MENTAL HEALTH EDUCATION FOR LEFT-BEHIND CHILDREN IN RURAL YUNNAN: A QUALITATIVE INVESTIGATION OF HUAXING PRIMARY SCHOOL FROM TEACHERS' PERSPECTIVES

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AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION

GRADUATE SCHOOL OF BUSINESS

SIAM UNIVERSITY

2026

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This Independent Study Has Been Approved as a Partial Fulfillment of the Requirements for the Degree of Master of Business Administration

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ABSTRACT

This qualitative study investigated the dilemmas and influencing factors affecting mental health education for left-behind children in rural China, specifically examining teachers' perspectives at Huaxing Primary School in Yiliang County, Yunnan Province. Grounded in the Ecological Systems Theory, the research employed a factor analysis framework to systematically identify internal (school-level) and external (social and family-level) constraints that impede effective mental health support implementation. Through reflexive thematic analysis of semi-structured interviews with eight teachers, this study identified critical implementation barriers across two dimensions. Internal factors include role ambiguity and emotional labor burden, resource scarcity and infrastructure deficiencies, inadequate professional training in mental health competencies, and evaluation systems prioritizing academic achievement over psychological well-being. External factors encompass family dysfunction and guardian limitations, particularly intergenerational care-giving challenges, social support system deficiencies, and economicpolicy pressures driving parental migration.

Findings reveal that teachers observe severe mental health manifestations among left-behind students, including learning anxiety, self-blame cognition, emotional dysregulation, and social withdrawal, yet lack adequate systemic support to address these needs effectively. Teachers extend themselves beyond professional boundaries to

provide compensatory emotional care, developing informal adaptive strategies including simplified communication systems, peer support facilitation, and integrated social-emotional learning. However, these individual efforts prove insufficient without structural reforms.

Keywords: left-behind children, mental health education, internal and external constraints, ecological systems theory, teacher perspectives, Yunnan Province

ACKNOWLEDGEMENT

I would like to express my deepest gratitude to my advisor for her invaluable guidance, support, and encouragement throughout my Independent Study. Her insightful comments and constructive criticism have significantly improved the quality of my work.

Additionally, I am grateful to Associate Professor Dr. Jomphong Mongkhonvanit, Dean, Graduate School of Business, for his support and encouragement throughout my studies. His dedication to the graduate program and commitment to excellence have inspired me to strive for academic excellence.

Finally, I would like to extend my appreciation to all the faculty members and staff of Siam University who have contributed to my growth and development as a student. Their unwavering support and encouragement have been a source of inspiration and motivation to me.

ZHANG NAIYUAN

DECLARATION

I, ZHANG NAIYUAN, hereby declare that this Independent Study entitled "Mental Health Education for Left-Behind Children in Rural Yunnan: A Qualitative Investigation of Huaxing Primary School from Teachers' Perspectives" is an original work and has never been submitted to any academic institution for a degree.

ZHANG NAIYUAN

DEC 25, 2025

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Chapter 1

Introduction

1.1 Background and Research Context

China's unprecedented economic transformation over the past four decades has created one of the world's largest internal migration phenomena, producing profound consequences for rural families and children. According to the 2020 Census data jointly published by China National Bureau of Statistics, UNICEF China, and UNFPA China (2023), approximately 138 million children are affected by population mobility, representing 46.4% of China's total child population. Among these, 66.93 million are classified as left-behind children—those whose parents have migrated for work while children remain in rural areas under grandparent or relative care. This population comprises 41.77 million rural left-behind children and 25.16 million urban left-behind children, highlighting this social phenomenon's scale and complexity.

Yunnan Province, located in southwestern China along borders with Myanmar, Laos, and Vietnam, presents a particularly compelling context for studying left-behind children's education. As a major laborexporting province with relatively slower economic development compared to coastal regions, Yunnan has experienced substantial ruraltourban migration. The province's complex geographical environment, characterized by mountainous terrain and multi-ethnic communities including Yi, Bai, Hani, Dai, and other minority groups, creates unique challenges for educational provision and child welfare. According to provincial statistics, Yunnan Province had approximately 334,000 rural left-behind children in 2024, accounting for 14.6% oftotal child population, with particularly high concentrations in agricultural counties like Yiliang.

The mental health implications of parental separation have emerged as critical concerns in recent research. Xiao et al. (2024) conducted the Mental Health Survey for Children and Adolescents in Yunnan with 5,462 left-behind children, revealing weighted prevalence rates of 4.22% for lifetime depression and 3.84% for current depression, with significantly higher rates among girls and those with adverse parental

marital status. More alarmingly, Tian et al. (2019) documented 48.8% prevalence of selfharm behaviors among left-behind children aged 1017 in Guangnan County, Wenshan Prefecture, Yunnan, demonstrating severe mental health crisis affecting this population. Existing national-level research from the Institute of Psychology, Chinese Academy of Sciences suggested elevated levels of depression and anxiety among rural left-behind children.

1.2 Research Problem: Implementation Difficulties in Mental Health Education

Despite growing recognition of left-behind children's psychological vulnerabilities and governmental mandates for enhanced mental health support, effective implementation of mental health education in rural schools remains profoundly challenging. The central research problem this study addresses is: What factors constrain the effective implementation of mental health education for left-behind children in rural primary schools, and how do these factors operate at different ecological levels?

This problem manifests as a critical gap between policy intentions and practical realities. The 2016 State Council "Opinions on Strengthening Care and Protection of left-behind Children in Rural Areas" establishes governmental responsibility for left-behind children's welfare. The Ministry of Education's 2019 "Guidelines on Strengthening Mental Health Education in Primary and Secondary Schools" requires schools to integrate mental health education into curriculum and provides standards for counseling services. However, rural schools—particularly those serving highest concentrations of left-behind children—often lack capacity for meaningful implementation.

Teachers, occupying frontline positions in left-behind children's daily lives, serve simultaneously as academic instructors, emotional support providers, behavioral monitors, and de facto surrogate caregivers for children experiencing prolonged parental absence. Yet rural teachers face compounded challenges of resource scarcity, inadequate professional development, role ambiguity regarding mental health responsibilities, and systemic pressures prioritizing academic achievement. Liu et al. (2024) demonstrated that Yunnan's rural primary teaching workforce decreased by 8.9% (157,563 teachers) between 20172021, with nearly 80% of 10,356 surveyed rural

teachers expressing desire to relocate to urban areas. This retention crisis exacerbates already insufficient mental health support infrastructure, as only 12.3% of rural primary and secondary schools in Yunnan employ specialized mental health educators, far below the national average of 23.8%.

The implementation difficulties extend beyond school boundaries to encompass family and community dimensions. Grandparent guardians, while providing physical care, often possess limited education, struggle with intergenerational communication, and may hold cultural perspectives dismissing psychological concerns. Rural communities lack accessible mental health services, with the nearest facilities often located in distant county seats beyond most families' practical reach.

1.3 Research Objectives

This qualitative investigation pursued four primary objectives structured around identifying and analyzing implementation barriers:

Objective 1: To identify internal factors (school-level constraints) that impede effective mental health education implementation, including teacher role ambiguity, resource scarcity, training inadequacies, and systemic pressures.

Objective 2: To identify external factors (social and family-level constraints) that impede effective mental health education implementation, including guardianship limitations, community support deficiencies, and economicpolicy pressures.

Objective 3: To examine how these internal and external factors interact to produce specific problems and challenges in supporting left-behind children's psychological well-being.

Objective 4: To propose theory-based strategies and countermeasures for optimizing both internal factors and external support systems, grounded in teachers' experiential insights and ecological systems framework.

These objectives explicitly shift analytical focus toward systematic identification of constraining factors rather than purely descriptive documentation of teacher experiences.

This approach recognized teachers as knowledgeable informants whose perspectives illuminate systemic barriers requiring structural intervention.

1.4 Research Significance

1.4.1 Theoretical Significance

This study advances theoretical understanding through several contributions:

Enriching factors analysis research: By systematically categorizing constraints into internal and external factors within an ecological systems framework, this study moves left-behind children research beyond descriptive outcome reporting toward a more causal analysis of implementation barriers. This factor-focused approach allows for finer-grained diagnosis of obstacles and enables more precisely targeted interventions.

Ecological systems theory application: The research demonstrates how micro-systemlevel teacherchild interactions are constrained by macro-system institutional policies and exosystem family circumstances, providing empirical illustration of multilevel ecological influences on educational practice.

Teacher agency within constraints: The study contributes to understanding how frontline educators navigate structural limitations, developing adaptive strategies that demonstrate professional agency while simultaneously highlighting inadequacy of relying on individual teacher initiative rather than systemic support.

1.4.2 Practical Significance

Practical contributions include:

Evidence-based policy recommendations: By identifying specific internal and external factors impeding implementation, findings provide empirical foundation for targeted policy interventions at school, community, and governmental levels.

Professional development priorities: Analysis of teachers' training deficits and knowledge gaps informs design of specialized professional development addressing mental health competencies required for supporting left-behind populations.

Resource allocation guidance: Documentation of resource scarcity patterns and infrastructure deficiencies guides educational administrators and policymakers in directing investments toward highestimpact areas.

Scalable practice innovations: Teachers' informal adaptive strategies, when systematically documented and analyzed, reveal potentially scalable approaches for other rural schools facing similar constraints.

1.5 Research Scope and Delimitations

This study was geographically bounded to Huaxing Primary School in Dogjie Township, Yiliang County, Kunming City, Yunnan Province. The school, founded in 1956, serves approximately 230 students across grades 16, with 73 students (31.7%) classified as left-behind children. The school draws students from eight surrounding natural villages within approximately 15kilometer radius, representing predominantly Yi, Han, and Hui ethnic backgrounds. This site was selected for the following reasons: the proportion of left-behind children approximates provincial average (31.2%), providing representativeness; the school serves as pilot site or Yiliang County's left-behind children care services initiative, offering policy relevance; the multi-ethnic student population enables examination of cultural factors; and school administration granted research access and demonstrated commitment to reflective practice.

The research was conducted during 20232024 academic year, with primary data collection between September 2023 and January 2024. This timing allowed teachers to establish student relationships and observe behavioral patterns over several months while avoiding examination periods constraining teacher availability.

Methodologically, this was purely qualitative investigation employing semi-structured interviews with eight teachers as primary data source. The research explicitly did not include: (1) direct interviews or assessments of left-behind children themselves, (2) quantitative measurements of psychological health status or educational outcomes, (3) intervention effectiveness trials, or (4) comparative analysis with other schools or provinces. These delimitations reflect ethical considerations regarding vulnerable child participation, methodological coherence in pursuing interpretive rather than positivist objectives, and pragmatic constraints of graduatelevel research.

1.6 Key Concepts and Definitions

According to official guidelines issued by the State Council of China (2016), left-behind children refer to individuals under 16 years old whose parents have both migrated for work for at least six consecutive months, or whose one parent has migrated while the other lacks guardianship capacity due to illness, disability, or other circumstances.

Internal factors: School-level constraints and conditions that impede mental health education implementation, encompassing teacher capabilities, institutional resources, organizational structures, and schoolbased policies.

External factors: Social and family-level constraints operating beyond school boundaries, encompassing guardianship arrangements, community support systems, economic pressures, and governmental policies.

Mental health education: Systematic educational efforts aimed at promoting students' psychological well-being, emotional regulation, social competencies, and resilience, while also identifying and supporting students experiencing psychological difficulties.

