

Academic Administration Guideline of Mental Health Education for Left-behind Children of Xiang Zhou Junior High School China

Lu Shan¹ Nithipattara Balsiri²

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Abstract

Most of left-behind children are taken care of grandparents and other elders, although these children can worry about food and clothing, but the soul is lack of parental care. According to the report, more than 40 percent of students with no parents left behind could see their parents more than nine times a year; another 12 - 13 percent of left-behind children had not seen their mother or father for a year. The objectives of this research were: 1) To investigate needs and problems of mental health education for left-behind children. 2) To construct an academic administration guideline of mental health education for left-Behind children. The respondents in this research were 196 students and 40 teachers obtained through stratified random sampling at Xiang Zhou Junior High School, China. The research instrument employed in this study was a questionnaire with 20 questions for 5 rating scales, quality of instrument evaluated for the Index of item-objective congruence scores by the 3 specialists. The information and data collected were analyzed through the quantitative research method and presented in terms of percentage, mean, and standard deviation. The findings indicated that: 1) problems of mental health education for students are at the middle level. (Mean=3.11, S.D. =1.31), problems for teachers teaching mental health courses are at the high level. (Mean=3.63, S.D. =1.20), needs of mental health education for students are at the high level. (Mean=3.63, S.D. =1.21), and needs for teachers teaching mental health courses are at the high level. (Mean=3.81, S.D. =1.17). 2) The academic administration guideline of mental health education for left-behind children comprised of 4 units; namely, 2.1) Strengthen mental health education, 2.2) Strengthen the construction of mental health education teachers, 2.3) Carry out mental health monitoring, and 2.4) Strengthen cooperation between families and schools. All of the 4 units were evaluated by the 3 specialists and possessed the IOC values at 1.00 that meant the academic management guideline was reliable and valid, and could be used as a academic management guideline for students and teachers at Xiang Zhou Junior high School.

Keywords: Academic Administration, Mental Health Education, Left-behind Children

¹ Educational Administration and Leadership Program, Faculty of Education, Dhonburi Rajabhat University

² Educational Administration and Leadership Program, Faculty of Education, Dhonburi Rajabhat University

Introduction

Acceleration of China's modernization, more and more young parents choose to work in cities, which makes their children have to become left-behind children. According to the survey, 9.02 million left-behind children will be left behind in China by 2022. (China Institute of Education Policy, Beijing Normal University, 2023, p.1) There are 13.88 million minors under the age of 18 in Guangxi, accounting for 27.7% of the total population. Among them, about 200,000 left-behind children (Zhang, 2023, p.1) Xiangzhou is an area with a large export of labor services, and there are many left-behind children in rural areas. Statistics show that in 2021, there will be 35,000 rural left-behind children enrolled in schools in this region. Due to long-term separation from migrant parents, lack of family care and effective supervision, some children have mental health problems and even extreme behaviors. These problems seriously affect the healthy growth of left-behind children in rural areas. (He, 2023, pp.26-37)

Most of these left-behind children are taken care of by grandparents, grandmothers and other older elders, although these children can worry about food and clothing, but the soul is lack of parental care. According to the report, more than 40 percent of students with "no parents left behind" see their parents more than nine times a year; another 12 to 13 percent of left-behind children have not seen their mother or father for a year. The percentage of left-behind students who had not been able to contact their mothers for another year was 5.5 percent. (Li, 2021, pp.78-90) Parents spend too little time with their children, which leads to problems in communication and getting along with their parents. Some children often quarrel with their parents and even resent their parents, while others take these negative emotions to school and affect their studies or get into fights to vent.

In terms of learning, their parents work outside the home all the year round, and the direct guardians of left-behind children are often elderly grandparents, whose education level is low, and some of them are even illiterate, which directly leads to the lack of home study guidance for left-behind children, Mental health education is an integral part of school education.

