

Exploring the Primary Mental Health Care Policies for Minors in China from 2015 to 2023 Using a Policy Triangle Framework

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Abstract: Due to China's rapid economic development in recent years, the prevalence of psychiatric disorders among minors has increased due to intense social competition. China has issued a number of mental health policies to address the issue. Therefore, this project will explore the impact of China's primary mental health care policies on the accessibility of minors to mental health services. This project collected the mental health policy documents for minors published in China from 2015 to 2023. The collected policies are analysed using qualitative research methods. The triangular policy framework is used to analyse the content of policies and actors. Through the thematic analysis of the accessibility related content in the policy content, four main themes of improving service accessibility were obtained: the construction of a mental health service system, the education of mental health knowledge, the construction of a mental health social environment and multi-sectoral cooperation. Thematic analysis of the key actors in the content reveals that the health sector, the education sector, the civil affairs sector and Non-Governmental Organizations have played an important role in the formulation and implementation of the policy. These departments work together to promote the improvement and optimization of minor's mental health services. The project noted that there are still challenges in terms of resource investment, multisectoral collaboration mechanisms and the training and development of professionals. Based on these findings, the project recommends policies to enhance intersectoral collaboration, optimize resource allocation, and train.

1. Introduction

Mental health issues in minors impact academic development, social interaction, and quality of life. The WHO reports that about one in seven individuals aged 10-19 globally experiences a mental disorder^[1]. Most adolescents reside in low- and middle-income countries, where mental health care is inadequate. Half of adult mental disorders begin by age 14, and three-quarters by age 24^[2]. Both WHO and UNICEF express concern over child and adolescent mental health^[3,4]. Preventive measures and early intervention in primary mental health care are crucial for slowing disease progression^[3]. Effective primary care can alleviate burdens on secondary and tertiary systems.

Integrating these services into primary care and schools in the US, UK, and Australia aims for early identification and support, though questions remain about policy effectiveness^[5,6,7]. Limited resources, inadequate training, and cultural barriers impede policy implementation in low- and middle-income countries^[3]. In China, social competition has intensified, leading to significant academic pressure on minors, with a psychiatric disorder prevalence of 17.5% among ages 6-16^[8]. The Chinese government acknowledges the need for services amid rising academic pressures and urbanization. The National Mental Health Work Plan (2015-2020) and the Healthy China 2030 Action Plan emphasize the integration of mental health into primary health care and education [9,10]. Despite the progress made, challenges such as access to opportunities, urban-rural differences and stigma still exist^[11]. This study analyzes China's primary mental health care policies from 2015 to 2023, assessing their advantages, disadvantages, and accessibility to inform policy improvement.

The aim of this study is to explore how primary mental health care policies for minors in China affect service accessibility from 2015 to 2023, utilizing the policy triangle framework^[12]. To achieve this aim, the study will analyze the content and expected effects of these policies, focusing on accessibility, identify the key actors involved in their formulation and implementation, and examine the anticipated challenges these actors may face during the implementation process, drawing on relevant literature. Based on this analysis, the study will also provide specific recommendations for enhancing mental health policy for minors in China.

2. Research Methodology

This project is a study of policy documents. So this project chooses a qualitative research method that can make a deep understanding of the phenomenon. The policy triangle framework can make a comprehensive analysis and linkage of policy content, context, process, and actors^[12]. It is often used in health policy research. Therefore, this project uses the policy triangle framework as the analysis framework. It can be seen from the research objectives of this project that the content of the policy and the actors will be analysed. After the analysis, recommendations on the mental health policy of minors were made based on the results.

Thematic analysis is a qualitative research method that can reveal the deep meaning of data by identifying, analysing, and reporting themes in data^[13]. So this project uses the thematic analysis method to analyse the contents and actors in the policy documents. In order to make the analysis process more rigorous and clear, this project adopts the six-step thematic analysis method of Braun and Clarke^[13]. The detailed six-step process is presented in the data analyses section of the results.

In terms of ethics, the project utilizes publicly available policy documents from the Chinese government, ensuring no unauthorized information is included. All cited documents can be clearly referenced, and the analysis is conducted with objectivity, respecting the integrity of the policies without including personal information.

The data source consists of secondary data derived from policy documents issued by the National Health Commission, The State Council, and the Ministry of Education of China, spanning from 2015 to 2023. These documents were accessed through official government websites and databases such as CNKI and PKULAW, with searches conducted using relevant keywords related to children, adolescents, mental health, and psychiatry to ensure comprehensive inclusion of pertinent policies.

