

Challenges, Causes, and Strategies for Mental Health Education of Young Children within the Perspective of Family-Kindergarten Cooperation

Feng Yiran^{1,a}, Feng Lijuan^{2,b,*}

¹College of Teacher Education, Ningxia University, Yinchuan, 750021, China

²The Jinfeng District No. 3 Kindergarten, Yinchuan, 750004, China

^a1730448720@qq.com, ^bwodejojo@126.com

*Corresponding author

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Abstract: Families and kindergartens, as two major influential systems in the development of young children's mental health, play a pivotal role in promoting their holistic growth. Through field research employing questionnaires and interviews, this study uncovers several challenges in mental health education for young children within the context of family-kindergarten cooperation, including inadequate emphasis, limited educational content, and a lack of safeguard mechanisms. Analyzing these challenges from the perspectives of kindergarten safeguard mechanisms, the capabilities of family-kindergarten cooperation, and parents' educational concepts and methods, the study delves into the underlying causes. Furthermore, it proposes appropriate strategies for mental health education within the framework of family-kindergarten cooperation, encompassing institutional support, teacher training, and parental engagement. The ultimate goal is to promote the physical and mental well-being of young children through strengthened family-kindergarten cooperation and to elevate the quality of mental health education for young children.

1. Introduction

Implementing young children's mental health education through collaborative efforts between family and kindergarten is a crucial way to achieve comprehensive physical and mental well-being for young children. As emphasized in the *Guidelines for Kindergarten Education (Trial Implementation)*, kindergartens should not only prioritize children's physical health but also give special attention to their mental health. This underscores the pivotal role that mental health education plays in the growth and development of young children. Current researches have delved into various aspects of young children's mental health education, including the perspectives of parents' and teachers' views, the activity designs in kindergartens ^[1] and the developmental levels across different regions. ^{[2][3]} These studies have qualitatively analyzed the issues to further draw societal attention to young children's mental health education. Based on this, establishing a

comprehensive family education guidance service system, leveraging family-kindergarten collaboration for holistic teaching, refining the kindergarten-family-society collaborative education mechanism, and promoting healthy child development have been set as the fundamental goals for family education development in the coming period. This approach facilitates the provision of a comprehensive educational environment, enhances the effectiveness of mental health education, and drives high-quality family education development during the 14th Five-Year Plan period.^{[4][5]} This research explores the content related to young children's mental health education within the context of family-kindergarten collaboration, aiming to facilitate the effective implementation of such education.

2. The dilemma of young children's mental health education from the perspective of family-kindergarten co-education

Young children's mental health education is not only a necessity for their healthy growth, but also a requirement for individual quality in social development. The following are the dilemmas faced by families and kindergartens in the process of conducting mental health education.

2.1 Inadequate emphasis on mental health education

With the society's continued focus on young children's mental health education, most kindergartens are actively engaging in such educational activities. However, both kindergartens and families often overlook the role of family education due to traditional educational concepts, leading to sub-optimal outcomes in mental health education. On the one hand, teachers tend to attach less importance to family-kindergarten cooperation and young children's mental health education. Survey results indicate that teachers perceive their workload as complex, leaving little time for family-kindergarten cooperation, and the widespread parental preoccupation with children's physical health indirectly contributes to teachers' neglect of mental health education. In interviews, some teachers mentioned that parents' primary concern is their children's safety, and children with strong personalities often fight over toys and thus they emphasize the need for enhanced safety education. On the other hand, parents tend to overlook the significance of family and social education in the educational process, often blaming kindergartens and teachers for any shortcomings.^[6] For instance, parents expressed that both of them work outside, leaving grandparents to take care of the children, and feel unable to teach children and rely solely on kindergarten teachers. Additionally, due to differences in age and experience, parents' perceptions of mental health education vary. Some parents believe that novice parents have limited knowledge of parenting and think that if children can learn more in kindergarten, parents will cooperate diligently with whatever teachers say. It is evident that some parents are still unaware of the importance of mental health education or overly reliant on kindergarten education.

2.2 Limited mental health education content

The comprehensiveness of mental health education for young children is a crucial factor in ensuring their healthy growth. The *Law of the People's Republic of China on the Promotion of Family Education*, enacted in 2021, stipulates that the content of family education should not be limited to aspects such as children's physical health and safety education, but should also encompass interpersonal communication, family learning atmosphere, and children's moral character.^[7] This regulation further underscores the importance of mental health education for young children. However, research has revealed the following challenges in implementing mental health education for young children by both families and kindergartens in terms of content. On the