Fully promoting mental health education in primary and secondary schools is an important social cornerstone for a healthy China. Strengthening the mental health education of left behind children can cultivate their noble character and good moral character. It is not only conducive to cultivating their patriotism, love for the people, and love for socialism, but also to cultivating their love for labor, science, and sports, enriching their lives and promoting their healthy growth. Middle school students are in the period of growth, which is a critical period for the formation of their character and values. Due to the lack of proper guidance for left behind children, they are easily misled by some negative factors and form incorrect values and behavioral habits, and even lead to juvenile delinquency. Therefore, left behind children urgently need to strengthen mental health education during their growth period. However, there

are still some shortcomings in the development of mental health education in primary and secondary schools in China. This requires schools to adopt more educational and teaching methods to guide the learning and life of left behind children. However, there are still some shortcomings in the development of mental health education in primary and secondary schools in our country. This requires schools to adopt more educational and teaching methods to guide the learning and life of left-behind children. (Li, 2019, p.171)

Due to the lack of parental care, left-behind children have more emotional and psychological problems than non-left-behind children of the same age (Hu et al., 2018, pp.93-99), especially in recent years, a series of adverse social events concerning left-behind children have occurred. The mental health problems of left-behind children have attracted the attention of schools and the mental health problems of left-behind children have become the focus of social attention.

The mental health problems of left-behind children are not only related to the growth of individual left-behind children and the impact on adulthood, but also due to the huge number base, the development of mental health of left-behind children will also have an important impact on the future society, economy, public security, health and other aspects. Children are the future of the country, is the construction and development of the country's living force, is the future of the pillars of the talent, therefore, we should pay attention to the mental health growth of left-behind children, and constantly improve the level of mental health education of left-behind children, solve the social problems caused by left-behind children, and train high-quality high-quality national successors. (Wang & Zhu, 2019, pp.80-84)

Research Objectives

1. To investigate problems and needs of mental health education for left-behind children.
2. To develop an academic administration guideline of mental health education for left-behind children.

Research Method

Population and Samples

Population This study takes Xiangzhou Junior High School as a case study. The study is based on 400 students, 45 teachers including 6 administrators in Xiangzhou Junior High School example.

Sample In this research project, the sample group will be divided into 2 groups, namely 1) 196 students (Left-behind children) conducted an online questionnaire survey; 2) 40 teachers including 6 administrators conducted an online questionnaire survey. The sample groups will be derived from Krejcie & Morgan (1970, pp.607-610) and the stratified random sampling techniques will be used to collect respondents.

Research Instrument

For this part the questionnaire was evaluated for the Index of Congruence scores (IOC scores) by the three specialists. Each question in the questionnaire evaluated with the range of IOC 0.67 to 1.00 was employed meeting for this research and Cronbach's Alpha coefficient evaluating reliability index. The left-behind children's mental health questionnaire is based on the survey results. The Data and information collected will be analyzed, interpreted and then presented in terms of frequency court, percentage, mean (\bar{X}), standard deviation (S.D.). The questionnaire consists of 20 items, for each Statement of items, The Five Point Likert Rating Scale was used to evaluate the users' needs and problems of the teaching of Chinese pronunciation to people with speech organ defects.

Data Collection

For the investigation of needs and problems, the research herself collected the data and information from the sample groups online via emailing. The researcher submitted a letter of permission to the school director in advance to ask a permission to collect the data and information from the samples group at the XiangZhou junior high school. 400 student questionnaires were distributed and 196 questionnaires were returned, a recovery rate of 49%. Teachers' questionnaires were distributed in 45 copies, with 40 recovered, a recovery rate of about 88%. Before conducting the study, the researchers informed all the participants that their participation was not going to affect their grades. Moreover, the participants were informed that the research results were going to be used primarily for the purpose of the study, and all their identities were going to be kept confidential. For the sake of school confidentiality, the school's name was going to be left out from any document reporting the study findings.

Data Analysis

The Data and information collected will be analyzed, interpreted and then presented in terms of frequency court, percentage, mean, standard deviation (S.D.). TA five-point Likert scale was used to assess the respondents' needs and problems regarding the mental health of left-behind children. The criteria and define at the range of the mean scores as the following: The ideas and comments from the 5 specialists obtained from the focus group discussion meeting were analyzed by using Quantitative Research Method and then used to correct and improve the contents of the management guideline . Rating reference table: (Srisa-ard, 2002, p. 103)

