

A Discussion on the Education Model of Children's Mental Health in Deaf-mute Schools

Mingying Liao

Teacher Education College, Sichuan University of Arts and Sciences, Dazhou 653000, China.

447418449@qq.com

Abstract. Having conducted a survey on the mental health of 158 children in deaf-mute schools and 188 normal children in grades 4-6, the results showed that the loneliness factor on the mental health of children in deaf-mute schools was significantly better than that of normal children, while the learning, self-blame, and allergic factors of the former are significantly worse than those normal children. In the mental health factor, 48.6% of the special children have more than 8 points and require special intervention. This study designed the "Trinity" model to explore the mental health education in deaf-mute schools. After six months of operation in two schools, it achieved good results.

Keywords: Deaf School; Mental Health; Group Counseling; Family Guide.

1. Introduction

In recent years, the mental health of special children has been highly valued by the state, provincial and municipal authorities. There are many documents that stipulate the teaching objectives, teaching content and teaching forms of children's mental health, which has improved the mental health of special children. In our previous research, we found that there is no significant difference between the mental health level of special children and that of normal children. Through careful analysis, we found that the mental health level of special children was significantly lower or apparently higher than those of normal children on some different factors. For example, in the loneliness factor, they are significantly better than normal children, while in learning, self-blame, allergic factors they are significantly worse than normal children. In the mental health factor, 48.6% of the special children get more than 8 points and require special intervention.

In view of the previous investigations and research in special schools, we selected two schools, Dazhou Deaf School and Nanchong Deaf School as experimental schools for research intervention mental health, and designed a model that may be effective and targeted to improve students' mental health.

2. Object and Method

2.1 Object

All the deaf students from Dazhou Deaf School and Nanchong Deaf School (It's surveyed that there are special children with lower intelligence, infantile autism, etc. We specially choose deaf students for our research.)

2.2 Methods

2.2.1 Interview

To figure out if there exists any difference in children by consulting their parents and teachers.

2.2.2 Assessment

We employ the Mental Health Diagnostic Test (MHT) revised by Bucheng Zhou from East China Normal University, the scale of which was confirmed by many scholars and has good reliability and validity.

2.3 Research Steps

2.3.1 Procedure

This study conducted the evaluation through pre-tests, surveys, review, expert guidance, design patterns, post-tests and surveys. During the test, the sign language teacher helped the students understand the test questions. (Each test, apart from question 84, 94 and 96 where option “a” count for zero while option “b” counts for one point, has two options, of which “a” count for one point while “b” counts for zero.) After collecting the data, the data was statistically analyzed by using SPSS21.0 software.

2.4 Model Design

By means of investigation and data analysis, we found that the mental health and body acceptance of deaf children needs to be improved. Due to the difficulties of hearing and speaking, the methods and means of learning may need to be optimized.

Therefore, we have designed a three-in-one education model of “school-family-teachers”. Through the form of lectures, the school adopts the form of “small class counseling”, and parents use the form of “individual help” to improve the mental health of deaf students.

3. Mental Health Education Model Design

3.1 The Basis of Mental Health Education Model Design

Table 1. Deaf-mute children score statistics

Item	Learning anxiety	Relation anxiety	Loneliness tendency	Self-blame	Allergic tendency	Physical symptoms	Terror tendency	Impulse tendency	Total score
M	7.77	5.37	5.60	5.20	4.99	9.29	6.37	6.37	51
SD	3.04	2.27	2.00	2.57	2.55	3.40	2.65	2.62	15.79

From Table 1, we can see that from the scores of various content scales, deaf-mute children score the highest on physical symptoms, which exceeds the standard of 8 points and requires collective intervention. The meaning of physical symptoms in the scale we use is the anxiety and depression because of dissatisfaction of the body parts.

Table 2. Detailed list of mental health status of deaf children

Mental health factor	Less than 3 points		More than 8 points	
	frequency	percentage	frequency	percentage
Learning anxiety	10	6.3%	54	34.2%
Relation anxiety	30	19.0%	16	10.1%
Loneliness tendency	26	16.5%	12	7.5%
Self-blame	44	27.8	20	12.7%
Allergic tendency	44	27.8	16	10.1%
Physical symptoms	8	5.1%	78	49.4%
Terror tendency	24	15.2%	43	27.2%
Impulse tendency	28	17.7	41	26%

The results in Table 2 indicate that more than 20% of the physical symptoms, learning anxiety, and terrorism need to be intervened, which gives us the basis for the design of mental health education model, the content of teacher counseling, and the direction of parental help.