Chapter 2

Literature Review

2.1 Theoretical Framework

2.1.1 Ecological Systems Theory as Analytical Foundation

This study employed Bronfenbrenner's Ecological Systems Theory (1979,) as primary theoretical framework, specifically operationalizing the theory to analyze factors constraining mental health education implementation at multiple ecological levels. Bronfenbrenner's framework posits that child development occurs through progressively complex reciprocal interactions between active, evolving biopsychological organisms and persons, objects, and symbols in their immediate environments. Development is understood as embedded within nested environmental contexts, from proximal micro-systems through increasingly distal macrolevel structures.

The ecological systems framework comprises five interconnected systems relevant to this study:

Micro-system: The immediate settings containing the developing child, including family, school, peer group, and neighborhood. For this research, the school micro- system—particularly teacherchild relationships and classroom environments— represents the primary internal context where mental health education occurs or fails to occur. Teacherchild interactions constitute critical proximal processes that can support or undermine psychological well-being.

Mesosystem: Linkages and processes between two or more micro-systems, such as homeschool connections. This study examines how weak mesosystem connections between grandparent guardians and schools impede coordinated mental health support, constituting an external constraining factor.

Exosystem: Linkages and processes between settings where the child is not directly present but which influence processes in immediate settings. Relevant exosystem factors include parental workplace conditions in distant cities determining home visit frequency, Community-level resource availability, and local economic conditions shaping out-migration patterns.

Macro-system: Overarching institutional patterns, cultural values, belief systems, and ideologies characterizing a given society. Critical macro-system

factors include China's HuKou (household registration) system preventing family reunification, cultural values around educational achievement and filial piety, and national policies regarding left-behind children and mental health education.

Chronosystem: Change or consistency over time in both person and environment, including life transitions and historical events. This dimension captures developmental trajectories, policy evolution, and cumulative effects of prolonged separation.

2.1.2 Factor Analysis Framework: Internal and External Dimensions

Building upon Ecological Systems Theory, this study employed a factors analysis framework that systematically categorized constraints as internal factors (micro-system level school constraints) and external factors (exosystem and macro-system level social and family constraints). This categorization enables precise identification of intervention targets at appropriate ecological levels.

Internal factors encompass school level conditions directly influencing teachers' capacity to implement mental health education:

Teacher role definitions, workload structures, and professional boundaries

Availability of mental health resources, infrastructure, and specialized personnel Professional development systems and training provision

Institutional evaluation mechanisms and achievement priorities

Organizational culture and collegial support systems

External factors encompass family and social conditions operating beyond school boundaries:

Guardianship arrangements and grandparent care-giving limitations

Familyschool communication patterns and mesosystem linkages

Community mental health service availability and accessibility

Economic pressures driving parental migration

Policy structures (HuKou system, migration regulations)

Cultural values and beliefs about mental health and childrearing

This factors analysis framework provides organizational structure for systematic investigation while maintaining ecological theory's emphasis on multilevel interactions. Internal and external factors do not operate independently but rather interact dynamically—for instance, inadequate external mental health services (external factor) intensifies pressure on teachers to provide support beyond their capabilities (internal

factor), while limited teacher training (internal factor) prevents effective collaboration with grandparents (external factor).

2.1.3 Care Ethics as Complementary Framework

Care ethics, pioneered by Noddings (2013), provides complementary theoretical lens for understanding moral dimensions of teachers' experiences. Care ethics emphasizes relational dimensions of moral decisionmaking and ethical significance of interpersonal caring relationships, contrasting with deontological or utilitarian frameworks prioritizing abstract principles or aggregate welfare. In educational contexts, care ethics reframes teaching as inherently relational and moral work rather than merely technical knowledge transmission.

For this study, care ethics illuminates ethical tensions when teachers attempt to provide compensatory care for left-behind children's unmet emotional needs despite inadequate systemic support. Teachers navigate "third space" positions (Burke & Minton, 2019) between professional detachment and involved caring, extending themselves beyond typical boundaries while experiencing moral distress when recognizing limitations. Care ethics framework highlights that sustainable caring requires not only individual teacher commitment but also adequate structural conditions preventing caregiver exhaustion.

Goldstein and Lake's (2000) application of care ethics to educational policy argues that care must be understood as both individual practice and collective responsibility requiring adequate structural support. This perspective critiques policies increasing expectations for teacher care while simultaneously reducing resources, creating conditions where teachers experience moral stress attempting to meet students' needs without adequate support systems—precisely the situation rural teachers of left-behind children face.

2.2 Relevant Studies

2.2.1 Mental Health Status of Left-behind Children

Extensive empirical research has documented elevated mental health challenges among left-behind children compared to nonleft-behind peers. A comprehensive metaanalysis by Zhao et al. (2018)，ynthesizing 36 studies with 75,870 participants, found left-behind children exhibited significantly higher levels of depression (Hedges' g = 0.41), anxiety (g = 0.36), and loneliness (g = 0.38) than children living with parents. While these effect sizes are moderate in magnitude, they translate to substantial populationlevel burden given millions of children affected.

Recent Yunnanspecific research refines understanding of mental health manifestations in this province's left-behind population. Xiao et al.'s (2024) survey of 5,462 left-behind children documented weighted prevalence rates of 4.22% for lifetime depressive disorders and 3.84% for current depression, with significant associations between depressive disorders and selfharm behaviors. Girls and those experiencing adverse parental marital status faced elevated risk. Selfharm prevalence is particularly alarming. Tian et al. (2019) found 48.8% of left- behind children aged 1017 in Guangnan County, Yunnan, reported selfharm behaviors, substantially exceeding international norms.

Beyond internalizing symptoms, left-behind children demonstrate elevated externalizing behaviors. Wang et al. (2024), scoping review of 33 intervention studies, noted increased impulsivity, aggression, and rulebreaking behaviors. These behavioral manifestations often reflect underlying emotional distress and disrupted attachment relationships rather than primary conduct disorders, necessitating trauma-informed rather than punitive disciplinary approaches.

Academic performance represents another concern domain. Multiple studies document lower achievement scores, reduced school engagement, and higher dropout rates. However, Fellmeth et al.'s (2018) systematic review and metaanalysis of 111 studies involving over 185,000 children revealed heterogeneous academic outcomes, with some left-behind children demonstrating resilience. This heterogeneity suggests parental migration perse does not deterministically produce negative outcomes, but rather interacts with multiple protective and risk factors.

2.2.2 School Influencing Factors (Internal): Teacher Roles and School Resources

Teacher Role Ambiguity and Emotional Labor

Teachers, particularly homeroom teachers, occupy ambiguous professional positions regarding student mental health. Chinese educational culture traditionally emphasizes holistic teacherstudent relationships, with teachers expected to serve as moral exemplars and provide guidance across academic, behavioral, and personal domains. This cultural expectation, while potentially enabling supportive relationships, also creates role strain when teachers lack adequate preparation or support.

Dabrowski et al.’s (2024) Australian mixedmethods study capturing perspectives from 1,500 educators revealed teachers feel "left to fend for ourselves" in supporting student mental health. This characterization resonates with Chinese contexts where mental health professionals remain scarce. The study identified disconnect between educator capacity and growing demands, with vulnerable and marginalized children facing greatest risk when teachers lack adequate support.

Emotional labor represents substantial but often unacknowledged dimension of teaching, particularly when supporting students experiencing adversity. Teachers must manage their own emotional reactions to students' distress while projecting professional composure and providing emotional containment. For rural teachers working with left-behind children, this emotional labor is compounded by witnessing poverty, family disruption, and limited life opportunities without adequate organizational support or clinical supervision.

Resource Scarcity and Infrastructure Deficiencies

Rural schools face persistent resource constraints affecting mental health support capacity. Liu et al.’s (2024) mixedmethods study in Yunnan Province documented 8.9% decrease in rural primary teaching workforce between 20172021, representing loss of 157,563 teachers. This attrition occurs despite governmental efforts to incentivize rural teaching through living subsidies and preferential policies. Survey data from 10,356 Yunnan rural teachers revealed nearly 80% expressed desire to relocate to urban areas, citing limited professional development opportunities, inadequate facilities, heavy workloads, social isolation, and concerns about children's education.

Mental health staffing ratios in rural schools dramatically underperform national guidelines. Only 12.3% of rural primary and secondary schools in Yunnan employ specialized mental health educators, far below national average of 23.8%. Schools attempting to comply with mandates often designate one teacher to serve entire student body while maintaining other teaching responsibilities, rendering individualized counseling practically impossible.

Physical infrastructure for mental health services remains inadequate. Rural schools typically lack dedicated counseling rooms, assessment materials, and documented referral procedures. External mental health services are essentially nonexistent in most rural communities, with nearest county mental health clinics located 3050 kilometers distant with limited child psychiatry capacity and monthslong

waiting lists. Most families lack transportation and financial resources for accessing services.

Professional Training Deficiencies

Teacher preparation for addressing student mental health needs remains inadequate across Chinese education systems, with particularly pronounced gaps in rural contexts. Liu et al.'s (2021) qualitative study with 27 homeroom teachers in Zhejiang and Anhui provinces revealed significant mental health literacy gaps. Teachers often conflated nonconformist behaviors with mental illness, lacked familiarity with screening tools, relied on subjective assessments, and only onethird reported referring students for professional help.

Pre-service teacher education programs in China include limited mental health content, typically consisting of one or two general educational psychology courses. Few programs provide specialized training in recognizing mental health symptoms, conducting risk assessments, implementing classroombased interventions, or coordinating referrals. This gap is particularly consequential for rural teachers who cannot easily access consultation from school psychologists or external mental health services.

In-service professional development opportunities are constrained by multiple factors. Rural schools often cannot release teachers for extended training due to staffing limitations. Professional development activities tend to focus on academic instruction and examination preparation rather than social-emotional learning or mental health support strategies. Geographically, rural schools' distance from universities or training centers limits access to expert consultation.

2.2.3 Social Influencing Factors (External): Family Structure and Social Support

Guardianship Arrangements and Grandparent Limitations

Approximately 90% of left-behind children in rural China are cared for by grandparents, with smaller proportions under care of other relatives or selfcaring. Grandparent care-giving presents distinct challenges: elderly caregivers often possess limited education, may face their own health challenges, struggle with intergenerational communication gaps, and may employ indulgent or inconsistent disciplinary approaches.

Liu et al.'s (2021) qualitative study with 24 grandparent caregivers in rural China revealed complex emotional dynamics. Grandparents described feeling

simultaneously devoted to grandchildren and overwhelmed by care-giving responsibilities, particularly when managing multiple grandchildren or coping with behavioral difficulties. Many grandparents lacked confidence addressing psychological issues, instead focusing primarily on physical care and academic supervision. This gap in emotional support capacity creates vulnerability for left-behind children experiencing psychological distress.

Educational limitations among grandparents impede homeschool collaboration. Many possess elementary school education or less, with some functionally illiterate, creating communication obstacles through written notices. Grandparents may not recognize signs of emotional distress or understand developmental needs beyond physical well-being, thinking adequate food, clothing, and school attendance indicates child is "fine" even if deeply unhappy.

Generational differences in childrearing philosophies create friction. Grandparents may prioritize obedience, employ physical punishment, and dismiss psychological concerns as modern indulgence or weakness rather than legitimate health issues. These perspectives prevent appropriate helpseeking and response to children's mental health needs.