one hand, parents lack attention to the psychological development of young children and fail to employ diverse educational strategies to meet their psychological needs. For example, some parents give their children mobile phones as a temporary distraction when they cry incessantly, neglecting the changes and needs within their children's hearts and missing valuable opportunities for educational guidance. Over time, this can lead children to develop undesirable behaviors such as crying to obtain a mobile phone. Furthermore, as shown in Figure 1, parents tend to prioritize their children's physical health and behavioral habits over psychological development, moral character, and interpersonal communication. On the other hand, kindergarten teachers often limit the content of mental health education for young children to simple emotional expression, neglecting to attend to their deeper psychological needs and provide guidance. For instance, in emotional management activities, teachers simply tell children not to be angry without further explaining the reasons behind emotions or teaching them to manage emotions. Additionally, the monotonousness of educational approaches and teaching scenarios indirectly leads to limitations in the content of mental health education, failing to satisfy the diverse learning needs of young children and resulting in mental health education falling short of expected outcomes.

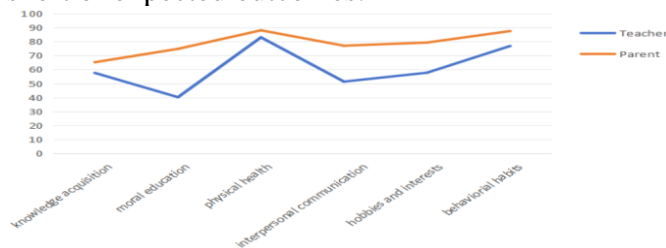


Figure 1: Parents' and Teachers' Focus on Young Children's Development

2.3 Lacking of safeguard mechanisms on mental health education in co-education

The importance of giving high priority to children's mental health education and mobilizing all forces to jointly promote children's healthy development was emphasized by The *Healthy China Initiative* (2019-2030) issued by the National Health Commission of the People's Republic of China and the *Healthy China 2030 Planning Outline* jointly issued by the CPC Central Committee and the State Council.^{[8][9]} However, research findings reveal that 55.2% of teachers and 54.1% of parents believe that teachers play a dominant role in family-kindergarten co-education, with over half of both groups considering teachers as "insiders" and parents as "outsiders" in this collaboration. Teachers fully plan and conduct mental health activities within family-kindergarten co-education, while parents seldom participate. Additionally, teachers have indicated in interviews that although parents can cooperate with teachers in completing assigned tasks, they are generally not proactive. For instance, during a mental health education activity, teachers shared some educational experiences with parents, who listened attentively but failed to offer their own educational suggestions. The more educational activities focused on enhancing children's development that involve family participation, the better the children's development will be.^[10] Nevertheless, due to unclear rights and responsibilities between families and kindergartens in mental health education, and the absence of relevant safeguard mechanisms in kindergartens, a strong synergy in family-kindergarten co-education cannot be formed.

3. Analysis of the causes of challenges in young children's mental health education

Based on the analysis of the challenges faced by young children's mental health education under the perspective of family-kindergarten cooperation, the causes can be explored from the following three aspects.

3.1 Inadequate safeguard mechanism

Although kindergartens attach great importance to family-kindergarten cooperation in terms of cognition, the practical results and effectiveness of such cooperation still need to be improved. In this process, a sound and reasonable safeguard mechanism plays a crucial role. Firstly, conducting mental health education activities for young children within the framework of family-kindergarten cooperation cannot be achieved without a comprehensive safeguard mechanism. Some formalized organizations in kindergartens do not provide substantive help to parents and teachers. When asked about “effective ways of family-kindergarten cooperation”, home visits, parent schools, and parent committees scored relatively low. As common methods of family-kindergarten cooperation in kindergartens, they should have been preferred by parents and teachers. However, through interviews, it was learned that kindergartens rarely hold scientific parenting sharing activities. Instead, they mostly convene parents to promote the kindergarten’s management concepts and daily work. Secondly, an effective evaluation mechanism can facilitate the smooth operation of the kindergarten’s organizational system. However, kindergartens’ delayed evaluation and feedback on family-kindergarten cooperation make it difficult for both sides to discover problems in a timely manner and objectively evaluate and summarize the cooperation’s effectiveness. Thirdly, kindergartens lack a regular mental health education training mechanism in teacher management. Mental health education for young children within the context of family-kindergarten cooperation requires parents and teachers to possess corresponding knowledge and skills. However, the lack of professional guidance and training in kindergartens indirectly leads to minimal effectiveness of mental health education in family-kindergarten cooperation.

