

The Literature Review for Mental Health Concerning Special Education and Research on Personality Characteristics and Self-consciousness of Children of Special Schools

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ABSTRACT

Mental health issues of special children and backward supportive educational environment are of great concern. This paper focuses on the mental health issues of special children and the deficiency in support system concerning mental health. Literature review and a study using two questionnaires and statistics analysis were conducted. The conclusion is that special children have various mental health and personality development issues such as low-esteem, depression, anxiety with gender and age differences, while the concerning supportive system is terrible such as the lack of professional teachers, lack of mental health courses and backward mental health education facilities. This paper contributes to the better understanding of mental issues of special children and also the deficiency in the supportive system concerning mental health in special schools in China.

Keywords: Mental health, Special education, Special children, Being unprofessional, Backward system support.

1. INTRODUCTION

Mental health issues of special children are widely considered. A challenging problem which arises in this domain is the backwards educational supporting system. Potential techniques to solve contemporary problems in the mental health domain of special education are increasing and enhancing facilities in special schools such as mental health consulting rooms, increase professional mental health courses, provide professional training and support to special teachers and building up effective database. We therefore further analyzed the mental health situation of special children and investigated the contemporary situation for mental health support of special schools. This thesis documents several key contributions of the mental health situation of special students in China and contemporary situation of supporting system for mental health in special schools.

2. DEFINITION

2.1 Special Children

Generally speaking, in a wide sense, special children mainly refer to children who are different from normal children in all aspects. The differences are mainly manifested in children's intelligence, sense organs, emotional attitude, body language and other aspects. Special children include children with development below normal level and children with above-normal and even minor illegal behaviors. In a narrow sense, special children mainly refer to children with disabilities, which are manifested in hearing, intelligence, vision, language expression and other aspects.

2.2 Mental Health

Mental health is a kind of coordinated function that can be achieved by social individual psychology within the scope of their own conditions. Specifically, it is manifested in three

aspects: the adaptation of psychological activities and external environment, the integrity of psychological process and the stability of individual psychology. From the perspective of social practice, mental health consists of two meanings: on the one hand, individuals do not have psychological diseases; On the other hand, individuals can maintain a relatively positive psychological state in their daily life. [1]

3. SIGNIFICANCE OF MENTAL HEALTH CONCERNING SPECIAL EDUCATION

3.1 Mental Health Is Significant for Special Education Teachers

The mental health level of teachers in special schools has an vital, long-term and unconscious influence on the development of special children [2]. It not only affects teachers' physical and mental health and the happiness and harmony of their family life [3], but also the normal functioning of teachers' work [4].

3.2 Mental Health Is Significant for Special Children's Development

Firstly, mental health is the premise of special children' growing up and life. Increasing number of people in special education field have realized the vital influence of mental health on success rather than the intelligence factor, which numerous worldwide models have demonstrated. One of the goals of special schools is to make students have the capacity to return the mainstream society and gain the equal opportunities to participate in social competition. This requires students to not only have skilled labor skills, but also the ability to discriminate between true and false, have strong confidence and adaptability [5].

Secondly, mental health is the foundation for cultivating good moral qualities [6]. Mentally healthy students will not easily lose their way in the face of people and difficulties, and they are more likely to accept the corresponding rules and regulations. On the contrary, if students are psychologically unhealthy, repelling life, they are likely to have behaviors that are violent to ethics with the promotion of their psychological barriers. They may even have dangerous social-harming behaviors.

Thirdly, good development of special children brings benefits to the society. As Chinese special schools are revolutionizing gradually with national policies, some special children have been taught to master certain skills that can help them find jobs and maintain their life. If special education could be further improved, in the long term, certain amount of national allowance could possibly be reduced and social burden could be alleviated to some extent.

4. GENERAL SITUATION CONCERNING MENTAL HEALTH ISSUES IN SPECIAL EDUCATION

4.1 Issues with Special Students Concerning Mental Health

4.1.1 Mental Issues of Students in Special Schools

Numerous studies have demonstrated that mental health issues among special children are a common problem. For example, deaf and blind students commonly have psychological problems, concentrating on anxiety in front of people and loneliness [7]. Special children have significantly more severe mental health issues, in the aspects of learning anxiety, anxiety in front of people, loneliness tendency, physical symptoms and phobic tendency [8].

Due to physiological defect, special children cannot normally study and live as other children, and could have problems when communicating with other children, causing mental health issues. For example, blind children are limited by their vision organ barriers, having incomprehension for the outside world, and could easily have emotions of bigotry. [9] Due to physiological defect, they could have feared state of mind out of no reasons subjectively.

Gender difference is also evident. The positive emotion scores of female students are significantly lower than the male students. [10] The scores of nervousness and depression of female students are noticeably higher than male students, while the situation for score of anger is vice versa.

