

The current situation and problem research on mental health education of the special education schools in Sichuan Province (China)

(overview essay)

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Abstract: By adopting a self-designed questionnaire, this research surveys the current situation of the mental health education in 32 special education schools in Sichuan province. According to the survey, the level of the mental health education implementation in the surveyed schools is average; the mental health education is well emphasized while the organization and management, funds, staffing and other guarantee conditions are still not enough; the education achievement degrees among the special education schools in different areas have significant differences, and obvious differences also exist in education implementation, guarantee conditions and education achievement degree of whether schools are equipped with psychology teachers. Besides, there are also remarkable differences in mental health education implementation between boarding schools and non-boarding ones. Therefore, the overall plan of the mental health education in the special education schools should be advocated, and the training of the mental health faculty should be strengthened, especially the post-job training of the teachers.

Keywords: special education schools; mental health education; current situation; problems

1 Presentation of the Problem

According to the *Guidelines of Mental Health Education in Primary and Secondary Schools (2012 revision)* published by the Ministry of Education in 2012, “the mental health education in primary and secondary schools is vital for improving the psychological quality of the students and promoting the harmonious development of their physical and mental health; it is also a crucial component of further strengthening and improving the moral education of both elementary and secondary schools, as well as comprehensively boosting the quality education”. The teaching goals, tasks,

contents as well as methods of mental health education are also stipulated in the guidelines. *The Tentative Regulations of Special Education Schools* also mentions that special education schools should attach importance to students' physical and mental health education, cultivate and develop students' mental quality and health habit, and improve their capacities for protecting and properly using their self-residual functions. First of all, as children, special children comply with the general laws of physiological and psychological development of ordinary children. However, due to physiological defects, they have troubles in their independent life, social adaptation and other aspects. In the course of development, they will also face more serious changes and risks both physiologically and mentally than their normal peers. For example, some surveys turn out that, comparing deaf students with ordinary students, the former show more somatization, negativity, anxiety, paranoia and other emotions (Feng Nianqin, 2004); blind students mainly show more mental problems in anxiety and hostility, and low grades students' psychological problems are especially remarkable. (2004,Huang Baifang). These issues significantly affect the mental health development of the special children. The particularity and complexity of the psychological development of special children have brought remarkable challenges to the mental health education in special education schools, and it needs more headmasters, teachers and parents to pay attention to the mental health development among the special kids.

2 Research methods and subjects

2.1 The research subjects

This research regarded the special education schools as a unit, and each school was distributed a questionnaire which was finished by the teachers who take charge of the mental health education of the students. The questionnaires were distributed to 35 special education schools in Sichuan province which had been randomly sampled. 35 questionnaires were distributed and 32 were reclaimed and the effective rate was 100%.

2.2 The research tools

This research adopted the self-made questionnaire *a survey of the mental health education in special education schools in Sichuan Province*, which is divided into two parts. The first part is the basic information of the surveyed schools. The second part is the current situation of the mental health education implementation, which includes four dimensions: organization and management, guarantee conditions, educational implementation and the degree of educational achievement. And respec-

tively, the items each consists of are 11, 13, 12 and 3. Each item is rated on a scale of 1 to 5, ranging from completely nonconforming to highly conforming. The total questionnaire and the Cronbach's Alpha of four dimensions are respectively 0.96; 0.92, 0.877, 0.92, 0.767; by using the exploratory factor validity analysis, the KMO is 0.833; through Bartlett's test, the cumulative variance interpretation rate is 64.516%, indicating that the research data has a good level of structural validity.

2.3 Data Processing

Spss17.0 data statistic software was used to analyze and process the data, and the descriptive statistical analysis, T-test and other approaches were also adopted in this research.

3 Results

3.1 The distribution of samples

Table 1 shows that among the surveyed schools, there are 32 boarding schools, and they account for 93.8%; 2 non-boarding schools, account for 6.3%; 11 municipal special education schools, account for 34.4%; 21 county-level special education schools, account for 65.6%. According to the survey of in-service psychology teachers, there are 18 schools employed psychology teachers, and they account for 56.3%. The rest 14 schools, which account for 43.8%, are equipped with no psychology teachers. Further survey shows that among the 18 schools, all the psychology teachers are part-time and there are no professional ones. There are 21 comprehensive schools, and they account for 65.6%; there are 5 schools for pure deaf students and they account for 15.6%; 6 schools for the MR students, account for 18.8%.