Parent-Child Communication Quality

Parent-child communication quality represents critical factor with substantial impact. Xie et al.'s (2024) study demonstrated communication quality matters more than quantity—highquality parent-child communication characterized by emotional support and problem-focused dialogue protects against depression and anxiety even when frequency is moderate. Conversely, poor-quality communication, even when frequent, shows limited protective effects.

However, maintaining high-quality communication proves challenging given parental workplace demands, geographic distance, and limited technological access. Parents working in manufacturing or construction often lack smartphone access during work hours, have limited privacy for personal calls, and may be too exhausted during available time for emotionally engaged conversation. Children interpret infrequent communication or missed promised calls as evidence of insufficient parental care rather than understanding employment constraints.

Community Support System Deficiencies

Rural communities lack robust social support systems for vulnerable children. Community-level mental health services are virtually nonexistent, with professional

counseling, psychiatric care, and crisis intervention unavailable within practical geographic and financial reach of most families. Village-level governance structures, while potentially positioned to identify at-risk children, typically lack mental health expertise or resources to provide meaningful support.

After-school programming and youth services that might provide supervised activities, adult mentor ship, and peer connection opportunities are scarce in rural areas. Children's non-school time is spent primarily in agricultural work, unsupervised play, or solitary screen time, missing structured opportunities for skill development and positive adult relationships that urban peers often access.

Social stigma around mental health persists in rural communities, discouraging help-seeking even when services exist. Families fear negative judgments, worry about children being labeled as "problematic," and may prioritize concealing difficulties rather than seeking assistance.

Economic and Policy Pressures

Macro-system-level factors including economic disparities and policy structures fundamentally drive family separation. Substantial urban-rural income gaps make migration economically necessary for many families, with urban wages far exceeding rural agricultural earnings. Parents face impossible choices between economic security and physical presence with children.

China's HuKou (household registration) system creates structural barriers to family reunification. This system restricts rural migrants' access to urban social services including public education, healthcare, and social welfare, effectively preventing many families from bringing children to cities despite parental desire for reunification. Policy reforms since 2014 have gradually relaxed these restrictions, particularly in smaller cities, but substantial barriers remain in major metropolitan areas where employment opportunities concentrate.

Tong et al. (2019) employed ecological theory to analyze leftbe- hind children phenomena through nationally representative data, identifying macro- system factors including HuKou system and institutional barriers preventing family reunification alongside micro-system factors such as care-giving arrangements and migration distance. This multilevel examination demonstrates how structural policies interact with proximal relational processes.

2.3 Research Gaps and Study Positioning

Despite extensive research on left-behind children's mental health outcomes, significant gaps remain in understanding implementation barriers for mental health education interventions. Existing research has predominantly:

1. Focused on outcome documentation rather than systematic analysis of constraining factors preventing effective intervention

2. Emphasized quantitative prevalence studies rather than qualitative investigation of implementation processes

3. Centered child perspectives or outcomes rather than educator experiences navigating systemic constraints

4. Examined factors in isolation rather than analyzing how internal school-level and external sociallevel factors interact

This study addressed these gaps by systematically investigating both internal and external factors constraining mental health education implementation from teachers' perspectives, employing rigorous qualitative methods to illuminate lived experiences of front-line educators attempting to support vulnerable children within resource-constrained systems. The factors analysis framework enabled precise identification of multilevel barriers requiring targeted intervention.

2.4 Conceptual Framework

Based on Bronfenbrenner’s Ecological Systems Theory discussed in Section 2.1, this study constructed a Qualitative Factors Analysis Framework to systematically examine the challenges of mental health education for left-behind children. While the Ecological Systems Theory provides the macro-theoretical lens, this conceptual framework operationalizes specific environmental layers into two distinct but interacting dimensions relevant to the school context: Internal Factors and External Factors.

2.4.1 Operationalization of Factors

The framework categorizes the research variables as follows: Internal Factors (The School Micro-system): This dimension represents the immediate setting where education takes place. In this study, it encompasses teacher role definition,

professional competency, school infrastructure, and institutional evaluation systems. These factors directly influence the quality of teacher-student interactions (proximal processes).

External Factors (The Exo-system and Macro-system): This dimension encompasses the broader environments that teachers cannot directly control but must navigate. It includes family guardianship capacity (intergenerational care), community support infrastructure, and macro-level policies (such as the Hukou system) and cultural values that drive parental migration.

2.4.2 Interaction Mechanism (The Meso-system)

Crucially, this conceptual framework posits that Internal and External Factors do not operate in isolation. They interact through the Meso-system—specifically, the interface between home and school.

For instance, the "External" limitation of grandparent illiteracy directly creates an "Internal" barrier for teachers' communication channels. This framework guides the subsequent data analysis in Chapter 4, serving as the logic for classifying interview themes into "Internal Constraints" and "External Constraints," thereby ensuring the findings are theoretically grounded rather than merely descriptive.

Chapter 3

Methodology

3.1 Research Design

This study employed qualitative research design grounded in inter-pretivist epistemology and constructionist ontology. Inter-pretivism posits that social phenomena are inherently meaningful and that understanding requires engagement with participants' subjective interpretations, meanings, and experiences. Constructionism argues that reality is socially constructed through language, interaction, and shared meaning-making processes rather than existing as objective, observer-independent facts.

The research design specifically focused on identifying and analyzing factors constraining mental health education implementation. Rather than measuring outcomes or testing intervention effectiveness, this study sought deep understanding of how teachers perceive and experience various barriers operating at different ecological levels. This approach recognized teachers as knowledgeable informants whose perspectives illuminate systemic constraints requiring structural intervention.

3.2 Research Setting

Huaxing Primary School, located in Dogjie Township, Yiliang County, Kunming City, Yunnan Province, served as research site. The school, established in 1956, represents typical rural primary school in southwestern China. As of 2023-2024 academic year, the school enrolled 230 students across grades 16, taught by 18 faculty members. Seventythree students (31.7%) are classified as left-behind children, closely approximating Yunnan Province's average of 31.2%.

Geographically, the school serves eight surrounding natural villages within approximately 15kilometer radius, situated in mountainous terrain characteristic of Yunnan's geography. The catchment area's economy relies primarily on subsistence agriculture supplemented by labor out-migration, creating socioeconomic conditions producing left-behind children. Ethnically, the student

body reflects Yunnan's multi- ethnic composition, predominantly comprising Yi, Han, and Hui children

The school participated in Yiliang County's "Care for left-behind Children" pilot program launched in 2022, which mandates establishment of student mental health files, regular guardian communication, and implementation of group psychological activities. This policy context provides relevant backdrop for examining implementation challenges.

3.3 Participant Selection and Recruitment

Purposive sampling was employed to select information rich participants possessing direct, substantial experience supporting left-behind children's education. Inclusion criteria specified: (1) current employment at Huaxing Primary School with at least one year tenure, (2) direct teaching responsibility for classes including left-behind children, (3) willingness to participate in audio-recorded interviews discussing professional experiences, and (4) ability to provide informed consent.

Eight teachers participated in semi-structured interviews. Participants comprised one school principal (also teaching parttime), four homeroom teachers, one mental health teacher, and two subject teachers. Demographic characteristics included:

Gender: Seven female, one male

Age: Range 28-54 years, approximately 39 years

Teaching Experience: Range 3-28 years, approximately 14 years

Educational Background: Six held a bachelor's degree, two held an associate's degree

Ethnic Background: Seven Han Chinese, one Yi ethnicity

Recruitment proceeded through institutional approval from Yiliang County Education Bureau and school administration, staff meeting introduction by principal, and individual information sheets detailing research purposes, procedures, confidentiality protections, voluntary participation, and right to withdraw. Informed consent was obtained in writing prior to interviews.

3.4 Data Collection Method

Semi-structured interviews served as primary data collection method, balancing structured inquiry addressing key research questions with flexibility enabling participants to introduce unanticipated themes and elaborate on personally significant experiences. The interview guide organized inquiry around four thematic domains aligned with factors analysis framework:

1. Identification and description of left-behind children's mental health challenges (establishing implementation need)

2. Internal factors: Professional preparation, resources, support systems, workload, evaluation pressures

3. External factors: Relationships and communication with families and guardians, community resources, policy constraints

4. Adaptive strategies and recommendations for addressing both internal and external barriers

Illustrative questions included:

"What mental health challenges do you observe among left-behind children? What specific behaviors or emotional patterns cause concern?" (Establishing need)

"What training or preparation have you received for addressing students' psychological needs? What support does the school provide?" (Internal factors)

"How would you characterize your communication with grandparents? What challenges arise in homeschool collaboration?" (External factors)

"What approaches have you developed to work within current constraints? What changes would enable more effective support?" (Strategies and recommendations)

Interview duration ranged from 45 to 90 minutes, approximately 65 minutes. Interviews were conducted in Mandarin Chinese in private locations selected by participants. All interviews were audio-recorded with permission, generating approximately 520 minutes of recorded material.

Supplementary data collection included field notes documenting observational impressions of school facilities, classroom environments, and contextual factors, plus reflexive journaling throughout research processes exploring researcher reactions, emerging interpretations, and critical self-examination of positionality influences.

3.5 Data Analysis Procedures

3.5.1 Transcription and Translation

Audio recordings were transcribed verbatim in Mandarin Chinese, preserving speakers' original language including regional expressions. The researcher conducted all transcription to maintain analytical immersion. Analysis was conducted in Mandarin to preserve cultural nuances, idiomatic expressions, and semantic meanings. Following thematic development, illustrative quotes and analytical summaries were translated into English for international dissemination, with attention to conceptual equivalence rather than word-for-word literalism.

3.5.2 Reflexive Thematic Analysis Process

Analysis followed Braun and Clarke's (2022) sixphase reflexive thematic analysis process, structured by the theoretical factors analysis framework:

Phase 1: Familiarization with data. Intensive engagement with transcripts through repeated reading while listening to audio recordings, noting initial observations regarding internal and external constraining factors mentioned by participants.

Phase 2: Generating codes. Systematic coding of transcripts using NVivo 14 qualitative data analysis software, generating initial codes capturing interesting features and semantic content related to implementation barriers. Coding explicitly attended to whether factors described operated at school-level (potential internal factors) or social/family-level (potential external factors). This phase produced approximately 320 initial codes.

Phase 3: Generating initial themes. Organizing codes into broader pattern clusters representing potential themes within internal and external factors categories. Visual mapping techniques facilitated pattern recognition of how various constraints clustered together.

Phase 4: Developing and reviewing themes. Refining initial themes through iterative review against coded data and entire data-set. Evaluating whether themes coherently captured internal versus external dimensions of constraints, ensuring alignment with ecological systems theoretical framework.

Phase 5: Refining, defining, and naming themes. Finalizing theme structures within factors analysis framework, writing detailed analytical narratives for each theme, determining theme scope and boundaries. Developing sub-themes where appropriate to capture internal heterogeneity while maintaining overall internal/external organizational structure.

Phase 6: Producing the report. Constructing coherent narrative integrating themes, supporting with illustrative quotes, relating findings to research questions and theoretical frameworks, discussing implications. Maintaining explicit connection to factors analysis framework throughout reporting.

Throughout analysis, the researcher reflexivity was maintained through ongoing journaling, discussing interpretations with advisors, and remaining open to alternative explanatory frameworks. The analysis aimed to balance staying close to participants' meanings with moving toward conceptual insights extending beyond surface description, specifically toward identifying systematic patterns of internal and external constraints.