The degree of loneliness, physical symptoms and fear tendency also declined as students' age increased. In terms of physical symptoms, students under the age of 12 to 14 had more severe physical reactions than students under the age of 10 to 12 and over the age of 14 to 16. [8]

Special children have tendency of autism, feeling inferior and lacking bravery is strong, feeling that they are different from other ordinary students. They also usually lack the consciousness of automatic independent study. They are commonly self-centered and lack competence awareness as well as they are usually over taken care by their parents and teachers. [11]

The adolescent psychological disorder is also common in special children. When there is barriers between male and female classmates, and there is mutual suspicion, jealousy and alienation. They would also feel insecure about their own body change. [12] Lying and stealing issue is also severe if not well regulated.

Due to different disorders physically or mentally to certain degree, special students usually have difficulties in communicating, are relatively poor in understanding, more introverted and sensitive, likely to have low-esteem and bad temper. Special students usually have several

problem behaviors. They are difficult to discipline, and have slow progress. [13]

Using the methods of random cluster sampling, a general questionnaire for basic information and two professional questionnaires, Eysenck Personality Questionnaire (EPQ) and Child's self-concept Scale (PHCSS) were delivered to 24 students in a special school and 2 public normal schools.

As Table 1 shows, speical students in special schools demonstrates significant mental health issues compared with normal students in accord with previous studies, having significantly lower scores in terms of extroversion and emotional stability and high score of lying. Their scores for intelligence & School and Body Appearance are also lower. However, their scores of behavior, anxiety and getting along well will others are significantly higher than those in normal schools and the score of psychoticism of special students is significantly lower, which shows this special schools' remarkable teaching effects.

Table 1. Comparison of factors and total average scores of EPQ and PHCSS between special children in special schools and normal students

Questionnaire	Factors	Special Students Group (n=24)	Normal Students Group (n=284)	t1
EPQ	E(extroversion)	11.25	15.04	-0.22
	N(emotional stability)	6.62	8.24	-0.09
	P(while psychoticism)	1.50	7.12	-0.66
	L(masking)	5.94	1.94	0.39
PHCSS	Behavior	5.40	4.91	0.04
	Intelligence&School	8.20	9.94	-0.14
	Body&Appearance	5.80	7.85	-0.14
	Anxiety	6.87	7.62	-0.08
	Get along well&Fit in	5.40	4.21	0.11
	Happiness&Satisfaction	6.60	6.78	0.01
	Total Scores	37.88	41.31	

4.1.2 More Severe Mental Issues of Special Children Arranged in Normal Class

In Shanghai, most of the students enrolled in the auxiliary schools of the city are moderate to severe intellectual retarded children in 2014. Students with mild mental retardation are basically enrolled in regular schools and then attend primary vocational training to prepare for entering the society. According to their study, special stuendts generally have more mental health problems than normal students, especially in five aspects, learning anxiety, anxiety towards people, loneliness, physical symptoms and terror tendency. In the meanwhile, retarded students studying in normal schools showed significantly more severe mental

health problems than those in specila schools. [8] Therefore, specialized schools are supposed to benefit special children, and they are supposed to be further enhanced.

4.2 Issues with Special Teachers Concerning Mental Health and Its Impacts

4.2.1 High Turnover Rate of Special Teachers and the Lack of Professional Special Teachers Concerning Mental Health

Several studies have demonstrated the common mental health issues of special education teachers. 61.3% special education teachers have pressure

over moderated degree, while those with severe stress accounted for 5.6%. [14] A study in 2013 demonstrated that 385 special teachers, 50.13% people have mental health issues, among which those with severe psychological problems account for 18.7%. [15]

The scores of depression and compulsory-anxiety increased as special teachers' age increased, while the scores for fear and neurosis significantly declined. The hypochondriasis level of teachers with graduate degree is significantly higher than those with college degree and higher than those with bachelor's degree. [16] Several studies have also shown that the mental health issues are usually more severe than male teachers, while male teachers have higher burnout rate. The issues of emotional exhaustion, depersonalization and reduced personal accomplishment are severe.

According to the research data, compared with the general teachers, the special education teachers, as a special group of teachers, are more likely to leave their posts. [17] The dimission rate of special teachers within 5 years of entry reaches more than 50%. [18]

Due to the particularity and complexity of the objects of special education teachers' education, as well as the high requirements of professional teaching skills, they are faced with significantly more pressure and challenges, unable to deal with them in time positively, prone to remitting. Their happiness could be significantly reduced, and even many quitting behaviors could happen. The essence of all of this is the low level of mental resilience.[19]

Special teachers are a special group of teachers, who receive less feedback and have a low sense of achievement in their work, leading to mental health problems of different degrees[20]. In addition, due to students' congenital defects, apart from professional knowledge and skill required as normal teachers, special teachers are supposed to meet the needs of disabled students for unique professional skills. Combined with the requirements of the parents and high expectations, special teachers experience tremendous pressure [13]. The brain drain is more serious than ordinary education teachers [7]. With the development of social economy, the special education work has gradually been paid attention to by the government and received spiritual and material support. However, influenced by traditional ideas, the society still has many prejudices against special teachers, and many people engaged in special

education have feelings of inferiority, depression and low professional identity [21]. These factors will gradually affect the work enthusiasm of special teachers, and the phenomenon of job burnout appeared, which will further affect the teaching effects and the physical and mental health of students.