The inclusion criteria for this study are specific: policies must have been issued between January 1, 2015, and December 31, 2023, and must be at the national level, focusing on minors' mental health. Only policy papers, official guidelines, and reports published on government websites are included. Conversely, documents not published within the specified date range, unrelated to minors'

mental health policies, or classified as non-public requiring access permissions are excluded.

To process the collected data, duplicate documents were removed, and all materials were converted to Word format to facilitate analysis with NVIVO software. Each document was organized by title and date and checked for formatting consistency. The analysis, adhering to the policy triangle framework, involved coding the documents after thorough familiarization. An Excel table was created to summarize content related to accessibility, incorporating file names, summaries, initial codes, and original texts. The results of the thematic analysis were organized in a Word table, while the analysis of key actors was conducted using NVIVO, with findings also presented in a Word table.

2.1 Data analyses

Table 1 presents the detailed steps of the six-step thematic analysis method.

Table 1: Thematic analysis steps

Thematic analysis steps	
Familiarising yourself with your data	Read and consolidate policy documents formatted in Word. While reading, briefly summarize the policy content and record it in Excel.
Generating initial codes	The initial coding step for content involves conducting preliminary coding in Excel for the parts of the content related to accessibility. Organize the initial codes in Excel along with the corresponding original policy text. For the initial coding step for actors, after importing the files into NVIVO, open the files in NVIVO and code the key actors mentioned in the documents.
Searching for themes	Combine similar initial code in Excel to generate new code by re-reading the content section of the policy document and the initial code in the Excel table. Delete duplicate encoded content. Read the policy documents in the NVIVO software again and identify key actors. In NVIVO, the last repeated code is deleted, similar code is merged, and new code is generated.
Reviewing themes	After several iterations of the previous step, the content encoded last time is read and classified in EXCEL and NVIVO, and then the topic is generated. For the preliminarily generated themes, this study reviewed the policy documents again for the consistency between the generated themes and the coded content, the independence between themes, and the exclusion of unrelated or weakly related themes.
Defining and naming themes	Re-read the content of the generated themes and revise longer themes to ensure that they are concise and accurately summarized.
Producing the report	Write a report that links the themes analysed in Excel and NVIVO to the content of policy documents and provides an explanation

2.2 The approach to results presentation and interpretation

This project used a table to list the collected policy documents, including the time and name of the policy. In the results section, an overview and explanation of the trends and key content in these policies from 2015 to 2023 are first provided.

The results of the analysis of the accessibility related themes in the policy are analyzed and explained in the results section of the project by combining the content of the policy to clarify the

link between the content and the theme. Some key points and details in the text and the connection with accessibility are analyzed and explained. For the theme analysis related to actors in the policy, the results of the theme analysis and key actors are clearly shown in the table.

3. Results

3.1 Overview of the policy document

According to the inclusion and exclusion criteria, 21 policies were finally selected. Table 2, which provides a bilingual comparison of policy names in both Chinese and English, is included in the Appendices. After reading the policies, we can see that China's policies on the mental health of minors began to favor the improvement and improvement of services. In 2017, China issued the Guidance on Strengthening Mental Health Services (Guidance on Services), as well as the Guiding Opinions on Giving Play to the Role of Social Work Professionals in the Care and Protection of Rural Left-Behind Children (Social Work Guideline), these policies emphasize the need for collaboration among the education, health, and public security departments to create a coordinated effort to promote the mental health of minors^[14,15].

The Healthy China Initiative - Mental Health Action Plan for Children and Adolescents (2019-2022) (Mental Health Action), the Healthy Angels Youth Volunteer Service Action Plan (2018-2020), and the Service Standards for Autism Screening and Intervention for Children Aged 0-6 Years (Trial) also emphasize the importance of early identification and intervention in mental health issues^[16,17,18]. These policies aim to reduce the occurrence and development of mental disorders through early detection and treatment.

The Guidelines for the Construction of Psychological Counseling Rooms in Primary and Secondary Schools (Counseling Room Guidelines), the Guidance on Services, the Guidance Recommendations from the Expert Advisory Committee on Mental Health Education for Primary and Secondary Schools of the Ministry of Education to Strengthen Mental Health Education in Schools Nationwide for the New Semester (Expert Guidance), the Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025) (Student Mental Health Plan), and the National Pilot Program for the Construction of the Social Psychological Service System repeatedly emphasize the importance of mental health education^[14,19,20,21,22]. These policies highlight the dissemination of mental health knowledge through health education courses, awareness campaigns, and collaboration between schools and families.