3.6 Ethical Considerations

Research protocol received ethics approval from relevant institutional bodies. Informed consent procedures emphasized voluntary participation, confidentiality protections, and participants' right to withdraw. Multiple strategies were implemented to protect participant confidentiality: all participants assigned pseudonyms, institutional identifiers masked, audio recordings and transcripts stored securely, hard copy materials maintained in locked storage.

Reflexive examination of researcher positionality maintained awareness of how urban background and graduate student status potentially shaped interpretations. Trustworthiness was enhanced through prolonged engagement, persistent observation, peer debriefing, member checking with four participants who reviewed preliminary findings, thick description enabling transfer-ability assessment, and detailed audit trail documenting research progression.

Chapter 4

Findings

This chapter presents findings organized according to the factor analysis framework, beginning with description of current dilemmas teachers observe, followed by systematic analysis of internal school-level factors and external social-family factors constraining effective mental health education implementation.

4.1 Current Dilemma: Manifestations of Mental Health Problems among left-behind Children

Teachers consistently described observing distinctive patterns of psychological distress among left-behind students that differed qualitatively from challenges experienced by children living with parents. These observations establish the critical need for effective mental health education while also revealing why teachers feel compelled to extend themselves beyond typical professional boundaries despite systemic constraints.

4.1.1 Learning Anxiety and Academic Pressure

Teachers noted many left-behind children exhibited severe learning anxiety disproportionate to actual academic performance. Ms. Li, a homeroom teacher with 15 years experience, explained:

"These children carry such heavy psychological burdens about studying. Even students who perform reasonably well become extremely anxious before exams. I have seen children vomiting before tests, unable to sleep the night before, crying when receiving scored assignments even with decent grades. They tell me things like 'If I don't do well, my parents worked so hard for nothing' or 'My grandparents will be disappointed.' The pressure they feel seems unbearable."

This cognitive distortion—equating academic performance with parental sacrifice and family honor—emerged repeatedly. Teachers described left-behind children interpreting examination results through moral lenses, viewing poor grades as betraying parents who migrated to provide educational opportunities. Mr. Zhang, the school principal, contextualized this pattern:

"We see children who are utterly convinced that their parents left to earn money for their education, so they must achieve perfect scores to justify this sacrifice. When reality doesn't match these impossible expectations—because they're nine or ten years

old, because maybe they're not naturally gifted in mathematics, because they didn't get enough sleep—they experience crushing guilt."

The anxiety manifested physically. Teachers described students with headaches, stomachaches, and sleep disturbances surrounding academic evaluation periods. Ms. Wu, a subject teacher, recounted:

"During examination weeks, I see left-behind children who look exhausted, with dark circles under their eyes. When I ask if they're sleeping, they admit staying up trying to memorize textbooks or redo practice problems repeatedly. Their grandparents often don't realize this is happening because the children work quietly in their rooms."

4.1.2 Self-Blame Cognition and Internalized Causation

A particularly concerning pattern involved children's causal attributions for parental migration. Teachers described students who internalized responsibility for parents' absence, believing their own inadequacies prompted parental departure. Ms. Chen, a homeroom teacher of fourth grade, provided powerful illustration:

"I'll never forget a girl who told me, 'Maybe if I had been better behaved, Mama wouldn't need to work so far away.' This child was blaming herself for circumstances completely beyond her control. She thought her ordinary childish behaviors—maybe sometimes being noisy, occasionally forgetting homework—drove her mother to migrate. This broke my heart because you could see this belief poisoning her self-worth."

This self-blame extended beyond initial separation to encompass ongoing circumstances. Children interpreted infrequent parental communication or missed promised visits as evidence of their own unworthiness rather than parents' constrained circumstances. Ms. Liu, the mental health teacher, explained:

"Children construct narratives where they are the problem. If parents promise to call Sunday evening but cannot due to workplace demands, the child concludes they don't care enough rather than understanding employment constraints. Or if parents couldn't come home for Spring Festival—which is financially or logistically impossible for some families—children interpret this as 'I'm not important enough for them to visit.' These distorted attributions accumulate, damaging children's sense of being valued and loved."

Teachers struggled to counter these cognitive distortions without inadvertently validating children's concerns or criticizing parents. The delicate balance between validating children's feelings and reframing unrealistic self-blame required psychological sophistication many teachers felt they lacked.

4.1.3 Emotional Volatility and Dysregulation

Teachers observed that left-behind children frequently demonstrated emotional volatility, with rapid shifts between withdrawal and explosive outbursts. Ms. Wang, a homeroom teacher, described:

"Some left-behind students seem to have difficulty regulating emotions. One moment they're quiet, almost invisible, and suddenly they explode over something minor—perhaps another child accidentally bumps them or takes their pencil. The reaction is disproportionate. Then afterward, they often feel ashamed and withdraw again."

This emotional dysregulation appeared related to inadequate opportunities to process complex feelings about parental separation. Teachers hypothesized that grandparent guardians, while providing physical care, often lacked emotional vocabulary or psychological frameworks to help children identify and manage feelings. Mr. Zhao, a subject teacher, noted:

"I think these children carry so much sadness, anger, and confusion that they don't know how to express appropriately. They haven't learned emotion regulation skills because the adults caring for them also struggle with these competencies. So emotions accumulate until they overflow in uncontrolled ways."

The volatility sometimes included unpredictable crying episodes. Multiple teachers described students suddenly tearing up during routine activities. Ms. Li recounted:

"Sometimes a child will be sitting in class and tears just start rolling down their face. Not sobbing dramatically, just silent tears. If I ask what's wrong, they often can't articulate it or say 'nothing.' I believe certain moments trigger memories or feelings about their parents that overwhelm them temporarily."

4.1.4 Social Withdrawal and Interpersonal Difficulties

Interpersonal challenges represented another significant concern. Teachers noted many left-behind children demonstrated social withdrawal, reluctance to participate in group activities, and difficulties forming close friendships. Ms. Chen explained:

"I see left-behind children who seem to protect themselves by not getting too close to others. Perhaps they've learned that people they love leave, so maintaining distance feels safer. They participate in required group work but don't seek playmates during free time. They eat lunch alone or remain on the edges of social groups."

This withdrawal sometimes reflected social anxiety and fear of rejection. Conversely, some left-behind children displayed demanding or clingy behaviors that alienated peers. Ms. Wang described:

"I have one student who becomes very possessive of any child who shows him kindness. He wants that child's exclusive attention, becomes upset if they play with others, and might even try to control their behavior. This understandably pushes classmates away, reinforcing his underlying belief that people will abandon him."

These manifestations—learning anxiety, self-blame cognition, emotional dysregulation, and social difficulties—establish urgent need for effective mental health education. However, as subsequent sections demonstrate, numerous internal and external factors constrain teachers' capacity to address these needs adequately.

4.2 Internal Factors: Constraints from School Environment

Internal factors encompass school-level conditions and constraints that impede effective mental health education implementation. Teachers identified four major categories of internal barriers: role ambiguity and emotional labor burden, resource scarcity and infrastructure deficiencies, professional training inadequacies, and evaluation system pressures prioritizing academic achievement.

4.2.1 Role Ambiguity and Emotional Labor: Teachers as "Surrogate Parents"

Teachers described profound role ambiguity regarding their mental health responsibilities, occupying ambiguous positions between educational professionals and compensatory emotional caregivers. Multiple teachers explicitly characterized themselves as partial parent substitutes for left-behind children seeking emotional connection. Mr. Zhang reflected:

"For many left-behind children, teachers represent the most consistent, reliable adult relationship in their lives. Grandparents provide physical care but often cannot offer the emotional attunement and guidance children need. So children look to teachers to fulfill some parental functions—to notice when they're upset, to encourage them, to care about their experiences beyond academic performance."

This surrogate care-giving role generated substantial emotional labor. Teachers described heightened emotional availability, leaving office doors open during free periods so students could drop in to chat, extending lunch breaks to eat alongside lonely children, and staying after school for extended conversations with distressed students. Ms. Li explained:

"I've had left-behind students who linger after the dismissal bell, inventing reasons to remain in the classroom. They'll ask questions they already know answers to, volunteer to clean the chalkboard, or slowly pack their bags. I understand they're seeking adult company, so I try to provide a few extra minutes of attention when I can."

Teachers invested substantial time in private conversations with struggling left-behind children, creating spaces for emotional disclosure unavailable in grandparent-child relationships. Ms. Liu, the mental health teacher, explained her communication strategy:

"I try to create nonjudgmental space where children feel safe expressing difficult feelings. If a child says 'I miss my mother so much it makes me sad,' I validate that sadness rather than immediately trying to fix it or offering platitudes like 'Your mother loves you very much.' I might say, 'Missing someone you love feels painful. It makes sense that you feel sad.' Then we might explore coping strategies or discuss what helps when they're feeling this way."

Teachers recognized therapeutic potential of these conversations while also acknowledging limitations. They were not trained counselors and worried about inadvertently causing harm or venturing beyond appropriate professional boundaries. Mr. Zhao reflected:

"Sometimes children share things—traumatic experiences, serious emotional problems—that I don't feel qualified to handle. I listen compassionately, but then I wonder, 'What should I do with this information? How can I help this child beyond my capabilities?' There's no clear referral pathway, no school psychologist I can immediately consult."

Beyond emotional support, teachers' compensatory care extended to practical assistance addressing material needs. Multiple teachers described purchasing school

supplies, food, or clothing for impoverished left-behind children using personal funds. Ms. Wang explained:

"I've bought winter coats, shoes, school bags, and lunches for students whose grandparent guardians couldn't afford these necessities. Technically this isn't my responsibility, but when a child is cold or hungry, I cannot ignore their discomfort. So I use my own salary, which isn't abundant, to help where I can."

Teachers also provided basic health care and hygiene support, teaching self-care skills that parents would typically provide. This expanded role, while reflecting admirable compassion, created unsustainable burden. Providing compensatory care generated substantial emotional toll. Ms. Wu reflected:

"It's emotionally exhausting to witness children's pain daily while feeling inadequate to truly address their suffering. I lie awake some nights thinking about particular students, worrying whether they're safe, wondering if there's more I could do. The caring doesn't end when I leave school—these children occupy space in my heart and mind constantly."

Teachers grappled with boundary questions: How much personal involvement is appropriate? When does care become unhealthy enmeshment? How can teachers sustain caring without experiencing burnout? Mr. Zhang articulated this tension:

"Teachers must balance compassionate engagement with professional boundaries. If I become too personally invested in every struggling child, I risk emotional exhaustion that ultimately diminishes my effectiveness. But maintaining complete professional distance feels morally wrong when children desperately need care. Finding this balance is challenging, especially without organizational support or guidance."

Some teachers reported experiencing secondary traumatic stress from prolonged exposure to children's suffering. Ms. Liu, who heard the most distressing disclosures in her mental health role, described:

"I carry stories of abuse, neglect, and overwhelming sadness that children share with me. These stories affect my own mental health—I experience vicarious trauma, have intrusive thoughts about children's circumstances, and sometimes feel hopeless about our capacity to make meaningful differences. I don't have anyone to debrief with about this psychological burden."

Analysis: Role ambiguity represents critical internal factor constraining effective mental health education. Teachers extend themselves beyond typical professional boundaries driven by genuine care and children's evident needs, yet this expansion occurs without clear institutional definitions, adequate training, or systemic support. The resulting emotional labor proves unsustainable, risking teacher burnout that

ultimately harms both educators and students. This factor illuminates tension between individual teacher dedication and inadequate organizational infrastructure—schools depend on teachers' discretionary extraordinary effort rather than establishing sustainable support systems.