Table 1: Distribution of the samples

	Boarding		Location		Psychology teachers		Types of students		
	Yes	No	Municipal	County	None	Yes	Deaf	MR	Comprehensive
Amount	30	2	11	21	14	18	5	6	21
Percentage (%)	93.8	6.3	34.4	65.6	43.8	56.3	15.6	18.8	65.6

3.2 The development of mental health education in special education schools

According to the survey results (see Table 2), the overall scores in the four dimensions, which are organization and management, guarantee conditions, educational implementation and the degree of educational achievement, are not high; the mean

value of each dimension is less than the average score of 3 points. Compared with guarantee conditions and the degree of educational achievement, however, scores in the dimensions of organization and management as well as educational implementation are relatively higher.

Table 2: *Overall scores the surveyed subjects get in mental health education*

	Organization & management	Guarantee conditions	Educational implementation	Educational achievement degree
<i>M</i>	2.98	2.79	2.98	2.84
<i>SD</i>	0.84	0.91	0.82	0.83

Further analysis (see Table 3) indicates that in the dimension of organization and management, the goal programming gets higher scores and surpasses the average score 3 points, yet its scores in organization structure and mechanism establishment are lower; in guarantee conditions, compared with the other sub-dimensions, scores in hardware facilities are higher and exceed the average score of 3, while that in the rest of the sub-dimensions are the lowest.

Table 3: *Detailed scores that the surveyed subjects achieve in the dimensions of organization and management and guarantee conditions*

Dimensions	Sub-dimensions	M	SD
Organization & management	Goal programming	3.41	0.84
	Organization structures	2.77	0.78
	Mechanism establishment	2.78	0.78
Guarantee conditions	Hardware facilities	3.34	1.41
	Funds	2.49	0.99
	Staffing	2.63	1.13
	Training & supervision	2.69	0.94

In the dimension of educational implementation, the sub-dimension that gets higher score is the emphasis on mental health education (see Table 4). It exceeds the average score of 3 points. However, the two sub-dimensions of mental health education curriculum teaching and practical activities have lower scores, followed by the counselling and publicity of mental health activities.

Table 4: Scores the surveyed subjects achieve in the dimension of educational implementation

	Emphasis	Course teaching	Practical activities	Counseling	Publicity
<i>M</i>	3.64	2.99	2.94	2.74	2.61
<i>SD</i>	0.87	1.09	1.34	0.94	0.87

3.3 Comparison of scores achieved by the special education schools with different features in the aspect of mental health education development

An independent sample T-test was conducted on the scores of the aspect, whether the school is boarding or non-boarding, achieves in the dimensions of implementation, guarantee conditions, organization and management as well as achievement degree, and the analysis results are shown in Table 5. According to the results, there is a significant difference between boarding schools and non-boarding schools in the dimension of educational implementation ($t = 2.418$, $DF = 30$, $P < 0.05$). The scores boarding schools achieve in the implementation of mental health education are higher than those of non-boarding schools. There is no significant difference between the two in the dimensions of guarantee conditions, organization and management as well as educational achievement. However, there is no distinct difference between boarding schools in each dimension. But the scores in each dimension of boarding schools are higher than those of the non-boarding schools.

Table 5: Comparison of the scores that the aspect whether the school is boarding or non-boarding achieves in different dimensions ($M+SD$)

	Educational implementation	Guarantee conditions	Organization and management	Educational achievement degree
Yes	3.07 ± 0.78	2.85 ± 0.89	3.05 ± 0.81	2.88 ± 0.85
Non	1.72 ± 0.07	1.81 ± 0.68	1.97 ± 0.90	2.33 ± 0.47
T	2.418 [*]	1.61	1.81	0.89

An independent sample T-test was conducted on the scores of the aspect, special education schools in different regions, achieves in the dimensions of implementation, guarantee conditions, organization and management as well as achievement degree, and the analysis results are shown in Table 6. The results show that there are significant differences between schools in different regions in the dimensions of educational achievement ($t = -2.24$, $DF = 30$, $P < 0.05$). The achievement of mental health education in municipal special education schools is remarkably better than that of the county-level special schools. The differences between the two kinds of schools are not enormous in the dimensions of educational implementation, guarantee conditions,

organization and management, but the scores of municipal special education schools are higher than those of the county ones in every dimension.