According to a study in Heilongjiang Province, in terms of educational background, teachers with psychology major account for 1.96%, those with special education major account for 56.86%, those with normal major account for 27.45% and those with other educational background account for 13.73%. In the schools surveyed, the number of mental health teachers and general teachers receiving training was relatively limited, among which only 27.45% and 20.59% received training more than 3 times, respectively. [22]

In the investigation, a certain proportion of teachers still held opinions that mental health education was not important. This could hinder children's development to certain extent. This phenomenon could be due to the incomplete work of special schools. A worth noticing finding is that, the proportion of investigated teachers who reflect that they can't say they like or don't like their students is relatively high to 22%. The majority of teachers (60%) think that students cannot fully understand the content taught. A certain proportion of people still apply criticizing and punishment as the main education ways. [23]

4.2.2 Impacts on Teaching Effects and Influences Brought to Students

Owing to difficulties faced by special teachers, many negative effects on special students could take place, like spreading negative emotions and indifference, impatience, irresponsibility to students. 5% students in special schools have never been praised by teachers, 21% of students would be criticized and punished by teachers, and 23% of them felt aggrieved. When facing difficulties, 69% of students would choose to seek help from peers or by themselves. 56% of students don't want to share secrets with teachers, which shows a potential space for improving trust between teachers and students, while a majority of teachers (65%) believed that they were trusted and good friends of their students. [23]

4.3 Special Education Lacks Attention to Mental Health

4.3.1 Deficiency in Curriculum Design and Lack of Attention for Mental Health for Students in Special Schools

A large majority of teachers reflected that their mental health class were moderated by the unprofessional teachers in psychology and the content of that is more concentrated on moral education.

The issue of lacking professional teaching materials is also very noticeable. In Xinjiang Province, there were no specialized mental health teachers in 15.7% special schools. [24]

Facilities for mental health in special schools are still backward. A majority of teachers and students were dissatisfied with the campus construction. Psychological counseling rooms are in shortage and mental health courses are in shortage, usually carried out by unprofessional teachers, focusing on basic life habits cultivation. More abundant campus activities are also supposed to be designed to cultivate sense of belonging both for special students and teachers.[23]

Apart from that, the lack of monitoring system is also one the reasons why mental health classes in special schools are poorly arranged. According to Wang's study, the situation of examination and evaluation of mental health education in special schools is not optimistic as well. The proportion of having been able to assess mental health education was relatively low, with only 36.27%, and the proportion of having no mental health evaluation at all was 63.73%. In the meanwhile, from the perspective of the frequency of assessment, only 1.96% schools can insist on monthly assessment, the proportion of every-semester or yearly assessment is also low.

The construction of database concerning special students which could be significantly beneficial for special teaching is still terrible. The database system including data of different types of special students, students from different regions, apartments and different aspects of one student could make contributions to special teachers' communication, comprehension for students' situation and offering effective pointed help to special students.

4.3.2 Lack of Relative Training to Special Teachers Both When They Are Studying in Tertiary Educational Institutes or Work in Special Schools

Most special teachers didn't receive comprehensive concerning mental health both to help students and themselves when they were studying in tertiary educational institutes. The deficiency of curriculum setting in China's tertiary educational institutes is severe.

First of all, the curriculum setting in universities is incomplete and unreasonable. The psychological courses set for special education major currently usually only consists of "general psychology" "developmental psychology" and other basic courses, and don't cover other knowledge that special education major students are supposed to master.

The special psychological courses for special teachers are important as well, but rare in current setting. [26] In the meanwhile, the set for the course scheme is unreasonable. For example, more than 3 psychological courses could be put in the same semester, which is overloading. In certain cases, many advanced courses would be set before the basic courses such as general psychology, which is not accord with the law of students' professional knowledge development. [25] Besides, the teaching content is outdated. Although many new theories have emerged these days, the teaching materials are still limited as those old ones 20 years ago. The uncovering of cutting-edge knowledge makes students unprepared for the upcoming new problems[26]. The mechanical memory has become the main study content. Many students lack the ability to deal with emergency and real problems flexibly. [25]

The proportion of mental health teachers in Heilongjiang Province was without training was 39.22%, and that of general teachers was 50%. Most teachers learn relative knowledge by themselves, and there is few or even no relative training. [22]

5. CONCLUSION

Special children have various mental health and personality development issues such as low-esteem, depression, anxiety with gender and age differences, and their mental issues are even more severe when they are forced to learn with normal children but not in special schools. The current

supportive system concerning mental health for special children is terrible such as the lack of professional teachers, lack of training for special teachers both when they are receiving education in tertiary educational institutions and work, lack of professional mental health courses for special children and backward mental health education facilities such as the lack of room for mental health consulting and the lack of database significantly beneficial to special education. In order to improve and mental health supportive system for special children, more national welfare is supposed to be delivered to special teachers, more professional training concerning mental health in universities and working environment is in need, adequate professional mental health courses are supposed to be offered, and more advanced facilities concerning mental health such as the consulting rooms at schools and database connecting family, hospital and schools of different regions and apartments are supposed to be constructed.

AUTHORS' CONTRIBUTIONS

This paper is independently completed by Zhiwei Lin.

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