted concept of a **"mental health public service network"**. We can expect more efficient, smooth, and stable **collaboration mechanisms** and secure key resources to ensure these models have a sustained impact at the local level.
- National policies' focus on **family education** is reflected in the design of social service programs. Nearly half of the programs include family-oriented content in their interventions, with a general awareness of the importance of **engaging parents**. However, effective and easily replicable program models haven't be developed yet.
- National policies emphasize timely responses to **social emergencies and prominent social phenomena**, and the development of related issues aligns with this emphasis. Nearly 70% of the programs were established in 2020 or later, driven by the surge in social demand at that time. In recent years, there has been an increasing number in organizations addressing prominent issues such as children's depression (including school dropout due to depression) and bullying, with a growing diversity in intervention methods.

Current Status of Existing Programs



1. Findings from Analyzing Program Intervention Elements

- Interventions targeting children themselves are the most **well-developed** and **mature**, with the **highest number of programs**. However, some interventions, such as interest clubs and educational drama, are still in the exploratory phase, and their effectiveness remains unclear.
- Interventions targeting parents/families, teachers, and the overall school environment have relatively **singular methods**, yet the number of programs is satisfactory and shows **vigorous development**.
- Interventions targeting the community/society are slightly more diverse but are very few in number and are still in the preliminary exploration stage.
- Programs targeting significant adults around children are focused on **parents and teachers**, primarily through **training-based** services. Support for the **mental health of parents and teachers themselves** remains weak.
- **It is still challenging** to influence the broader environments around the child.

2. Findings from Analyzing Program Service Settings

- Most programs **deliver services across multiple settings**, integrating schools, families, and communities, thereby responding to the macro-level policy goals and requirements for **family-school-community collaboration** and the **development of mental health service networks**.
- **Exploration of family and community/society service settings lacks depth**. Many programs only deliver services to the specific setting, while there is still a need to **further enhance the activation or development of protective factors** closely related to children's mental health **within these settings**.

3. Findings from Analyzing Program Intervention Types

- The vast majority of programs provide mental health services for children **from a preventive and promotive perspective**.
- Most programs offer preventive and promotive mental health services targeting high-risk children, while programs **aimed at all children** are **relatively rare**.
- There are **few mental health monitoring and counseling programs** within the preventive and promotive category, and **rehabilitation-type programs** are also lacking.

Current Status of Existing Programs

4. Findings from the Analysis of Protective Factors for Children's Mental Health

(1) Interventions Focused on the Child Themselves

- Many programs are designed and delivered with a focus on enhancing **children's social and emotional competence or resilience**, employing a variety of formats. Numerous programs achieve this by offering courses to students within **school settings**.
- There are fewer programs that incorporate children's **physical health factors** into program design. It is hoped that more future initiatives will include physical health in their program designs, and there is anticipation for **sports-oriented nonprofit organizations** to integrate psychological elements into their programs to promote both the **physical and mental health of children**.

(2) Interventions Focused on the Family

- **Programs focused on parents/families are relatively few**, most programs still focusing on changing children. Interventions targeting the family are often **supplementary**. **Systematic and in-depth family intervention programs are rare**, with most utilizing single-session lectures and knowledge dissemination, offering limited practical skills. As a result, parents find it difficult to acquire useful skills for interacting with their children, and the impact on parents is limited.
- **Family-level intervention approaches are also relatively singular**, mostly focusing on improving parent-child relationships and changing parenting styles to **help parents understand their children**. Few programs **address parents' mental health issues**. We call for more future initiatives to **focus on parents' mental health and the development and maintenance of intimate relationships**.