Table 6: *Comparison of the scores the schools in different regions achieve in different dimensions (M+SD)*

	Educational implementation	Guarantee conditions	Organization and management	Educational achievement degree
County-level	2.87±0.79	2.56±0.72	2.87±0.79	2.62±0.79
Municipal	3.20±0.88	3.21±1.10	3.20±0.95	3.27±0.77
T	-1.09	-1.75	-1.07	-2.24*

An independent sample T-test was conducted on the scores of the aspect, whether the schools are equipped with mental health teachers, achieves in the dimensions of implementation, guarantee conditions, organization and management, achievement degree of the schools, and the analysis results are shown in Table 7. The results show that there is a significant difference between the two dimensions of educational implementation and guarantee conditions when it comes to whether the school is equipped with psychology teachers. ($t = 3.15$, $DF = 30$, $P < 0.01$; $t = 2.85$, $DF = 30$, $P < 0.01$). The scores of the schools with mental health teachers get in the dimensions of educational implementation and guarantee conditions are significantly higher than those without mental health education teachers. In terms of educational achievement degree, schools with mental health teachers score significantly higher than those without mental health teachers ($t = 2.36$, $DF = 30$, $P < 0.05$); in terms of organizational management, there is no significant difference.

Table 7: *Comparison of the scores that the aspect whether the schools are equipped with mental health teachers achieves in different dimensions (M+SD)*

	Educational implementation	Guarantee conditions	Organization and management	Educational achievement degree
Yes	3.34±0.70	3.15±0.81	3.17±0.80	3.13±0.75
No	2.53±0.76	2.32±0.83	2.74±0.87	2.48±0.81
T	3.15**	2.85**	1.44	2.36*

4 Discussion and Analysis

4.1 General analysis of the mental health education in special education schools

As Table 2 shows, the overall scores of mental health education in special education schools are not high in the four dimensions of organization and management, guarantee conditions, educational implementation and education achievement degree. Scores in each dimension are all below the average score of 3 points, thus, it can be inferred that the implementation of mental health education in special education schools is far from optimistic; the degree and quality of development need to be further improved; the relative plans, management and implementation have to be further strengthened as well. To analyze the scores of each sub-dimension, the goal programming of the organization and management scores high, which shows that the schools have already included the mental health education into the general work program, meaning that schools have clear orientations in the work of mental health education. However, the establishment of management institutions as well as management mechanisms still have many defects. In guarantee conditions, hardware facilities score relatively high while guarantee funds the lowest, which shows that hardware facilities of mental health education in most special education are well-equipped, for instance, schools equipped with psychological counselling room (center). Nevertheless, staffing and expenditure in such centers are still in lack, which is consistent with the result that only half of the surveyed schools have psychology teachers. In the meantime, there are few opportunities for psychology teachers to go out for training and studying. In addition, many part-time psychology teachers are those who also take charge of other disciplines and lack professional psychological knowledge and mental counselling abilities. This is in line with the survey results of Wang Xihai, Shao Wei and other researchers (Wang Xihai, 2019; Shao Wei, Wu Jing and Wang Sheng). The lack of professional and technical personnel and professional guidance are the main difficulties encountered in mental health education (Ma Zhenzhen and Zhang Fujuan, 2004).

4.2 Comparative analysis on the development of mental health education in schools with different characteristics

First, there are significant differences in whether there are mental health teachers in the development of mental health education in special education schools. Although all the mental health teachers in the special school are part-time, the results show that the scores of the schools with mental health teachers are significantly higher than those without mental health teachers in education implementation, guarantee conditions and educational achievement degree. The amount and level of teachers

are the important guarantees for the quality and level of the education of a school. The teachers of mental health education directly determine the smooth development of mental health education, and also determine the quality of mental health education to a large extent. According to the previous survey results, many special education schools are seriously under-equipped with mental health teachers. On average, there is only one full-time mental health teacher in 9.1 special education schools in Central China, and only one full-time mental health teacher in 11.8 special education schools in Western China (Wang Yan, Wang Zhiqiang, Zhu Nan, Feng Yajing, Yin Junyi, Zhao Liting, 2012). It can be seen that such a proportion is seriously out of balance. Although many teachers can recognize some psychological problems of special children and be aware of the urgency of mental health education, the current situations of the insufficiency and low quality of teachers seriously affect the development of mental health education in schools as well as restrict the ability of mental health education services (Gao Junjie, Chen Xiaoke, Li Zuoshan, Zhao Jun, 2013; Song Zhiying, Zheng Meimei, 2015).