3.2 Poor capabilities of family-kindergarten cooperation

Kindergarten teachers serve as the organizers of family-kindergarten co-education and the guides for family education. The scientific nature of their cooperative mindset and the adequacy of their facilitation skills directly impact the quality of family-kindergarten co-education.^[11] According to survey findings, teachers’ dilemmas in family-kindergarten co-education mainly stem from three aspects. Firstly, teachers lack sufficient knowledge reserves. Kindergarten teachers rarely receive systematic mental health education and lack specialized knowledge in this field, making it difficult for them to promptly identify and seize appropriate educational opportunities. When confronted with children’s psychological expressions, they often feel at a loss and are unable to guide parents professionally in conducting mental health education. Secondly, the training content for family-kindergarten co-education is not comprehensive. In teacher training programs, the curriculum system related to family education is incomplete and lacks practicality, leaving teachers ill-equipped with problem-solving skills and struggling to establish a stable cooperative relationship with parents to achieve the goals of family-kindergarten co-education. Thirdly, teachers face heavy workloads. Teachers argue that the work is unique and complex, encompassing caring for children in the class, preparing materials, creating learning environments, and engaging in parent-teacher communication, among other tasks. Their efforts often do not commensurate with their rewards. Overwhelmed by teaching responsibilities, teachers fail to fully recognize the importance of building good relationships with parents and neglect communication, thereby creating obstacles in cooperation and impeding the effective implementation of mental health education for young children within the framework of family-kindergarten co-education. Clearly, teachers’ professional competence affects the effective promotion of mental health education for young children in family-kindergarten co-education.

3.3 Outdated educational concepts and methods of parents

Parents' health literacy exerts a certain influence on their participation in young children's mental health education through family-kindergarten cooperation.^[12] The survey revealed that the difficulties faced by parents in young children's mental health education stem primarily from the following reasons. Firstly, traditional educational concepts influence parents' parenting beliefs. In traditional views, parents tend to prioritize their children's physical development and material well-being in kindergarten, neglecting their internal psychological development and changes. Secondly, the broader societal environment shapes parents' parenting beliefs. In the context of a "rat race" society, parents often engage in premature nurturing, fearing that their children will fall behind at the starting line. Consequently, they enroll their children in numerous extracurricular classes, neglecting their psychological development. Thirdly, parents' parenting styles influence their educational methods.^[13] For instance, authoritarian parents tend to scold or physically punish children when they behave against expectations, which predicts emotional symptoms and behavioral problems in children. Additionally, time and energy constraints prevent parents from promptly engaging in their children's education and providing better educational support. Fourthly, parents' educational level, to a certain extent, impacts their educational methods. Parents with higher educational levels are generally more receptive to new educational approaches. They not only focus on their children's academic performance but also prioritize the cultivation of comprehensive qualities, such as creativity and critical thinking. In conclusion, the lack of scientific collaboration concepts and methods among parents hinders their ability to effectively collaborate with teachers and unite their efforts.

4. Strategies for young children's mental health education

The mental health of young children relies on quality education. To encourage both families and kindergartens to actively participate in the collaborative education of young children's mental health, it necessitates multi-faceted cooperation and joint efforts.^[14]

4.1 Improve the management system of mental health education

To optimize the practical activities of mental health education in family-kindergarten cooperation, kindergartens should play a leading role in organization and leadership, working on both teachers and parents simultaneously to improve the planning and evaluation channels of activities, thereby enhancing the effectiveness.

4.1.1 Optimize the mental health education system

Optimizing the mental health education system within family-kindergarten cooperation is a comprehensive task that can be approached from three primary angles to improve its effectiveness. Firstly, kindergartens should establish a detailed set of regulations for family-kindergarten cooperation in mental health education, standardizing the collaborative behaviors and clarifying the responsibilities and obligations of both parties. While providing professional mental health services, kindergartens should encourage parents to actively participate in co-educational activities, promptly attend to children's psychological conditions, and communicate with teachers, jointly fostering children's mental well-being. Secondly, kindergartens should establish an evaluation mechanism for mental health education within family-kindergarten cooperation, assessing the implementation outcomes and using evaluations to drive improvements, thereby enhancing the quality of mental health education. Specifically, this involves determining the content, criteria, and methods of assessment, conducting regular evaluations of teachers, promptly feeding back the results, and

implementing corresponding incentive measures to motivate both teachers and parents to actively engage in mental health education activities. Thirdly, kindergartens should formulate reasonable management systems and establish a conducive learning platform for mental health education. This includes implementing teacher training programs to provide opportunities for professional growth and development, as well as inviting psychological experts to conduct lectures, thereby assisting both parties in fostering correct perspectives on children's mental health education.

4.1.2 Establish an effective guarantee mechanism

The active participation of parents is paramount in promoting mental health education for young children. Firstly, kindergartens can provide a platform to introduce the content and progress of mental health education to parents, understand their needs and concerns, and thereby foster two-way cooperation between home and kindergarten. Secondly, kindergartens should utilize information technology tools to establish stable and immediate communication channels with parents, enabling both parties to promptly identify and address issues in their collaborative efforts. Thirdly, kindergartens should guide parents to actively participate in the design of mental health education activities. By incorporating parents' opinions and suggestions, kindergartens can formulate mental health education and family-kindergarten cooperation activity plans that align with children's physical and psychological development patterns. This approach harnesses parental resources and enhances the sharing of educational resources.^[15] Lastly, kindergartens need to integrate information from both home and kindergarten to provide robust support for the implementation of mental health education for young children.