Current Status of Existing Programs



4. Findings from the Analysis of Protective Factors for Children's Mental Health

(3) Interventions Focused on the School

- **Although most programs are implemented within school settings, there are relatively few that focus on the school environment.** Most programs use methods such as **courses, individual cases and group counseling**, which essentially still target the enhancement of **children's own abilities and problem-solving**. It will be beneficial for student by intervening at the school level, making principals prioritize students' mental health and encouraging teachers to pay attention to students' psychological development in their interactions with students.
- **There are many programs focused on teacher training, but very few address teachers' mental health issues.** There are 18 programs (accounting for 30% of the total), with most aiming to enhance teachers' **knowledge and teaching abilities**. Teachers' **mental health issues** are increasingly severe and require equal attention; only when teachers have adequate internal resources can they better support their students.
- **There is still a gap in programs providing psychological support for students during major or crisis events on campus (such as disasters, school suicides, severe bullying incidents, etc.).** Children need **guidance and support from adults** to calm down, recover their psychological state and re-engage in classroom learning after such events. In an era of increasing uncertainty, we need to **amass knowledge, practical experience, and programs for psychological interventions after major or crisis events**. This will allow for quick delivery of services when needed, addressing various psychological issues in children and preventing more severe psychological trauma and crises.



Current Status of Existing Programs



4. Findings from the Analysis of Protective Factors for Children's Mental Health

(4) Interventions Focused on the Community/Society Level

- **Programs focusing on community/society level protective factors are relatively few.** Although many are conducted within community settings, most still focus on **enhancing the abilities of children or parents**, rather than changing relevant elements within the community.
- **Improving the accessibility of professional services is essential.** It would greatly reduce the difficulty and cost of obtaining the necessary assistance and support, by integrating relevant mental health service resources within the community, creating a inventory, and actively providing it to children, parents, teachers, and schools.
- **Programs focused on de-stigmatization are very limited, with only some incorporating this aspect into their services.** Stigmatization of mental health issues and discrimination against individuals with mental disorders significantly impact children's and parents' willingness to seek help, potentially leading to delays in treatment. At the national level, there is a need for intensified and in-depth mental health education and awareness campaigns, or for dedicated advocacy organizations to work on eliminating public biases and discrimination against mental health and mental illness.
- **Currently no programs are addressing the adverse impacts of climate change on children's mental health.** The effects of climate change on children's mental health are gaining international attention. This report has not identified any systematic and long-term actions specifically targeting mental health issues caused by climate change. Collaboration across topics with the climate change field is needed to develop accurate understanding and effective, feasible solutions for these issues.

Current Status of Existing Programs



4. Findings from the Analysis of Protective Factors for Children's Mental Health

(5) Interventions for Children at High Risk of Mental Health Issues

- Many Non-Profit staff's understanding of the mental health of high-risk children is largely based on **daily observations and experiences**. They tend to address specific issues as they arise, rather than having a comprehensive understanding of the overall psychological conditions of the entire group.
- Case-based interventions are the primary approach, **lacking of widespread prevention and promotion programs**.
- Given the current multiple challenges, some interviewed organizations are hesitant about **making mental health issues more visible** within these high-risk child populations, as it may lead to increased **program pressure and resource allocation issues**.
- **The urgency of cross-topic collaboration is evident.** Although the psychological needs of migrant children, left-behind children, and children in difficult circumstances show heterogeneity, overall, their support from family, school, and society is insufficient. There is a need for organizations and people who are dedicated to mental health to involve in providing support.

Challenges and Needed Support

1. Funding Issues

Funding is the challenge that mostly frequent mentioned in questionnaires and interviews, accounting for about **70% of all programs**. The specific funding challenges faced by programs can be broadly categorized as follows:

- **Funding is relatively fragmented and often unsustainable and unstable.**
- **Organizations that have not registered as social organizations** find it difficult to obtain funding.
- There is **relatively little unrestricted funding**, making it difficult to explore and innovate within programs.

Programs with small funding amounts find it difficult to sustain services and achieve program outcomes, making it even harder to secure further funding. To break this vicious cycle, **funders need to invest more patiently and stably, providing greater support and room for exploration and trial and error in program innovation.**

Additionally, policy-level support for social enterprises is necessary.