4.2.2 Resource Scarcity and Infrastructure Deficiencies

The most fundamental internal constraint teachers identified was absence of adequate mental health infrastructure. Although Huaxing Primary School employed one designated mental health teacher, Ms. Liu served 230 students across all grades while also teaching social studies classes. This ratio proved dramatically insufficient for addressing complex psychological needs. Ms. Liu explained:

"I am the only person with any mental health training serving this entire school. I conduct occasional group activities about emotions or friendship skills, but individualized counseling is impossible. If I spent 30 minutes with every student showing significant psychological difficulties, I would need literally 10 hours per day just for counseling, leaving no time for my other responsibilities. The demand vastly exceeds my capacity."

The school lacked basic counseling infrastructure including private office space, assessment tools, and documented referral procedures. Ms. Liu described conducting limited individual support in borrowed spaces:

"I don't have a dedicated counseling room. I use empty classrooms when available, the teacher lounge when colleagues are teaching, or the library corner. These improvised spaces lack privacy and psychological safety. Children know other people might overhear conversations, which prevents full disclosure."

External mental health services were essentially nonexistent. The nearest county mental health clinic was 35 kilometers away with limited child psychiatry capacity, and most families lacked transportation and financial resources for accessing services. Mr. Zhang confirmed:

"If we identify a child needing mental health intervention beyond what our school can provide—severe depression, trauma requiring specialized treatment—there's nowhere realistic to refer them. The county clinic has one pediatric psychiatrist with monthslong waiting lists. Most grandparent guardians cannot navigate that system or afford medications. So children with serious mental health conditions essentially go untreated."

Teachers also described overwhelming workloads that precluded devoting sustained attention to individual children's psychological needs. Beyond classroom instruction and preparation, teachers assumed substantial administrative responsibilities

including documentation, reporting, meeting attendance, and compliance with numerous governmental mandates. Ms. Li explained:

"My typical day begins at 7:00 AM and ends around 6:00 PM, filled constantly with teaching, grading, documentation, supervising lunch and recess, meeting with other teachers or administrators, and completing required reports. After school hours, I prepare lessons and grade assignments. There's virtually no time designated specifically for addressing students' mental health or conducting individualized support, even though I recognize these needs as critical."

Rural teacher shortages exacerbated workload pressures. Teachers frequently covered colleagues' classes during sick leave or managed oversized classes when teaching positions remained unfilled. Mr. Zhang described staffing challenges:

"We are perpetually understaffed. When teachers resign, which happens regularly as younger teachers seek urban positions, replacing them takes months or doesn't occur at all. Remaining teachers absorb increased responsibilities. This chronic understaffing makes providing individualized attention to struggling children nearly impossible despite our intentions."

Administrative documentation requirements consumed substantial time. Teachers described completing detailed records about left-behind children's situations, regular reporting to authorities about care services provided, and participating in meetings ostensibly supporting left-behind children but actually focused on compliance verification. Ms. Wu expressed frustration:

"So much time goes to documenting that we're helping left-behind children—completing forms, writing reports, attending meetings about procedures—but little time remains for actually helping them. The bureaucracy designed to support these children sometimes feels like it primarily generates paperwork rather than meaningful assistance."

Analysis: Resource scarcity and infrastructure deficiencies constitute fundamental internal barriers preventing effective mental health education implementation. Schools cannot provide adequate support without sufficient specialized personnel, appropriate facilities, reasonable teacherstudent ratios, and protected time for mental health work. Current conditions force teachers to choose between competing demands—academic instruction, administrative compliance, and student psychological support—inevitably resulting in inadequate attention to mental health despite recognition of critical needs. This factor highlights inadequacy ofpolicy mandates unaccompanied by corresponding resource allocation.

4.2.3 Deficiency in Professional Training and Mental Health Competencies

Teachers universally identified inadequate professional preparation as major barrier to effective mental health support. Most teachers' psychological knowledge derived from general educational psychology courses taken years earlier during normal university education, with little specific content about trauma, grief, attachment disruption, or psychopathology recognition. Ms. Wang described:

"I took one educational psychology course in university that covered child development theory. That's the extent of my formal mental health training. I've learned informally through years of experience observing children, but I don't feel truly competent to assess psychological problems or implement evidence-based interventions. I mostly rely on intuition and common sense."

Available professional development prioritized academic instruction, curriculum implementation, and examination preparation rather than social-emotional learning or mental health support. Teachers described occasional workshops on classroom management or parent communication, but these rarely addressed specific challenges of supporting left-behind children. Ms. Chen reflected:

"The Education Bureau offers professional development courses, but they focus on teaching methods for mathematics or Chinese language arts. I've never attended training specifically about supporting children experiencing parental separation, recognizing symptoms of depression or anxiety, or conducting mental health interventions. This knowledge gap undermines my effectiveness."

Teachers expressed strong desire for specialized training. When asked what professional development would be most valuable, every teacher mentioned mental health topics. Mr. Zhao articulated commonly expressed wishes:

"I want training helping me recognize when a child needs help beyond what I can provide, when behaviors indicate serious mental health problems versus normal development or temporary reactions to stress. I want strategies for having difficult conversations with children about sensitive topics. I want practical classroom techniques for building resilience and social-emotional competencies. I don't expect to become a therapist, but foundational knowledge would dramatically improve my confidence and capability."

The training deficit manifested in teachers' uncertainty about appropriate responses to concerning behaviors. Teachers described relying on subjective judgment rather than systematic assessment, unsure when behaviors warranted intensive intervention versus monitoring. Ms. Liu, despite being designated mental health teacher, acknowledged limitations:

"I completed a brief training program, but it provided only superficial overview. I lack deep understanding of child psychopathology, trauma-informed practice, or evidence-based interventions. When faced with complex cases, I often feel uncertain about appropriate responses and worry about making situations worse through inappropriate actions."

This lack of preparation extended to specific skills needed for supporting left-behind children. Teachers lacked knowledge about attachment theory and how parental separation affects attachment security, strategies for addressing self-blame cognitions and cognitive distortions, techniques for teaching emotion regulation to children who haven't developed these skills, and approaches for collaborating effectively with grandparent guardians.

Analysis: Professional training deficiencies represent critical internal factor undermining mental health education quality. Teachers cannot provide effective support without foundational knowledge, practical skills, and confidence in their competencies. Current preparation systems fail to equip educators with specialized knowledge required for supporting traumatized, attachmentdisrupted children. This gap means wellintentioned teacher efforts may prove ineffective or inadvertently harmful, while teachers experience professional stress from being expected to address needs beyond their preparation.

4.2.4 Evaluation System Pressure: Academic Achievement Priority Over well-being

Teachers described institutional evaluation systems that prioritized academic achievement and examination performance, effectively marginalizing mental health education despite official policies emphasizing its importance. School performance assessments, teacher evaluations, and resource allocations centered on academic metrics, creating systemic pressure that constrained time and attention devoted to students' psychological well-being.

Ms. Chen explained how evaluation pressures shaped daily priorities:

"We are evaluated primarily on students' examination scores. My professional advancement, salary bonuses, and reputation depend substantially on my class's academic performance. While administrators verbally emphasize caring for students' mental health, the actual reward systems incentivize focusing on test preparation. When I must choose between extra test review and a social-emotional learning activity, the pressure to prioritize academics is enormous."

This evaluation structure created tension between competing professional responsibilities. Teachers recognized left-behind children's psychological needs as critical, yet institutional incentives drove focus toward academic outcomes. Mr. Zhang acknowledged this systemic contradiction:

"We tell teachers to support students' mental health and well-being, but then we evaluate schools and teachers primarily on test scores. This sends contradictory messages. Teachers face impossible choices—spend time addressing a child's emotional crisis or maintain instructional pace to ensure examination readiness? The evaluation system effectively answers that question by rewarding academic results regardless of psychological costs."

The prioritization of academic achievement manifested in time allocation. Examination preparation consumed increasing proportions of instructional time, particularly approaching assessment periods, leaving minimal space for activities promoting social-emotional competencies. Ms. Wang described:

"As examinations approach, pressure intensifies to dedicate every minute to test preparation. Activities like class meetings discussing feelings, group projects building collaboration skills, or individual conversations with struggling students get eliminated as 'luxuries' we cannot afford when test scores are at stake. This happens despite knowing these children desperately need nonacademic support."

Teachers also noted that mental health education lacks formal curricular status and structured instructional time. Unlike mathematics or Chinese language arts with designated class periods, mental health education exists as supplementary activity teachers implement informally when possible. Ms. Liu explained:

"Mental health education has no protected time in our schedule. I'm supposed to conduct group activities, but when academic demands intensify, administrators ask me to reduce or eliminate these sessions to provide more test preparation. Without formal curricular standing, mental health work is perpetually vulnerable to being deprioritized."

Analysis: Evaluation system pressure represents powerful internal factor constraining mental health education implementation despite official policy emphasis. Institutional incentive structures that reward academic achievement while failing to recognize or incentivize mental health support inevitably shape teacher behavior and school priorities. Teachers face impossible choices between competing demands, with evaluation pressures systematically driving focus toward measurable academic outcomes regardless of students' psychological suffering. This factor illustrates how

macro-system cultural values prioritizing educational achievement penetrate micro-system teacherchild interactions through institutional evaluation mechanisms.

4.3 External Factors: Constraints from Society and Family

External factors encompass social and family-level conditions operating beyond school boundaries that constrain effective mental health education implementation. Teachers identified three major categories of external barriers: family dysfunction and guardian limitations, social support system deficiencies, and economicpolicy pressures driving family separation.

4.3.1 Family Dysfunction and Guardian Limitations: Intergenerational Care-giving Challenges

Communication and collaboration with grandparent guardians presented persistent challenges fundamentally shaping teachers' capacity to support left-behind children effectively. Teachers described multiple dimensions of guardianship limitations that impeded coordinated homeschool mental health support.

Educational Limitations and Literacy Barriers

Many grandparent guardians possessed minimal formal education, creating communication obstacles. Teachers estimated approximately 40% of grandparents had elementary school education or less, with some functionally illiterate. This impeded written communication through notices or assignment books and limited grandparents' capacity to assist with homework or reinforce academic expectations. Ms. Wang explained:

"When I send written notices home about school events, Parent-teacher conferences, or behavioral concerns, many grandparent guardians cannot read them independently. They must find literate neighbors or wait for older grandchildren to read aloud. This delays communication and sometimes means important information never reaches guardians. I try to communicate verbally when possible, but reaching 30+ families requires significant time."

Educational limitations also affected grandparents' understanding of children's developmental needs. Teachers described grandparents focused primarily on physical well-being—adequate food, clothing, shelter—while less attuned to psychological, social, or educational requirements. Mr. Zhao reflected:

"Grandparents ensure children are fed and safe, which is certainly important. But they may not recognize signs of emotional distress, understand the importance of peer relationships, or appreciate how parental absence affects psychological development.

They think if a child eats regularly and attends school, everything is fine, even if the child is deeply unhappy."

Physical and Practical Constraints

Elderly grandparents faced mobility limitations preventing school visits. Teachers described grandparents in their sixties and seventies who could not easily travel several kilometers to school for conferences or activities, especially given mountainous terrain and limited transportation options. Ms. Chen noted:

"When I suggest a grandparent come to school to discuss a child's behavioral or academic concerns, they often cite difficulty traveling. Perhaps they don't have transportation, or the walk is too difficult given health problems like arthritis or heart conditions. So communication defaults to brief conversations when they drop off or collect children, which doesn't allow for substantive discussion."