Conclusions

According to table 1, as you can see in the table, the question 7 I often argue with my parents because of differences of opinion. The highest score ($\bar{X}=3.69$, S.D. = 1.13). The question 3 Am I afraid of communicating with others in interpersonal relationships. The highest score ($\bar{X}=3.66$, S.D. = 1.17). The question 1 I feel lonely in my daily life. the high score ($\bar{X}=3.64$, S.D. = 1.26). The question 13 I want to participate in social work as soon as possible. the high score ($\bar{X}=3.57$, S.D. = 1.37). The question 12 I am not used to the teacher's teaching method. The high score ($\bar{X}=3.56$, S.D. = 1.35). The question 14 I actively participate in activities organized by class

or school. The lowest score ($\bar{X} = 2.18$, S.D. = 1.88). The question 10 I feel when my parents don't live together. The lowest score ($\bar{X} = 2.10$, S.D. = 1.24).

Table 1 Problems of mental health education for students

Questions	n=196		Level of problems
	\bar{X}	S.D.	
Problems			
1. I feel lonely in my daily life.	3.64	1.26	Hight
2. I feel about my mental stress toleranc.	2.78	1.14	Middle
3. Am I afraid of communicating with others in interpersonal relationships.	3.66	1.17	Hight
4. Am I afraid of speaking in crowded place.	3.09	1.28	Middle
5. I am worse than others and fear communication.	2.84	1.29	Middle
6. My parents don't understand my study situation.	3.26	1.39	Middle
7. I often argue with my parents because of differences of opinion.	3.69	1.13	Hight
8. My parents don't know what I want.	3.08	1.40	Middle
9. I communicate with my parents every day.	3.05	1.13	Middle
10. I feel when my parents don't live together.	2.10	1.24	Low
11. I feel uncomfortable with school life.	3.27	1.26	Middle
12. I am not used to the teacher's teaching method.	3.56	1.35	Hight
13. I often don't want to go to school.	3.57	1.37	Hight
14. I actively participate in activities organized by class or school.	2.18	1.88	Low
15. I want to participate in social work as soon as possible.	2.89	1.42	Middle
Total	3.11	1.31	Middle

According to table 2, as you can see in the table, the question 10 Do you think it is necessary to include mental health courses as a compulsory part of the school curriculum. The highest score ($\bar{X} = 4.74$, S.D. =0.50). The question 13 The content of mental health courses should be continuously improved, and the teaching content enriched to promote students' mental health development. the highest score ($\bar{X} = 4.67$, S.D. =0.65. The question 12 Introducing

interactive activities should be considered when teaching mental health courses to promote communication and cooperation among students. the high score ($\bar{X} = 4.62$ S.D. = 0.66). The question 8 The school should provide more training resources or development opportunities to improve my professionalism. the high score ($\bar{X} = 4.57$, S.D. = 0.74). The question 4 The content of mental health courses should be continuously improved and the teaching content enriched to promote students' mental health development. the high score ($\bar{X} = 4.43$, S.D. = 0.89). The question 15 Academic administrators should play a role in promoting teaching improvements. The high score ($\bar{X} = 4.38$, S.D. = 1.06). The question 1 Mental health courses designed to meet students' current educational needs. the lowest score ($\bar{X} = 2.38$, S.D. = 1.13). The question 5 When improving the mental health curriculum, did the school solicit teachers' opinions. the lowest score ($\bar{X} = 2.29$, S.D. = 1.58).

Table 2 Problems for teachers teaching mental health courses

Questions	n=40		Level of problems
	\bar{X}	S.D.	
Problems			
1. Mental health courses designed to meet students' current educational needs.	2.38	1.31	Low
2. I have received training in mental health courses arranged by the school.	3.33	1.26	Middle
3. I have a clear understanding of the goals of the mental health course.	3.43	1.38	Middle
4. The Importance of Mental Health Courses for Students.	4.43	0.89	Hight
5. When improving the mental health curriculum, did the school solicit teachers' opinions.	2.29	1.58	Low
6. I have received sufficient guidance and training to improve my teaching practice in teaching mental health courses.	3.38	1.45	Middle
7. My school regularly conducts home visits to left-behind children to understand their mental health.	3.26	1.64	Middle