The Social Work Guideline, the Guiding Opinions on Strengthening Mental Health Care Services for Children in Difficult Situations (Difficult Children Guideline), and Student Mental Health Plan provide personalized care services, psychological health assessments, and referral channels for diagnosis and treatment for special groups such as children in difficult situations, left-behind children (LBCs), and migrant children, offering more precise mental health support^[15,22,23]. LBCs in China refer to children under the age of 18 who live alone or with no guardian because one or both parents go out to work in cities^[24].

Table 2: Bilingual policy name comparison

Date Issued	Policy name (English translation)
29/07/2015	Guidelines for the Construction of Psychological Counseling Rooms in Primary and Secondary Schools
19/01/2017	Guidance on strengthening mental health services
21/08/2017	Guiding Opinions on Giving play to the role of social work professionals in the care and protection of rural left-behind children
20/10/2018	Healthy Angels Youth Volunteer Service Action Plan (2018-2020)
04/12/2018	National Pilot Program for the Construction of the Social Psychological Service System
15/07/2019	Healthy China Initiative (2019-2030)
15/07/2019	Expert Consensus on the Prevention and Treatment of Gaming Disorder (2019 Edition)
27/12/2019	Healthy China Initiative - Mental Health Action Plan for Children and Adolescents (2019-2022)
08/02/2020	<i>Guidelines for Psychological Adjustment in Response to the COVID-19 Pandemic</i>
21/04/2020	Psychological Counseling and Social Work Services Program for Incoming Travelers
24/04/2020	Key Tasks for the National Social Psychological Service System Pilot in 2020 and Expansion of Pilot Sites
24/04/2020	Guidance Recommendations from the Expert Advisory Committee on Mental Health Education for Primary and Secondary Schools of the Ministry of Education to Strengthen Mental Health Education in Schools Nationwide for the New Semester
01/09/2020	2020 Work Plan for Promoting the Healthy China Initiative Issued by the Office of the Healthy China Action Promotion Committee
21/10/2020	Strengthening and Improving Specialized Psychiatric Medical Services
11/03/2021	Key Tasks for the National Social Psychological Service System Pilot in 2021
07/07/2021	Strengthening the Management of Student Mental Health
08/09/2021	China Women's Development Outline and China Children's Development Outline
29/10/2021	Healthy Children Action Plan (2021-2025)
23/08/2022	Service Standards for Autism Screening and Intervention for Children Aged 0-6 Years (Trial)
20/04/2023	Special Action Plan for Comprehensively Strengthening and Improving Student Mental Health Work in the New Era (2023-2025)
26/10/2023	Guiding Opinions on Strengthening Mental Health Care Services for Children in Difficult Situations

3.2 Thematic analysis of content related to accessibility

3.2.1 Theme 1: Primary Mental health service system construction

In the Guidance on Services policy, it is mentioned that establishing psychological counselling rooms in schools, providing mental health courses and training psychological teachers can let students get early intervention in schools to improve mental health^[14]. The policy supports mental health by including educational institutions into the minors mental health service system

The policy of Strengthening and Improving Specialized Psychiatric Medical Services proposed

to form a mental health prevention and treatment system, including the primary health care of mental health, and proposed that minors should be focused on the population^[25].

The policy of Difficult Children Guideline emphasizes the importance of community and school attention to the mental health of children in difficult situations and calls for enhanced services, including mental health assessments, healthcare services, and community counselling^[23]. This policy focuses on community and school services to improve the service system. China's policy seeks to build a system of mental health services for minors by integrating services from health sectors, educational sectors, schools and communities.

3.2.2 Theme 2: Mental health knowledge education

The policy of Mental Health Action requires the media to educate children and adolescents on mental health and let teachers to train in mental health knowledge to improve the capacity of mental health services^[16].

The Strengthening the Management of Student Mental Health (Student Mental Health Management) policy integrates mental health courses into the formal curriculum, enabling students to acquire mental health knowledge and skills, thereby promoting the development of their psychological resilience, and enhancing the effectiveness of primary health care and health promotion^[26].

3.2.3 Theme 3: Mental health environment construction

The aspects of policy documents related to shaping the social environment contribute to fostering a mentally healthy social atmosphere. The policy of Mental Health Action includes the Nurturing Minds for 1000 Days initiative, which aims to create a psychologically healthy community and social environment for minors^[16].

The Healthy China Initiative (2019-2030) (Healthy China Initiative) requires schools and communities to provide mental health personnel, establish a service network within society, and encourage families to create a healthy and harmonious psychological environment^[27].