Second, whether the school is a boarding school has significant difference in the implementation dimension of mental health education. Although there is no striking difference in other dimensions, the scores of boarding schools are higher than those of non-boarding schools. Although no one has paid attention to the mental health problems of the students in the boarding special education school for now, it is found from the research results of the general boarding school that the overall mental health problems of the students in the boarding school are apparently more than those of the students in the non-boarding ones, especially in the junior and lower grades (Zhang Lijin, Shen Jie, Li Zhiqiang, Gai Xiaosong, 2009). At the same time, due to the regulations of boarding, the school may be stricter in students' management, teachers may pay more attention to the life, study, safety and other aspects of the students, and the strength in mental health education may be stronger as well.

Third, there are also prominent differences in the degree of mental health education achievement of the schools located in different regions. The effectiveness of mental health education in municipal schools is distinctly higher than that in county-level special education schools. What's more, the scores in the dimensions of educational implementation, guarantee conditions, organization and management are also higher than those in county-level special education schools. According to *The Second Phase of Special Education Promotion Plan (2017–2020)* issued by the Ministry of Education, by 2020, there will be one special education school in every city (prefecture) and county (municipals) which possesses a population of more than 300,000 and a large number of disabled children. However, with the establishment of special education schools in various regions, problems in various aspects also arise. Due to the relatively backward economic development in county-level areas, the

influence of parents' concepts of education, the limited number of qualified teachers, the inadequate publicity and implementation of laws and policies as well as other reasons (Li Huimin, Wang Meng, Liu Min, 2017), the allocation of resources in all aspects of special education schools in county-level areas is not in place, such as the types of professional classrooms are not uniform, the structure of teaching staff is unreasonable, the rehabilitation teachers and psychology teachers are seriously lacking, and the opportunities for teacher to get trained are limited (Ao Yongqian, Wang Tingzhao, Zhang Mei, 2017). All of these problems seriously affect the smooth development of mental health education in county-level special education schools.

5 Advice

5.1 General plan and layout for the work of mental health education in schools

To promote and ensure the validity and smooth development of school mental health education, educational work of all aspects needs to be reasonably deployed from the school level and mental health education needs to be clearly included into the range of school work, the educational goals ought to be made and the management institutions, management systems and guarantee mechanisms have to be established and improved. Besides, more attention should also be paid in the mental health education. For example, schools should rally teachers to consider how to efficiently organize and hold relative courses, topical activities and psychological consultations for individual students; seek for efficient mental health education methods based on the fact that the mental health problems that special children have are complicated, diverse and difficult; positively find and know the actual situations and troubles in schools and collaborate with every power to support mental health education in mechanisms, funds, teacher resources, facilities and other aspects.

5.2 Strengthen the pre-job and post-job training of psychology teachers

The present post settings of special education school teachers results in a lack of full-time psychology teachers and obstruction of mental health education implementation. Besides, the present part-time mental health teachers may also feel unable to do what they hope to due to the teaching burdens and insufficient subsidy as well as the mismatching between psychological tasks and staffing. Therefore, establishing a team of psychology teachers who are eligible for the requirements of mental health education is critical to solve the current problems. Based on the fact in special education schools, post-job training can be regarded as the dominant method, and the combination of pre-job and post-job training as complementary. In the short term,

schools can select part-time psychology teachers from the faculty of other disciplines or head teachers who are willing to engage in psychological education in order to expand the team. This is the approach to quickly meet the demand of mental health teachers in special education schools as well. In the meantime, “send out and bring in” strategy can be carried out to help improve the professional skills of the part-time psychology teachers. Sending-out is to back up psychology teachers going outside and participating all kinds of teaching and researching activities and trainings, so as to improve their theoretical knowledge and skills; bringing-in is to invite experts and scholars with solid mental health education theories and the front-line teachers with ample practical experience to the schools and guide the work, thus to facilitate the professional skills of the local faculty.

5.3 Allocate the resources of all levels reasonably in special education schools and ensure the balance of development

Under the lead of national policies, governments at all levels should stick to the comprehensive and coordinated development and give priority to the rural areas, underdeveloped and remote regions in the aspects of policy, funds and staffing. They should also enlarge the investment in education, pro-actively optimize fiscal output structure, scientifically draw up budget ensure teacher’s status, and protect teacher’s rights and interests. For the teachers who always work in rural areas or poverty-stricken and remote regions, preferential policy should be carried out in terms of salary and title. In order to improve the status of special education teachers in rural areas, to attract more teachers to engage in special education and to narrow the gap between different regions as well as schools, the minimum standard of hardware and software equipment in special education schools and the subsidies of special education teachers need to be ensured.

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