Questions	n=40		Level of problems
	\bar{X}	S.D.	
8. The school should provide more training resources or development opportunities to improve my professionalism.	4.57	0.74	Hight
9. The school has set up a psychological counseling service organization to allow me to better carry out teaching practice.	3.43	1.61	Middle
10. Do you think it is necessary to include mental health courses as a compulsory part of the school curriculum.	4.74	0.50	Hight
11. The school has research initiatives designed to link research findings with teaching practice.	3.17	1.80	Middle
12. Introducing interactive activities should be considered when teaching mental health courses to promote communication and cooperation among students.	4.62	0.66	Hight
13. The content of mental health courses should be continuously improved and the teaching content enriched to promote students' mental health development.	4.67	0.65	Hight
14. Does the school have specific standards or educational frameworks to guide student mental health.	2.33	1.42	Low
15. Academic administrators should play a role in promoting teaching improvements.	4.38	1.06	Hight
Total	3.63	1.20	Hight

According to table 3, as you can see in the table, the question 2 Do you need your parents to pay more attention to your school life and studies. The highest score ($\bar{X} = 4.14$, S.D. = 1.02). The question 4 Do you want guidance in your study or life. The highest score ($\bar{X} = 4.11$ S.D. =

1.30). The question 1 Do you need professional mental health guidance. The high score ($\bar{X} = 3.63$, S.D. = 1.32). The question 5 Do you interested in a mental health course. The middle score ($\bar{X} = 3.43$, S.D. = 1.26). The question 3 Do you think children's mental health is important. The middle score ($\bar{X} = 2.84$, S.D. = 1.17).

Table 3 Needs of mental health education for students

Questions	n=196		Level of needs
	\bar{X}	S.D.	
Needs			
1. Do you need professional mental health guidance.	3.63	1.32	Hight
2. Do you need your parents to pay more attention to your school life and studies.	4.14	1.02	Hight
3. Do you think children's mental health is important.	2.84	1.17	Middle
4. Do you want guidance in your study or life.	4.11	1.30	Hight
5. Do you interest in a mental health course.	3.43	1.26	Middle
Total	3.63	1.21	Hight

According to table 4, as you can see in the table, the question 4 Do you think this course requires teamwork. The highest score ($\bar{X} = 4.31$, S.D. = 0.95). The question 2 Do you think more professional training is needed for teachers teaching this course. The highest score ($\bar{X} = 4.24$, S.D. = 1.06). The question 1 .Do you think the teaching methods of this course need reform and innovation. The highest score ($\bar{X} = 4.21$, S.D. = 1.22). The question 3 Are you satisfied with the current teaching and auxiliary teaching tools of mental health courses. The middle score ($\bar{X} = 3.17$, S.D. = 1.30). The question 5 Evaluation after using school mental health course materials. the middle score ($\bar{X} = 3.14$, S.D. = 1.33).

Table 4 Needs for teachers teaching mental health courses

Questions	n=40		Level of needs
	\bar{X}	S.D.	
Needs			
1. Do you think the teaching methods of this course need reform and innovation.	4.21	1.22	Hight
2. Do you think more professional training is needed for teachers teaching this course.	4.24	1.06	Hight
3. Are you satisfied with the current teaching and auxiliary teaching tools of mental health courses.	3.17	1.30	Middle
4. Do you think this course requires teamwork.	4.31	0.95	Hight
5. Evaluation after using school mental health course materials.	3.14	1.33	Middle
Total	3.81	1.17	Hight

The academic management guideline for the mental health of left-behind children in Xiangzhou junior high schools has passed expert review and can be used as a mental health guide for left-behind children in Xiangzhou junior high schools. The academic management guideline for mental health of left-behind children in Xiangzhou junior high schools consists of four units; namely; 1) innovative teaching methods for mental health education courses; 2) strengthen the professionalism of mental health education teachers; 3) strengthen guidance on the life and study of left-behind children; 4) strengthen cooperation between families and schools. All four units are evaluated by 3 experts for correctness and applicability of content and expressed as IOC (Index of Conformity) values. All four units were evaluated, and their IOC values ranged from 0.67 to 1.0, which means that the developed academic management guide for the mental health of left-behind children in Xiangzhou junior high schools can be used as a guide for the mental health education of left-behind children in Xiangzhou junior high schools to improve its effectiveness. Skills and abilities for the mental health development of left-behind children.