The Healthy Children Action Plan (2021-2025) (Healthy Children Plan) emphasizes the importance of strengthening social publicity and health promotion to create a psychologically healthy environment starting from early childhood. This is primarily achieved by educating kindergarten staff, children's parents, family members, and school teachers on mental health knowledge, as well as cultivating emotional management and psychological adjustment skills^[28].

The above policies create a mental health environment so that primary health care resources exist in the lives of minors.

3.2.4 Theme 4: Multi-sectoral cooperation to promote mental health

The policy of the Student Mental Health Plan emphasizes the establishment of a coordinated mechanism among education, healthcare, and other departments. This mechanism aims to ensure timely prevention, referral, diagnosis, and treatment for students, providing comprehensive services^[22].

The policy of Difficult Children Guideline mandates coordinated efforts across multiple departments to ensure that prevention, referral, medical treatment, social assistance, and welfare resources are timely provided to children in difficult situations who need them^[23].

The policy of Social Work Guideline mobilizes various social forces to establish community workstations that provide care services, psychological assistance, and crisis intervention for rural LBCs, helping them alleviate psychological pressure^[15]. These measures rely on the community's collaboration, communication, and coordination.

3.3 Thematic analysis of actors

Table3. contains the results of the actor theme analysis and the key actors included in the theme.

Table 3: The actor's theme analysis

Theme	Key Actors
Health Sectors	National Health Commission
	Medical and Health Institutions
	Mental Health Service Institutions
	Specialized Medical Institutions
Education Sectors	Ministry of Education
	School (Primary and Secondary)
	Teachers (Mental Health Education Teachers and Class Advisors)
Civil Affairs Sectors	Ministry of Civil Affairs,
	Social Work Professionals
	Child Welfare Institutions
	Juvenile Rescue and Protection Institutions
Non-Governmental Organizations (NGOs)	Central Committee of the Communist Youth League
	All-China Women's Federation
	Social Organizations and Volunteers
	Families and Communities
	Mental Health Education Expert Guidance Committee
	Various Social Psychological Service Institutions

3.3.1 Health sectors

The main actors within the health sectors include the National Health Commission, medical and health institutions, mental health service institutions, and specialized medical institutions. These entities influence policy implementation through their roles in formulating and executing health policies, providing medical and mental health services, and promoting health action plans and service standards.

The National Health Commission and various levels of government health departments primarily focus on formulating relevant policies and regulations. The policies they establish can directly impact the coverage and quality of mental health services. Medical and health institutions, along with mental health service institutions, act as the executors in policy implementation. They are responsible for delivering the specific content of mental health services. The effectiveness of these policies is directly influenced by the capacity and resources of these institutions.

3.3.2 Education Sectors

The main actors within the education sectors include the Ministry of Education, schools, and teachers. Within the policies included, the education sectors focus on the mental health development of students. They help students establish a healthy psychological state and qualities through mental health education and psychological support services. The mental health education policies and scope formulated by the Ministry of Education influence the coverage and implementation of mental health education. Within schools, teachers or other staff members act as executors of these policies by providing psychological courses and activities for students. The training of teachers and staff by the education departments affects the effectiveness of mental health counselling efforts.

3.3.3 Civil Affairs Sector

The main actors within the civil affairs department include the Ministry of Civil Affairs, social work professionals, child welfare institutions, and juvenile rescue and protection institutions. The Ministry of Civil Affairs formulates policies to provide care services for vulnerable and at-risk children. Their organization and coordination of social work services can mobilize various social forces to help at-risk children improve their mental health. Social work professionals provide psychological counselling and healthcare services to children. Regular monitoring and assessment by child welfare institutions and juvenile rescue and protection institutions can identify problems promptly and take appropriate measures.

3.3.4 NGOS

The main actors within NGOs include the Central Committee of the Communist Youth League, the All-China Women's Federation, social organizations and volunteers, families and communities, the Mental Health Education Expert Guidance Committee, and various social psychological service institutions. NGOs typically promote the mental health of adolescents and vulnerable groups. The Central Committee of the Communist Youth League, the All-China Women's Federation, and various social organizations address resource limitations through volunteer services. The professional mental health education and support provided by social psychological service institutions and the Mental Health Education Expert Guidance Committee can impact the effectiveness of policy implementation. The Central Committee of the Communist Youth League and the All-China Women's Federation leverage their extensive organizational networks to promote policy implementation, providing auxiliary support to the process. Families and communities play a key role in creating a mental health environment. The provision and enhancement of professional, standardized mental health services by social psychological service institutions make policy implementation more effective.

4. Discussion

Analysis of policy documents from 2015 to 2023 indicates that China has implemented various measures to enhance its mental health service system for minors.