2. Expertise Issues

—Program Design and Service Capacity

- Some programs indicate **a lack of professional support and guidance regarding mental health-related theories and working methods**, which also causes certain difficulties. We recommend that practitioners actively collaborate with enthusiastic teams or individuals from university research institutes, counselling centers, and other institutions. We also call on universities to actively share their research outcomes with practitioners to facilitate the translation of professional knowledge into practice.
- **The professional service capacity of program execution teams needs improvement.** Currently, there is a sharp increase in demand for case counseling, hotline assistance, and other services. However, the number of professionals within program teams who can provide these services often falls short of existing needs. Furthermore, the professionalism and service quality of the service providers vary widely, highlighting the urgent need for professional training and supervision.

Challenges and Needed Support

2. Expertise Issues—Effectiveness Evaluation

- Although nearly 70% of programs report having conducted effectiveness evaluations, **there is still significant room for improvement in the professionalism of these evaluations.** Very few programs have accumulated sufficient evidence to confirm the effectiveness of their interventions.
 - Most evaluations rely on **qualitative interviews** (mainly beneficiary case collection and program feedback) and **simple questionnaires** (such as satisfaction, willingness to participate, and periodic feedback). Only 5 programs have conducted **quasi-experimental research or RCTs**, and none have carried out longitudinal studies.
 - The small scale of program funding often hinders the implementation of thorough evaluations, which in turn affects the potential for receiving donations and grants, exacerbating the funding issue and creating **a vicious cycle.**
- Programs focused on mental health issues must pay particular attention to effectiveness evaluations to ensure they do not cause negative impacts on their beneficiaries. Inadequate professional capabilities could potentially lead to secondary harm.
- We urge more scholars to collaborate with practitioners to guide program optimization and iteration through evaluation research, or to improve the effectiveness of practices through intervention research. We also call on more funders to support and encourage early-stage programs to consciously conduct evaluations, enabling them to validate and progressively improve their effectiveness.

Challenges and Needed Support

3. Challenges in Program Implementation

- **School Setting:** Successfully entering schools relies on the recognition and approval of local education departments and schools. **There needs to be a greater emphasis on student mental health from these departments and schools.** Teachers' heavy workloads, substantial non-teaching duties, and poor personal mental health can lead to program interruptions. More attention and implementation are needed to reduce the burden on primary and secondary school teachers.
- **Family Setting:** Parents often **have a insufficient understanding of mental health,** which affects their willingness to participate in related activities and services, making it difficult for programs to be conducted or sustained. Parents who perceive **mental health issues with stigma** may delay their children's access to professional intervention. There is still a significant need for extensive public education on mental health for parents.
- **Community Setting:** Challenges include irregular participation from children and low engagement levels, requiring support in recruiting and maintaining service users.

4. Utilization of Digital Technology

- The demand for children's mental health services is expected to continue growing. However, currently, the overall service supply from social organizations is limited and the level of digitization is relatively low. This implies that **the service gap may widen further.** To bridge this gap, we look forward to more practitioners integrating digital technology to innovate service framework, exploring evidence-based digital tools to reduce service costs and professional manpower requirements. We also call on more funders to invest in social innovation actions in this direction.

致谢



本次扫描报告由澳门同济慈善会北京办事处资助，由广东省日慈公益基金会与中国人口福利基金会、北京师范大学中国公益研究院联合发布；感谢北京市浩瑞恩社会组织能力建设发展中心和深圳市龙岗区青睐青少年发展中心作为议题深度支持伙伴对本次扫描全过程的支持；感谢南开大学社会学院教授、国务院妇儿工委儿童工作智库专家吴帆，心声公益创始人、上海市精神卫生中心住院医师姚灏，北京市浩瑞恩社会组织能力建设发展中心执行主任徐群霞，北京师范大学珠海校区心理咨询中心副教授张豹对报告的审阅反馈支持；感谢国际救助儿童会（英国）北京代表处张英，南都好公益平台冯元，友乐青春陈佩君和资助者圆桌论坛陈思阳在报告初稿线下围读会提出了宝贵建议。最后，诚挚感谢参与此次项目扫描问卷填写与调研的92家机构，我们也将报告附录*呈现这92家机构的完整名录。

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