Economic constraints shaped grandparents' priorities and capacity to respond to school recommendations. Grandparents managing subsistence agriculture while caring for multiple grandchildren had limited time and financial flexibility. If teachers suggested interventions requiring resources—purchasing books, arranging tutoring, seeking medical or psychological consultation—grandparents often lacked means to comply. Ms. Liu explained:

"I can recommend that a child would benefit from counseling or that purchasing certain educational materials would support learning, but these recommendations are meaningless if grandparents cannot afford them. I sometimes feel I'm identifying problems without realistic solutions given families' economic realities."

Generational Differences and Cultural Perspectives

Generational differences in childrearing philosophies created friction. Teachers trained in contemporary educational approaches emphasizing social-emotional learning, positive discipline, and children's psychological needs sometimes clashed with grandparents' traditional approaches prioritizing obedience, physical punishment, and academic pressure. Ms. Wang described:

"I try to explain to grandparents that harsh punishment or excessive pressure can harm children's mental health, but they sometimes view these concerns as modern indulgence. They might say things like 'We raised our own children with strict discipline and they turned out fine,' or 'Children today are too soft.' Bridging these different understandings requires patience and cultural sensitivity."

Attitudes toward mental health and psychological problems reflected generational and cultural perspectives. Some grandparents dismissed psychological concerns as

weakness or selfindulgence rather than legitimate health issues, hindering helpseeking. Mr. Zhang explained:

"I've encountered grandparents who don't believe in mental health problems, especially for children. They might say a depressed child is just 'lazy' or 'spoiled' rather than recognizing psychological distress. This perspective prevents them from taking appropriate actions or seeking help, leaving children without necessary support."

Language and communication style differences also emerged. Some grandparents spoke local dialects or ethnic languages as primary languages, requiring children to translate during school communications. Additionally, some grandparents demonstrated deferential attitudes toward teachers as authority figures, agreeing verbally to suggestions without genuine understanding or commitment to follow through.

Occasional Resistance and Defensiveness

Some grandparents responded defensively when teachers raised concerns about children's well-being, interpreting feedback as implicit criticism of their care-giving. Teachers described walking delicate lines between advocating for children and maintaining positive relationships with guardians. Ms. Chen recounted:

"I once tried to discuss with a grandmother that her granddaughter seemed very sad and withdrawn, suggesting the child might benefit from extra emotional support. The grandmother became quite upset, saying 'Are you saying I'm not taking good care of her? I cook every meal, keep her clothes clean, make sure she gets to school!' She interpreted my concern as accusation of neglect, which wasn't my intention. After that interaction, she avoided contact with me."

This defensive dynamic complicated efforts to mobilize family resources for supporting children's mental health. Teachers learned to frame concerns diplomatically, emphasizing collaboration and shared interest in children's well-being, but even careful communication sometimes triggered defensiveness.

Analysis: Family dysfunction and guardian limitations constitute critical external factor constraining mental health education effectiveness. Grandparents' educational limitations, physical constraints, generational perspectives, and defensive reactions impede homeschool mesosystem collaboration essential for comprehensive child support. Teachers cannot effectively address children's psychological needs without active family partnership, yet current guardianship arrangements create substantial barriers to such collaboration. This factor illustrates how family micro-system deficits constrain school micro-system interventions, demonstrating mesosystem linkage importance emphasized in ecological systems theory.

4.3.2 Social Support Deficiencies: Community and Professional Resource Gaps

Teachers consistently identified absence of communitybased mental health services and professional resources as fundamental external constraint preventing effective response to left-behind children's needs. Rural communities lacked robust support infrastructure that could complement schoolbased efforts.

Absence of Professional Mental Health Services

External mental health services were essentially nonexistent within practical geographic and financial reach of most families. The nearest county mental health clinic was located 35 kilometers distant, requiring transportation most families did not possess. Even when families could reach the clinic, services proved inadequate. Mr. Zhang described:

"The county mental health clinic has one pediatric psychiatrist serving the entire county. Waiting lists extend months. The clinic also lacks childfriendly spaces and ageappropriate assessment materials. Most importantly, treatment costs exceed most families' financial capacity, especially given that migrant parents send limited remittances and grandparents survive on minimal pensions or agricultural income."

This service absence meant children with serious mental health conditions—severe depression, trauma disorders, selfharm behaviors requiring intensive intervention—essentially went untreated. Teachers felt helpless recognizing children needed specialized care beyond school capacity yet having nowhere to refer them. Ms. Liu reflected:

"I sometimes identify children who clearly need professional psychiatric or psychological intervention. But there's no realistic referral pathway. I can suggest to grandparents they seek professional help, but they look at me with confusion because they don't know where such help exists or how they would access it. So children continue suffering without appropriate treatment."

Community Support System Gaps

Beyond professional mental health services, communities lacked broader support infrastructure that could assist vulnerable children. Afterschool programming, youth centers, mentorship programs, or structured activities providing supervised time, skill development, and positive adult relationships were virtually absent in rural areas. Ms. Chen explained:

"In cities, children can participate in afterschool programs, community centers, sports leagues, or other organized activities. These provide supervision, structure, and additional adult mentorship. Our rural children have no such options. After school, they

go home to elderly grandparents or are left unsupervised. They miss opportunities for guided skill development, positive peer interaction in structured settings, and relationships with caring adults beyond family and school."

Community-level awareness and capacity for supporting vulnerable children remained limited. Village governance structures, while theoretically positioned to identify atrisk children, typically lacked mental health expertise or resources to provide meaningful support. Social workers, case managers, or community health workers who might conduct home visits, coordinate services, or provide family support did not exist in most rural communities.

Social stigma around mental health persisted in rural communities, discouraging helpseeking even when services existed. Teachers described families fearful of negative judgments, worried about children being labeled as "problematic," prioritizing concealing difficulties rather than seeking assistance. This stigma created additional barrier to connecting children with needed support.

Geographic Isolation and Transportation Barriers

Geographic isolation itself constituted significant barrier. Mountainous terrain, dispersed settlements, and limited transportation infrastructure meant that even services existing in county seats proved practically inaccessible. Ms. Wu described:

"Some families live in villages 1520 kilometers from the county town, connected by rough mountain roads. They lack personal vehicles and public transportation is infrequent or nonexistent. Even if free mental health services existed in the county seat, many families couldn't realistically access them. Geographic isolation effectively cuts off rural populations from services urban residents take for granted."

Analysis: Social support deficiencies represent fundamental external factor preventing effective mental health intervention. Schools cannot independently address complex psychological needs requiring specialized professional care, family support services, and community infrastructure. Current conditions leave rural teachers as sole mental health resources for vulnerable children, a responsibility they are neither prepared nor positioned to fulfill adequately. This factor demonstrates how exosystemlevel resource gaps constrain micro-systemlevel interventions, highlighting necessity of multilevel ecological interventions rather than sole reliance on schoolbased efforts.

4.3.3 Economic and Policy Pressures: Structural Drivers of Family Separation

Teachers identified Macro-system-level economic and policy factors as fundamental drivers of family separation, constituting external constraints beyond any individual school's capacity to address yet profoundly shaping children's psychological well-being and teachers' support challenges.

Economic Necessity of Labor Migration

Teachers universally recognized that parental migration reflected economic necessity rather than parental choice or inadequate commitment to children. Substantial urbanrural income disparities made migration economically imperative for many families seeking basic security. Mr. Zhang explained:

"Parents don't want to leave their children. Every parent I've spoken with expresses sadness about separation and wishes they could remain together. But rural agricultural income cannot support families adequately. Parents migrate not by preference but by necessity—to earn money for food, school fees, medical care, and basic survival. We cannot address left-behind children's problems without acknowledging the economic forces compelling family separation."

Teachers described understanding parents' impossible choices between economic security and physical presence with children. This understanding generated sympathy for both migrant parents and left-behind children while also highlighting systemic inadequacy of relying on individual families to resolve what are essentially structural economic problems. Ms. Chen reflected:

"When I see a child suffering from parental absence, I don't blame the parents. They're trapped by circumstances beyond their control. The problem isn't individual families making poor choices—it's an economic system where rural areas lack sufficient livelihood opportunities, forcing families into impossible decisions. Until rural economic development creates local employment, migration will continue and children will continue being left behind."

Policy Structures: The HuKou System

Teachers demonstrated awareness ofhow China's HuKou (household registration) system created structural barriers to family reunification. This system restricts rural migrants' access to urban social services including public education, healthcare, and social welfare, effectively preventing many families from bringing children to cities despite parental desire for reunification. Ms. Liu explained:

"Parents cannot simply bring children to cities where they work. Without urban HuKou, children cannot access public schools and parents must pay expensive private school tuition or send children to lowerquality migrant schools. Healthcare access is limited. Housing is prohibitively expensive. The HuKou system essentially forces families to separate—parents can work in cities but cannot establish stable family life there. This policy structure creates left-behind children phenomenon at massive scale."

Teachers noted that policy reforms since 2014 have gradually relaxed these restrictions, particularly in smaller cities, but substantial barriers remain in major metropolitan areas where employment opportunities concentrate. While appreciating policy evolution, teachers emphasized that current restrictions continue preventing family reunification for most migrant families.

Parental Workplace Conditions

Exosystemlevel factors including parental workplace conditions in distant cities determined frequency of home visits and availability for phone communication, thereby affecting parentchild relationship quality. Teachers described understanding that parents working in manufacturing, construction, or service sectors faced demanding schedules, limited personal time, and sometimes employer restrictions on personal phone use that constrained parentchild contact.

Ms. Wang explained:

"I've spoken with parents who work 1012 hour days, six days per week in factories or construction sites. They're exhausted during limited free time and may share dormitory rooms with multiple other workers, lacking privacy for meaningful conversations with children. Some employers restrict phone use during work hours. These workplace conditions make maintaining highquality parentchild communication extremely difficult, regardless of parental motivation."

Cultural Values and Educational Pressure

Macro-system cultural values around educational achievement intensified psychological pressure on left-behind children. Teachers described how cultural narratives linking children's academic success to family honor, filial piety, and justification for parental sacrifices created impossible expectations. This cultural context, while not causing left-behind phenomenon, substantially shaped children's psychological responses to separation.

Analysis: Economic and policy pressures constitute fundamental external factors creating left-behind children phenomenon and constraining intervention effectiveness. These Macro-system-level structural conditions operate beyond any individual school's control yet profoundly shape micro-systemlevel teacherchild interactions and children's psychological well-being. Teachers recognized that truly addressing left-behind children's needs requires macro-system structural reforms—rural economic development, HuKou policy modifications, improved migrant worker conditions—not solely micro-system interventions within schools. This factor demonstrates ecological systems theory's emphasis on multilevel analysis and intervention necessity.

4.4 Synthesis: Interaction between Internal and External Factors

The preceding analysis demonstrates that internal school-level factors and external social-family factors do not operate independently but rather interact dynamically to constrain mental health education implementation. These interactions create compounding effects where inadequacies at one level intensify challenges at other levels.

For example, external absence of community mental health services (external factor) increases pressure on teachers to address serious psychological problems beyond their preparation (internal factor), while internal professional training deficiencies (internal factor) prevent teachers from effectively collaborating with grandparents or accessing limited external resources that do exist (external factor). Internal evaluation system pressures prioritizing academic achievement (internal factor) interact with external economic necessity driving parental migration (external factor) to create situations where children experience both family separation and intense academic pressure without adequate emotional support.