4.2 Cultivate teachers' capabilities in mental health education

The development effect of kindergarten is minimal if teachers rely solely on the internal support of the kindergarten. They need to actively improve their professional quality, form a close educational team with parents, and work together for the physical and mental health and all-round development of young children.

4.2.1 Update the concept and enhance the sense of identity

Correct concepts can better guide practice. Teachers should educate and guide young children with correct and scientific educational concepts in mental health education. First of all, teachers should abandon the negative emotions of being a "superior nanny", fully recognize the importance of family-kindergarten co-education for young children's mental health, establish a broad view of education, and lead practice with ideas, thereby promoting the implementation of mental health education for young children. Secondly, teachers should implement educational concepts in all aspects of daily life in kindergartens, help young children dispel negative emotions in a timely manner through observation, teach them methods to alleviate negative emotions, use practice as the driving force for cognitive development, and enhance their sense of identity in mental health education for young children. Thirdly, teachers should avoid fear of difficulties, actively carry out mental health education activities, integrate mental health education for young children into games, stories, and crafts, enrich the forms of activities, and improve the quality of activities. Finally, when encountering difficult problems, teachers can seek help from psychological experts, full-time teachers, etc., improve their sense of identity in mental health education for young children through exploration, learning, and practice, and lay a solid foundation for the healthy growth of young children.

4.2.2 Deepen research and training to enrich knowledge of mental health education

The knowledge of mental health education for young children serves as the foundation for the

formation of teachers' educational concepts and behaviors. On the one hand, teachers should establish the concept of lifelong learning and actively learn knowledge related to mental health education for young children. On the other hand, kindergartens should fully mobilize various resources and organize teachers to participate in diversified training activities to ensure that teachers closely integrate the theory and practice of mental health education, thereby enhancing the practicability and timeliness of off-campus training for teachers. For instance, carrying out research activities on mental health education and family-kindergarten co-education, establishing master teacher studios; hosting mental health education activity competitions, and organizing teachers to follow and return to their posts. These efforts will strengthen teachers' understanding of mental health education for young children and improve the quality of family-kindergarten co-education in this area.

4.3 Leverage the role of parents in mental health education

Preschool children are in multiple critical periods of physical and psychological development, and their development is closely related to their parents' upbringing methods. When parents participate in actual educational work, they can better work with kindergartens to create a favorable environment for the growth of young children.

4.3.1 Change mindset and enhance the importance attached to participating in mental health education

Research results show that the vast majority of parents have already realized the importance of family-kindergarten co-education, which lays a solid foundation for its implementation. Based on this, parents should proactively seek information about mental health education activities in kindergartens and actively participate in them, providing evaluations and feedback on the activities. At the same time, parents should communicate frequently with teachers so that teachers can fully understand the situation of young children at home and put forward corresponding educational suggestions, ensuring close contact and mutual cooperation between home and kindergarten. For example, since young children are in a stage of conflict between initiative and guilt, during which they face more independent activities, parents can communicate with teachers to reach a consistent support strategy to help children smoothly navigate this stage and develop a responsible and creative personality. In addition, kindergartens can plan a series of activities to educate parents on the importance of family education and mental health education, emphasizing the role of parents in mental health education, and enhancing parents' self-awareness and enthusiasm for participating in mental health education.

4.3.2 Participate in training to strengthen the ability to guide mental health education

As learning subjects, parents need to continuously learn to adapt to the learning-oriented society of the 21st century. Firstly, women's federations at all levels and kindergartens can provide parenting education courses or lectures for parents, organizing experts, scholars, or experienced teachers to impart knowledge of young children's psychological development and family education skills to parents, thereby improving their literacy and practical ability in mental health education, aligning with kindergarten educational goals, and cooperating with kindergartens to effectively carry out mental health education for young children in family-kindergarten co-education. Secondly, kindergartens can recommend courses and books related to mental health education for young children to parents, encouraging them to adopt diversified learning methods to enrich and deepen their understanding and experience of mental health education. Thirdly, kindergartens should provide personalized guidance for family education, offering corresponding assistance based on parents' needs and children's characteristics, and encouraging parents to play their subjective initiative in developing educational plans suitable for their children. Lastly, kindergartens can

organize a variety of parent-child activities, allowing parents to observe and understand their children through participation, and master family education skills and mental health education concepts while enhancing parent-child relationships. Based on this, parents and teachers can promote mutual recognition and trust, enabling parents to recognize the important role they play in early childhood education, thereby providing effective guarantees for the mental health development of young children.

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