The four units are based on the highest scores from the student and teacher needs questionnaires. Students have three top score needs and teachers have three top score needs; teachers' two top score needs overlap with two of students' three top score needs. These two needs are: 1) the need for more professional mental health education and mental health

knowledge; 2) the need for closer contact and cooperation between families and schools. It can be seen that both students and teachers pay great attention to these two needs. Therefore, the six highest needs of students and teachers were merged into four highest needs, becoming the four units of the academic management guide for left-behind children's mental health.

Some left-behind children face mental health problems due to multiple factors such as their growth environment. Due to lack of companionship or difficulty in adapting to life in the place of migration, they are more likely to develop mental health problems and urgently need to receive more care and attention. As an educational organization, schools need to formulate special guidelines for educating and managing the mental health education of left-behind children in order to better manage students and promote their mental health development.

Discussion

The results of the survey on the mental health problems and needs of left-behind children in Xiang Zhou Junior High School show that students in Xiang Zhou Junior High School are at a "moderate" level in their awareness and importance of mental health, indicating that there are problems with students' awareness and importance of this course. Good mental health is the most important and basic. If a child has psychological problems, it will be detrimental to the child's learning and healthy growth. The prerequisite for changing this situation is that students themselves must be aware of the importance of mental health education for left-behind children and take the initiative to receive mental health education. They should not ignore this course just because it is not the main course. In addition to actively learning mental health courses, students can also integrate mental health education knowledge into the study of other subjects, which will help students increase their interest in mental health education courses. As studies by Cui et al. (2021, pp.99-102) and other researchers have shown, physical exercise intervention in physical education classes can effectively improve the mental health of left-behind children.

The survey results show that teachers' professionalism and home-school cooperation are at the "high" level regarding the mental health problems and needs of left-behind children in Xiang Zhou junior high schools, indicating that there are problems with teachers' professionalism and home-school cooperation. In terms of teacher level professionalism, this is the same as the study by researcher Zhu (2009, pp.321-323). School mental health education is a professional educational activity for all students aimed at improving their mental health. To improve the level of mental health education and ensure its smooth development in a scientific and standardized direction, we need a team of teachers with high theoretical literacy and strong practical capabilities.

The lack of parental companionship and care creates a psychology of loss and loneliness, and is also more likely to form a withdrawn personality (Fu, 2022, pp.101-103), which directly affects the mental health development of left-behind children. In order to better solve these problems, closer home-school contact is needed. Just like the research results of researcher Cao (2022, pp.13-15), communicate more with parents of left-behind children so that parents can understand the latest situation of their children in a timely manner and form a joint effort between home and school. The two can jointly promote the mental health development of left-behind children and pay attention to them together. The physical and mental condition of left-behind children is conducive to creating a good growth environment.

Academic administration guideline of mental health education for left-behind children, the content planning of the four units focuses on solving the needs of students and teachers, which is mainly reflected in innovative teaching methods, strengthening professional fields, learning and life guidance, and cooperation between families and schools. The citations and data references listed in the "Guidelines for the Academic Management of Mental Health of Left-behind Children in Xiang Zhou Junior High School" are all from cutting-edge methods in the third field of mental health education. Some left-behind children face mental health problems due to their growing environment and lack of parental companionship. The absence of parents will have a temporal and quantitative "cumulative effect" on left-behind children (Chen & Wei, 2022, pp.105-109), which is not conducive to the current and future development of left-behind children. They have more mental health problems due to various factors such as lack of companionship or difficult to adapt to lifestyle. Just as the research conclusion of researcher Liu (2023, p.10) is the same. Children are the hope of the country. Children's mental health not only affects students' learning, but also has a profound impact on their future life development. Carrying out mental health education can not only ensure the healthy growth of children but also promote the cultivation of students' core competencies. The mental health education of left-behind children is a long-term and complex task, which requires the joint efforts of families, schools and society to create a good environment for the healthy growth of left-behind children. The school needs to become an educational organization and develop special mental health education and management guidelines for left-behind children in order to better manage students and promote their mental health growth.

Suggestion

1. Schools need to fully understand the problems and needs of left-behind children and teachers.
2. Schools need to develop academic management guidelines for left-behind children's mental health.
3. Users of the academic administration guideline of mental health education for left-behind children of Xiang Zhou Junior High School China need to receive pre-use training for implementation.

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