Teachers' descriptions reveal awareness of these multilevel interactions. Ms. Liu articulated this systems understanding:

"We face problems at every level—I personally lack training, our school lacks resources, grandparents lack capacity to support children emotionally, communities lack mental health services, and families are torn apart by economic necessity and policy restrictions. These problems reinforce each other. Addressing any single factor would help but cannot solve the overall situation. We need comprehensive reform across multiple levels simultaneously."

This systems perspective, consistent with ecological theory, suggests that effective interventions require coordinated multilevel efforts rather than isolated changes at single ecological levels. Subsequent chapter discusses strategies and countermeasures addressing both internal and external factors.

Chapter 5

Strategies and Countermeasures

This chapter proposes strategies and countermeasures for optimizing both internal school factors and external support systems, grounded in teachers' experiential insights, innovative adaptive practices they have developed, and ecological systems theoretical framework. Recommendations are organized according to the factors analysis structure, addressing internal school-level improvements and external social-family system enhancements.

5.1 Optimizing Internal School Factors

5.1.1 Clarifying Teacher Role Boundaries and Standardizing Compensatory Care

Teachers require clear institutional guidance defining appropriate scope of mental health responsibilities, establishing sustainable boundaries between professional caring and personal overinvolvement. Currently, teachers navigate role ambiguity individually, leading to inconsistent practices, unsustainable burdens, and potential boundary violations.

Recommended Actions:

Formal role definition: Educational authorities should establish clear guidelines defining teacher responsibilities for student mental health support, distinguishing between universal preventive efforts (appropriate for all teachers), targeted interventions (requiring consultation or specialized training), and intensive clinical interventions (requiring referral to mental health professionals). These definitions should acknowledge teachers' relational caring roles while protecting against unsustainable expectations.

Boundary-setting support: Professional development should include training on establishing healthy professional boundaries, recognizing signs of vicarious trauma and burnout, and employing self-care strategies. Teachers need explicit permission and institutional support for setting limits on their involvement rather than expecting unlimited personal sacrifice.

Workload adjustment: Schools should formally recognize time invested in mental health support as legitimate professional responsibility, adjusting workload expectations accordingly. Teachers providing intensive support to struggling students

should receive reduced administrative duties or teaching loads rather than adding mental health work atop existing full responsibilities.

Peer support and supervision systems: Establishing regular case consultation meetings where teachers discuss challenging situations with mental health professionals and colleagues would distribute emotional burden, provide intellectual support, and reduce professional isolation. These consultations should include space for emotional debriefing about vicarious trauma exposure.

Teacher well-being programs: Schools should implement teacher mental health support programs acknowledging the emotional toll of caring for traumatized children, providing access to counseling services, stress management resources, and systemic validation of teachers' psychological needs.

5.1.2 Embedding Mental Health Education in Formal Curriculum

Mental health education requires formal curricular status with protected instructional time rather than existing as supplementary activity vulnerable to elimination when academic pressures intensify. Curriculum integration would establish systematic rather than discretionary mental health support.

Recommended Actions:

Curriculum development: Education authorities should develop evidence-based social-emotional learning curriculum for primary grades, providing structured lesson plans, ageappropriate materials, and clear learning objectives. Curriculum should address emotion identification and regulation, relationship skills, problem-solving strategies, and resilience development.

Protected instructional time: Schools should designate specific weekly class periods for mental health education, according it equal curricular standing with academic subjects. This time should be inviolable even during examination preparation periods.

Integration across subjects: Beyond designated mental health classes, social-emotional learning should be integrated into existing academic subjects. As teachers in this study demonstrated, literature lessons can address themes of loneliness, family, and coping; science lessons can discuss brainemotion connections; and physical education can teach stress management through movement. Providing teachers with guidance for such integration would systematize currently informal practices.

Morning meeting structures: Implementing brief daily morning meetings providing opportunities for emotional check-ins, community building, and micro-lessons on specific social-emotional competencies would create consistent supportive

routines. Teachers in this study described developing such practices informally; formalizing and resourcing these approaches would enable broader implementation.

Teachers' informal innovations documented in this study—peer support network facilitation, strategic strength recognition, social-emotional learning integration— demonstrate locally generated strategies worthy of systematic development and scaling. Ms. Li's color-coded communication system and Ms. Wu's friendship bench, for instance, represent low-cost, culturally appropriate innovations that could be adapted across schools rather than requiring individual teachers to independently recreate such approaches.

5.1.3 Comprehensive Professional Development Reform

Professional development systems require fundamental reform to equip teachers with competencies necessary for supporting left-behind children's mental health needs. Current training gaps undermine implementation of even welldesigned programs.

Recommended Actions:

Pre-service education reform: Normal universities should enhance teacher preparation programs with substantial mental health content including: child psychopathology recognition, trauma-informed practice principles, attachment theory and separation effects, evidence-based classroom interventions for common difficulties, and family collaboration strategies. This content should be practical and skills-focused rather than purely theoretical.

Specialized in-service training: Develop intensive training programs specifically addressing left-behind children's needs, including recognizing psychological manifestations of parental separation, addressing self-blame cognitions and abandonment fears, supporting children experiencing intergenerational care-giving, and cultural sensitivity regarding rural and ethnic minority contexts.

Practical skill development: Training should employ active learning pedagogies including role plays of difficult conversations with students and guardians, casebased discussions requiring analysis and response planning, guided practice using screening tools and assessment protocols, and supervised counseling skill development. Purely didactic lectures prove insufficient for developing practical competencies.

Ongoing consultation access: Establish systems enabling rural teachers to access remote consultation with mental health professionals through phone or

videoconferencing when facing complex cases, providing real-time guidance without requiring travel to distant training sites.

Learning communities: Facilitate formation of professional learning communities where teachers regularly meet to share challenges, discuss strategies, analyze cases, and provide peer support. These communities address professional isolation while enabling collaborative problemsolving.

Resource development: Create centralized repositories of practical resources including lesson plans for social-emotional learning, templates for guardian communication, screening tools, referral protocols, and evidence-based intervention guides. Making such resources readily accessible reduces burden on individual teachers to develop materials independently.

5.1.4 Reforming Evaluation Systems to Recognize Holistic Education

Evaluation systems must evolve to recognize and reward teachers' contributions to students' psychological well-being rather than incentivizing exclusive focus on academic achievement. Without evaluation reform, other interventions will face persistent pressure from institutional structures prioritizing test scores.

Recommended Actions:

Multidimensional evaluation: Teacher and school evaluations should incorporate indicators of social-emotional learning outcomes, student well-being metrics, classroom climate quality, and family engagement alongside academic achievement measures. This balanced approach would institutionally validate comprehensive educational goals.

Process recognition: Evaluations should recognize and reward teachers' efforts and practices—implementation of evidence-based mental health curricula, participation in professional development, documentation of individualized student support—rather than solely focusing on outcomes. Process metrics are particularly appropriate given many factors affecting student outcomes remain beyond teacher control.

Longitudinal perspective: Evaluations should adopt longer time horizons recognizing that psychological development and well-being improvements may manifest gradually rather than immediately. Annual or semiannual evaluations prove

inadequate for assessing mental health interventions requiring sustained implementation.

Case documentation: Allow teachers to submit case studies documenting their work with particularly challenging students, demonstrating professional growth, reflective practice, and appropriate response to complex situations. Such qualitative documentation provides richer understanding of teacher effectiveness than test scores alone.

5.2 Enhancing External Social Support Systems

5.2.1 Strengthening HomeSchool Communication Protocols for Grandparent Guardians

Effective mental health support requires robust homeschool collaboration, necessitating communication systems specifically designed for grandparent guardians' characteristics rather than assuming guardian capabilities match those of biological parents.

Recommended Actions:

Simplified communication methods: Schools should systematize simplified communication approaches teachers have developed informally, such as color-coded written notices, increased facetoface communication during dropoff/pickup times, pictorial guides, and audio messages through smartphones where guardians possess them. Providing schools with readytouse communication templates would reduce burden on individual teachers.

Grandparent education programs: Implement accessible workshops for grandparent guardians addressing child development, positive discipline, emotional support strategies, and recognizing mental health concerns. These programs should be:

Locally delivered: Held at schools or community centers rather than distant locations

Practically focused: Emphasizing concrete strategies rather than abstract concepts

Culturally sensitive: Respecting traditional values while introducing evidence-based practices

Peerlearning oriented: Creating opportunities for grandparents to share experiences and support one another

Sustained rather than onetime: Providing ongoing learning opportunities rather than single workshops

Transportation assistance: Providing or subsidizing transportation enabling grandparents to attend school conferences and events would reduce geographic access barriers currently preventing many guardians from school involvement.

Liaison positions: Employing community members—perhaps educated young adults from local communities—as liaisons who can conduct home visits, translate educational information into accessible language or local dialects, assess family needs, and facilitate communication between schools and families. Such positions would address grandparents' mobility constraints and communication challenges while providing employment in rural communities.

Parent-teacher conference format modification: Conferences should be scheduled flexibly accommodating grandparents' agricultural work schedules and mobility constraints, conducted in warm welcoming environments, and structured to build partnerships rather than deliver critiques. Teachers should receive training in effective guardian communication emphasizing collaboration and solutionfocus.

5.2.2 Leveraging Peer Support Systems

Teachers' observations that positive peer relationships can partially compensate for adult relationship deficits, alongside their informal peer support facilitation efforts, suggest systematic peer support programs warrant institutional investment.

Recommended Actions:

Structured peer mentoring: Implement formal peer mentoring programs pairing left-behind children with carefully selected trained peer mentors who provide friendship, support, and positive modeling. Mentors might be slightly older students demonstrating prosocial skills, empathy, and reliability.

Friendship skills instruction: Provide explicit instruction in friendship formation and maintenance skills for all students, reducing social difficulties left-behind children often experience. Curriculum should address conversation skills, conflict resolution, empathy development, and inclusion behaviors.

Collaborative learning structures: Emphasize cooperative learning pedagogies requiring positive interdependence and individual accountability, providing structured opportunities for relationship building within academic contexts. Such approaches integrate social-emotional development into academic instruction efficiently.

Class community building: Implement systematic community-building activities creating inclusive classroom climates where all students feel valued and connected.

Morning meetings, class meetings, community circles, and relationship-building games institutionalize teachers' informal efforts to foster supportive peer networks.

Anti-stigma education: Explicitly address potential stigmatization of left-behind children through curriculum teaching empathy, challenging stereotypes, and promoting understanding of diverse family circumstances. Reducing stigma facilitates left-behind children's social integration and willingness to seek support.

5.2.3 Developing Rural Mental Health Infrastructure

Most fundamental external improvement requires substantial investment in rural mental health service infrastructure, creating communitybased resources complementing school efforts.

Recommended Actions:

County-level mental health centers: Establish or substantially expand county mental health facilities with adequate child and adolescent psychiatry/psychology staffing, child-friendly environments, affordable services, and active community outreach. These centers should serve as consultation resources for schools while providing direct services for highest-need cases.

Mobile mental health services: Develop mobile mental health units that travel to rural schools and communities, providing screening, brief interventions, family consultations, and teacher training without requiring families to travel to distant county seats. This approach addresses transportation barriers effectively.

Tele-medicine expansion: Leverage technology to provide remote mental health consultation and services. While rural areas face connectivity challenges, expanding telecommunications infrastructure and developing appropriate tele-medicine protocols could substantially increase service access without requiring physical presence of mental health professionals in every rural community.