The Ministry of Education has established counseling rooms in primary and secondary schools and trained counselors to provide preventive mental health services. Research suggests that early psychological interventions in schools can mitigate mental health issues^[29]. The Counseling Room Guidelines and Student Mental Health Management policies mandate mental health services in schools, highlighting the need for early identification and intervention in the absence of sufficient mental health resources in China^[30].

Policies such as the Mental Health Action, Healthy China Initiative, and Healthy Children Plan aim to promote mental health at home, school, and community levels, fostering environments conducive to mental well-being. However, there is a severe shortage and uneven distribution of mental health resources across regions^[31].

These policies emphasize the importance of mental health education for minors to enhance awareness and reduce the risk of serious issues. Integrating mental health education into the national education system aligns with Zhang and Du's recommendations. Despite this, the overwork of teachers may hinder effective mental health education delivery^[32], as evidenced in Hong Kong, Australia, and the UK^[33]. With a higher student-to-teacher ratio in China, the impact of mental health education may be diminished.

The policy's multi-sectoral approach aims to unite various stakeholders to improve adolescent

mental health services. This approach is recognized globally for enhancing service efficiency and coverage^[34,35], though challenges in coordination persist, impacting effective collaboration.

China's policies also target vulnerable groups, such as children in distress and left-behind children, emphasizing the need for tailored preventive measures^[36]. However, delivering personalized services is challenging due to resource constraints, particularly in rural areas.

A study indicated that despite policies advocating for psychological counseling centers and community workers in rural regions, only 5.5% of villages in Guizhou, Sichuan, and Hunan had operational centers, lacking trained personnel^[24].

The policies included in this project require multisectoral collaboration to form service networks. These sectors are broadly consistent with the findings of the thematic analysis of the key actors in the policy. A study in China found that the implementation of policies in the health sector was higher than that in the non-health sector among several sectors^[37]. In non-health sectors, mental health work is mainly performed part-time by untrained staff, which leads to poor implementation of non-health sector work^[37].

The health sector plays an important role in policy formulation. However, China's resources for mental health are inadequate and unevenly distributed. This is reflected in finance, the number of professionals, the uneven distribution of resources between Eastern and Western China, and the existence of a majority of part-time mental health service workers in primary health care institutions^[38]. All this makes it a challenge for China's National Health Commission to promote the development of a mental health service system. Medical institutions will also have difficulties in implementing them with insufficient staff.

The mental health education services provided by the education department for minors are of great importance and significance. However, mental health services in schools need professional psychological counsellors and teachers with psychological counselling abilities. Therefore, the limitation of teacher resources and the lack of training limit the implementation of the policy of China's Ministry of Education.

Civil affairs departments mainly support the mental health of vulnerable groups. Social workers capable of providing mental health services are very scarce in China, although the Chinese government has realized the importance of social workers for left-behind children in rural areas^[39,40]. As non-medical institutions, child welfare institutions and juvenile rescue and protection institutions also face the challenge of lack of professional mental health personnel in the context of lack of professional mental health personnel in China.

Ngos promotes the mental health of minors through volunteer services and social support. The Central Committee of the Communist Youth League and the All-China Women's Federation exist as large non-governmental organizations in every administrative region of China. These two organizations, as non-professional mental health service providers, mainly provide volunteers to provide mental health services but have no requirements for service cycles. Studies have found that long-term volunteering is associated with better mental health outcomes^[41].

5. Conclusion

The project found that from 2015 to 2023, China's focus on adolescent mental health services is to strengthen early intervention and prevention, improve service systems, and promote multi-sectoral cooperation to improve service coverage and accessibility. The main measures include the construction of psychological consultation rooms, the provision of mental health courses, and the training of teachers on mental health, so as to raise students' mental health awareness.

One of the key findings of this study is the critical role of multisectoral collaboration in policy implementation. The ministries of education, health and civil affairs have jointly issued a number of

policies to promote the development of adolescent mental health services. This kind of cross-departmental cooperation is relatively common in the world, but it still faces the problem of coordination and resource integration in the actual operation process.

China's policies for special groups such as children in difficulty and left-behind children call for individualized mental health services. These services provide more targeted support for these special groups of minors, but they also require adequate service resources to ensure coverage for these groups to access services.

Based on the challenges identified in this project, future research should collect and conduct quantitative studies on the mental health data of minors receiving services from the mental health services system. With the implementation of the policy, it is necessary to deeply study the specific methods of multi-sectoral cooperation and the obstacles in the actual operation process. Pay more attention to the mental health needs of special groups in rural and remote areas.

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