3.2 Specific Content of the Pattern Design

School lectures. School lectures are held twice per semester, one of which is held in middle term, the other is in the end. The content of the school lecture is “How to Know Self-Defects” and

“Accepting and Freeing ourselves” respectively, which is because most of the students have not accepted their defects well.

Teacher counseling. According to the surveyed students who need intervention in physical symptoms, learning anxiety and terrorism, they form a team that is being coached. Group counseling is the main form of teacher counseling, and the teachers are from school psychologists or class teachers who understand both sign language and have related group counseling experience.

Teacher Coaching Course Design.

The first coaching time: Friday, March 9, 2018.

Location: School Activity Room.

Event Name: Squirrel Moving (20min)

Activity goal: To let students feel the power of collective cooperation, and experience the happiness of mutual benefits in the interaction, so as to stimulate the positive quality of students, and allow them to experience the collective warmth and reduce the fear in the activity.

The second counseling time: Sunday, April 8, 2018.

Location: School Activity Room.

Event Name: Secret Assembly String (25min)

Activity goal: To help members deal with the current problems, especially in study, so that they are full of hope and feel more positive energy.

Activity preparations: several paper and pens.

The third time: Sunday, May 6, 2018.

Location classroom.

Event Name: Fine Gifts (35min)

Activity goal: Let the students realize the importance of hope and optimism through activities.

Event preparations: 4 beautiful gifts

The fourth event time: Friday, June 9, 2018.

Location: School Activity Room

Event Name: Learning to Praise (30min)

Activity goal: To let the students tell other's strengths, discover their own advantages, learn to accept themselves, and enhance their confidence and hope for life.

3.3 Parental Help

The school established a parent growth center and guided the establishment of a parent “heart group”, which was guided by the school, voluntarily organized by parent’s volunteer and organizes regular communication meetings. Parents can exchange their experience in educating special children and learn the art and effective ways to raise children.

4. Results and Discussion

Judged from the detection rate of each item in Table 2 above, the physical symptoms of special children and the problem of learning anxiety are more prominent. From the average points of each item, the score of physical symptoms is relatively high, 9.29 ± 3.40 (over 8 Points, in the scope of problem), and that of learning anxiety is 7.77 ± 3.04 (close to 8 points), which needs attention.

In this study, we arranged school lectures based on physical symptoms and learning anxiety, developed a teacher counseling course, established a parent growth center, and guided the establishment of “heart group”, which is what we call the Trinity education model. “Three” is referred to school, teacher and parents, “One” being special students. After running this mode for half a year, we tested it with the same measurement scale.

4.1 Results

The data we tested earlier was used as the basis for our experiment. In this model we only explored the deaf students from the two schools of Dazhou and Nanchong as the experimental class. The number of the earlier test was 69, while that of the following test was 60, so the results are analyzed

after removing the 9 students who were not analyzed in the latter test. The results are shown in Table 3.

Table 3. Comparison table of deaf children's mental health

Mental health factor	<i>M ±SD</i>		<i>T</i>
	Before the experiment	After the experiment	
Learning anxiety	7.7 ± 2.71	4.55 ± 1.90	5.60***
Relation anxiety	4.98 ± 4.88	2.10 ± 1.48	0.42
Loneliness tendency	5.72 ± 1.79	5.34 ± 1.93	1.00
Self-blame	4.90 ± 2.38	4.86 ± 2.44	0.63
Allergic tendency	4.55 ± 2.01	4.12 ± 2.01	1.23
Physical symptoms	8.66 ± 3.10	7.07 ± 2.41	2.78**
Terror tendency	5.94 ± 2.56	4.83 ± 1.80	2.40**
Impulse tendency	6.10 ± 1.44	6.04 ± 2.59	1.20

*P<0.05, ** P<0.01, *** P<0.001.

As can be seen from the data in Table 3, the “trinity” model of mental health education for students in deaf-mute schools designed by us is effective, and the change in learning anxiety is particularly obvious. The counseling method we use is a method of communication between peers and children with similar qualities.

From table 3, we can see the remarkable effects on physical symptoms and fear factors, indicating the situation is also very good. There are no significant differences in other aspects, but there's also a change in average scores.

4.2 Discussion

From Table 3, we find that the “trinity” education model has a good intervention effect on the physical anxiety, learning anxiety and terror of deaf students. In other respects the effect is not significant, mainly because the lectures and courses designed by us were designed around the intervention factors. If we had longer time, richer course content, more targeted all-round interventions and a whole set of programs having been designed in the beginning of the semester, not only will the students' mental health level be greatly improved, but also the students' academic performance will be significantly changed, which will improve the happiness index of special families.

5. Summary

This study designed the "Trinity" model to explore the mental health education of deaf-mute schools. After two years of operation in two schools, it achieved good results.

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