School-based mental health clinics: Establish school-based or school-linked mental health clinics staffed by qualified professionals serving clusters of rural schools. Co-locating services at schools eliminates transportation barriers, reduces stigma through normalizing mental health support, and facilitates coordination with educators

Task-shifting models: Train community health workers, village doctors, or other paraprofessionals in basic mental health screening, brief interventions, and referral protocols. This task-shifting approach, successfully employed in other resource-constrained contexts, extends mental health workforce capacity without requiring years of professional training for every provider.

After-school programming: Develop afters-chool programs providing supervised activities, skill development, adult mentor-ship, and structured social opportunities. Such programs address unstructured time vulnerability while reducing burden on elderly grandparents.

5.2.4 Policy Advocacy and Macro-Level Reforms

Ultimate solutions require addressing Macro-system-level structural factors creating left-behind children phenomenon, though such reforms extend beyond education sector control.

Recommended Actions:

Continued HuKou reform: Ongoing advocacy for HuKou system reforms enabling migrant families to reunify in cities with access to public services. While recent reforms have helped, substantial barriers remain requiring continued policy evolution.

Rural economic development: Investment in rural economic diversification creating local employment opportunities could reduce out-migration necessity, enabling more families to remain together. This represents development policy rather than education policy but fundamentally addresses left-behind children's root causes.

Migrant worker support: Policies improving migrant workers' employment conditions, housing affordability, and social service access would facilitate family reunification for those who do migrate. Employer requirements for familyfriendly policies, affordable worker housing accommodating families, and workplace flexibility for parentchild contact could substantially improve situations.

Income support for guardian families: Providing financial subsidies or enhanced pension systems for grandparent guardians would alleviate economic strain exacerbating family and child difficulties. Recognition of grandparent care-giving as valuable social contribution deserving support could improve both guardian well-being and children's care quality.

Coordinated service systems: Establish interdepartmental coordination mechanisms ensuring education, civil affairs, health, and community sectors collaboratively address left-behind children's multidimensional needs rather than operating in silos. Holistic support requires system-level integration.

5.3 Implementing Priorities and Sequencing

Given resource constraints, strategic prioritization proves necessary. Based on teachers' perspectives regarding most impactful interventions, recommended implementation priorities include:

Immediate priorities (12 years):

1. Intensive professional development for current rural teachers in mental health competencies
2. Simplified communication system development for grandparent collaboration
3. Formal social-emotional learning curriculum adoption with protected instructional time
4. Teacher workload adjustment recognizing mental health responsibilities

Mediumterm priorities (25 years):

1. Substantial expansion of rural schoolbased mental health staffing
2. Grandparent education program development and scaling
3. Pre-service teacher education reform incorporating mental health content
4. County mental health center expansion with active school collaboration

Longterm priorities (5+ years):

1. Comprehensive evaluation system reform recognizing holistic education
2. Mobile mental health service development
3. Rural economic development initiatives reducing migration necessity
4. HuKou reform enabling family reunification

This sequencing balances immediate implementability, resource requirements, and systemic impact, beginning with interventions requiring lower investment and shorter timelines while building toward more fundamental but resourceintensive structural reforms.

Chapter 6

Conclusion

6.1 Summary of Findings

This qualitative investigation of teachers' perspectives at Huaxing Primary School, Yunnan Province, employed the factor analysis framework grounded in Ecological Systems Theory to systematically identify and examine internal school-level and external social-family constraints impeding effective mental health education implementation for left-behind children.

Findings reveal that teachers observe severe psychological distress among left- behind students—including learning anxiety disproportionate to actual performance, self-blame cognitions attributing parental migration to children's inadequacies, emotional dysregulation reflecting inadequate processing opportunities, and social withdrawal indicating attachment insecurity. These manifestations establish urgent need for comprehensive mental health support.

However, numerous internal factors constrain teachers' capacity to address these needs: role ambiguity and emotional labor burden as teachers serve simultaneously as educators and compensatory emotional caregivers without clear boundaries or institutional support; resource scarcity and infrastructure deficiencies including dramatic shortages of specialized mental health personnel, absent counseling facilities, overwhelming workloads, and administrative burden consuming time; professional training inadequacies leaving teachers reliant on intuition rather than evidence-based competencies; and evaluation system pressures prioritizing academic achievement while marginalizing psychological well-being despite official policy emphasis.

External factors compound these internal constraints: family dysfunction and guardian limitations including grandparents' educational deficits, mobility restrictions, generational child-rearing differences, and defensive reactions to school feedback impede homeschool collaboration; social support deficiencies including absence of accessible community mental health services, missing youth programming, and persistent stigma prevent children from receiving specialized care schools cannot provide; economic and policy pressures including urban-rural income disparities driving migration necessity and HuKou restrictions preventing family reunification create the fundamental left-behind children phenomenon while shaping psychological manifestations through cultural values around educational achievement.

Critically, these internal and external factors interact dynamically, creating compounding effects where inadequacies at one level intensify challenges at other levels. External service absence increases pressure on internally underprepared teachers, while internal training deficits prevent effective mobilization of limited external resources that do exist. This multilevel interaction demonstrates necessity of comprehensive ecological interventions rather than isolated singlefactor solutions.

Despite overwhelming constraints, teachers demonstrate remarkable professional commitment and agency, developing informal adaptive strategies including simplified communication systems accommodating guardians' limitations, peer support network facilitation leveraging children's relationships, social-emotional learning integration within existing curriculum, and strategic strength recognition countering students' negative selfconcepts. These innovations, while insufficient to overcome systemic inadequacies independently, reveal promising practices worthy of systematic scaling.

6.2 Theoretical Contributions

This research advances theoretical understanding in several domains:

Ecological systems theory application: The study demonstrates empirically how micro-system-level teacher-child interactions are constrained by macro-system institutional policies and exosystem family circumstances, providing detailed illustration of multilevel ecological influences on educational practice. The factors analysis framework operationalizes ecological theory for intervention planning by distinguishing internal micro-system factors from external exosystem/macro-system factors, enabling precise targeting of interventions at appropriate levels.

Teacher agency within structural constraints: Findings contribute to understanding how front-line educators navigate systemic limitations, exercising professional agency through informal innovations while simultaneously experiencing moral distress when recognizing individual efforts cannot overcome structural inadequacies. This illuminates tension between individual dedication and collective responsibility emphasized in care ethics.

Implementation science perspectives: By focusing on barriers to implementation rather than intervention outcomes, this research contributes to implementation science scholarship. Findings suggest that evidence-based mental health programs, regardless of efficacy in ideal conditions, will fail in rural contexts without simultaneous attention to teacher preparation, organizational infrastructure, family collaboration capacity, and community resource availability.

6.3 Practical Implications

Practical implications span multiple levels and stakeholder groups:

For educational administrators: Findings provide evidence-based guidance regarding resource allocation priorities (mental health staffing, professional development, workload adjustment), organizational culture development (valuing holistic education), and communication system design (accommodating guardian characteristics).

For policymakers: Research documents unintended consequences of current policies (evaluation systems undermining mental health emphasis, inadequate rural investment perpetuating service gaps) and suggests structural reforms (evaluation reform, HuKou policy evolution, rural development investment, coordinated service systems).

For teacher educators: Results identify critical competencies for supporting vulnerable populations requiring integration into Pre-service and in-service training (trauma-informed practice, family collaboration with diverse guardians, Boundary-setting, vicarious trauma recognition).

For school-community partnerships: Study reveals communication challenges and suggests collaborative strategies (grandparent education, liaison positions, peer support formalization) strengthening mesosystem linkages between families and schools.

Most fundamentally, findings demonstrate that supporting left-behind children's mental health requires multilevel coordinated interventions addressing internal school factors and external social-family systems simultaneously rather than isolated single-domain reforms.

6.4 Limitations

Several limitations warrant acknowledgment. Geographically, focusing on one rural primary school in Yunnan Province necessarily limits transfer-ability to other regions, urban contexts, or national settings beyond China. The eight-teacher sample, while appropriate for qualitative research objectives, cannot capture full range of teacher experiences across career stages, philosophical orientations, or institutional contexts. Relying exclusively on teacher interviews as data source provides one stakeholder perspective; triangulation with grandparent, administrator, or direct child

perspectives would enhance comprehensiveness though ethical and practical considerations precluded multi-stakeholder design in this study.

Methodologically, interview data captures teachers' reported experiences and interpretations which may differ from observational assessment of their practices. Temporal specificity means data reflects 20232024 academic year conditions potentially evolving through policy changes or contextual shifts. Researcher positionality as urban-raised graduate student influenced research processes and interpretations despite intensive reflexivity.

The factor analysis framework, while enabling systematic organization, necessarily simplifies complex ecological interactions. Strict categorization as "internal" versus "external" proves somewhat artificial given factors' interconnection; this framework serves analytical organization rather than implying factors operate independently.

6.5 Future Research Directions

Several future research directions would extend this study's contributions:

Longitudinal investigations: Following teachers over multiple years could illuminate how professional development, experience, and organizational changes shape capacity to support left-behind children across time.

Comparative studies: Research comparing schools with varying resource levels, policy contexts, or cultural settings would clarify which findings generalize across contexts versus reflect sites-pecific conditions.

Multi-stakeholder perspectives: Including grandparents, children, administrators, and community members alongside teachers would provide comprehensive understanding of mental health education implementation challenges from multiple vantage points.

Intervention research: Designing and evaluating interventions addressing identified factors (professional development programs, communication systems, curriculum modules) would build evidence base for specific solutions.

Implementation process studies: Examining how schools attempt to implement existing mental health policies would illuminate practical barriers and facilitators in reaworld conditions.

Croscultural investigation: Comparing left-behind children phenomena internationally (ruraurban migration occurs globally) would distinguish Chinspecific dynamics from broader patterns.

6.6 Concluding Reflections

This research demonstrates that rural primary school teachers in Yunnan Province occupy critical yet profoundly under-supported positions in addressing left-behind children's mental health needs. These educators are deeply committed professionals who extend themselves substantially beyond traditional boundaries to provide compensatory emotional care for vulnerable students experiencing parental separation. Simultaneously, they navigate overwhelming constraints—inadequate preparation, insufficient resources, unclear role definitions, challenging family collaboration, absent community services, and systemic pressures prioritizing academic achievement—that undermine their effectiveness despite genuine dedication.

The factor analysis framework reveals that supporting left-behind children requires comprehensive ecological interventions spanning internal school-level improvements and external social-family system enhancements. Internal optimizations including clarified teacher roles, embedded mental health curriculum, professional development reform, and evaluation system modifications prove necessary but insufficient without external enhancements including strengthened homeschool partnerships, developed rural mental health infrastructure, and macro-level policy reforms addressing structural drivers of family separation.

China's 66.93 million left-behind children deserve educational environments responsive to their developmental needs and supportive of their psychological well-being. Teachers represent frontline agents capable of providing critical relational support, but only if equipped with adequate preparation, resources, institutional backing, and external service systems. Continued reliance on individual teachers' discretionary extraordinary efforts rather than robust institutional infrastructure proves neither sustainable nor just.

This study's findings provide empirical foundation for evidence-based interventions supporting both left-behind children and their dedicated educators. Translating these findings into systemic reforms requires political will, sustained investment, and coordinated action across education, health, civil affairs, and development sectors. The imperative remains clear: vulnerable children's well-being depends on adults collectively creating conditions enabling their healthy development, not on expecting individual teachers to compensate indefinitely for systemic inadequacies.

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