

Investigation of Mental Health Status of Special Education Teachers

Taking Sichuan Province as an Example

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Abstract—Self-Report Symptom Inventory (SCL-90) is adopted for investigation of mental health status of 221 special education teachers in Sichuan province, and the results show, the overall level of special education teachers is sound; the mental health level of women teachers is lower than that of men teachers; and the mental health level of special education teachers improves going with the extended teaching period; the mental health level of high-degree teachers is lower than that of low-degree teachers; the mental health level of the teacher serving as class teachers is lower than that of teachers who do not; the mental health level of teachers majoring in special education is higher than that of teachers who do not; the mental health level of teachers in special education institutions is far lower than that of the mental health level of teachers in public special education institutions; the mental health level of teachers teaching students with sensory handicaps is higher than that of teachers teaching students with developmental dyslexia.

Keywords—special education; teachers; mental health

I. INTRODUCTION

The Special Education Promotion Plan (2014-2016) issued jointly by seven ministries including Ministry of Education in Jan 2014 pointed out “strengthen the construction of teaching teams”, “considering the characteristics of less students, small classes, more boarding students, large differences in disability and high demands for rehabilitation-based professionals in special education schools, staffing standards can be established in special education schools according to the local conditions”, “improve teacher management systems”, “special education teachers work with qualification certificates” and “introduce special education to the teacher qualification exams”. [1] Sept 2015, the Ministry of Education printed and released the “Professional Standards for Special Education Teacher”, raising special requirements in professional philosophy and ethics, professional knowledge and skills [2]. In order for the development of special education, teachers are a key part, whose advanced educational philosophy, correct educational

belief, healthy psychology and good personal quality are a security system for the development of special education teachers. [3] The more diverse disability classes, the highly different objects for education as well as the overall regulations on the development of special education teachers all have brought new challenges and tests to the mental health level and personal quality of special education teachers.

Earlier researches on the mental health of special education teachers aimed at the investigation of teachers who differ in gender, degree, teaching period and age in public special education schools and teachers who engage in teaching of the blind, the deaf, the mute and the mental retarded, failing to conduct comparative researches on whether the teachers major in special education, engage in teaching of different disorders, and the mental health of special education teachers in schools different in nature. This article not only conducts comparative analysis of mental health status of special education teachers ranging from gender, teaching period, degree, marriage to whether serving as class teachers, but also makes investigations of teachers who serve with non-governmental special education institutions, teaching students with different handicaps or whether major in special education or not, so as to deeply analyze and investigate the difference of mental health status of special education teachers, meanwhile, borrowing the documents available, it shows reasons for the difference of mental health status of special education teachers.

II. RESEARCH METHODS

A. Objects

The research takes teachers teaching at special education schools and non-governmental teaching institutions in Sichuan province as objects, of whom, 221 are sampled at random for questionnaire. 221 questionnaires are released and all collected, of which, 219 are valid, within the valid participants, there are 192 women teachers, occupying 87.7%; 182 aged 40 or less, occupying 83.1%; 141 married, occupying 64.4%; 105 serving as class teachers, occupying 47.9%; 89 majoring in special education, occupying 40.6%, 130 majoring in other specialties, occupying 59.4%; 139 teaching at public special education schools, occupying 63.5%, 80 teaching at non-governmental special education institutions, occupying 36.5%.

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B. Research Methods and Instruments

The article adopts the Self-Report Symptom Inventory (SCL-90), revised by Wang Xiangdong et al in 1999, serving with *Chinese Mental Health Journal*, as an instrument for the research, it has 90 items and ten factors including somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism and others, of which the tenth factor is others, which will be ignored here. The scoring is based on the symptoms as not at all, mild, moderate, very much, extremely. Main statistic analysis indices are factor scores, and the inventory score is equal to the total score of total items forming a factor divided by the total items of the factor, the higher, the score is, the much the symptom will be serious. Besides, the article also designs variables such as gender, age, marriage, degree, post (teaching as class teacher or not), specialty (majoring in special education or not) and so on in order to further make a comprehensive understanding of mental health status of special education teachers.

Based on a face to face and online delivery and collection, the questionnaire is completed, and all data adopt SPSS19.0 for independent sample T tests, variance analysis and multiple comparative statistic analysis.

III. RESEARCH RESULTS

A. Positive Rate for Mental Health of Special Education Teachers

TABLE I. POSITIVE RATE OF FACTORS IN SCL-90 FOR SPECIAL EDUCATION TEACHERS

Factor	Factor score ≥ 2		Factor score ≥ 3	
	Number of people	Percentage	Number of people	Percentage
Somatization	63	28.77	1	0.46
Hostility	57	26.02	2	0.87
Obsessive-Compulsive	52	23.74	8	3.65
Phobic Anxiety	51	23.29	5	2.28
Interpersonal Sensitivity	40	18.26	5	2.28
Paranoid Ideation	29	13.24	1	0.46
Depression	34	15.53	1	0.46
Psychoticism	29	13.24	0	0.46
Anxiety	28	12.79	4	1.83
Overall	30	13.70	0	0

If a factor score in SCL-90 is equal to 2 or more, it shall be considered positive, showing psychological problem at mild level or higher; if the factor score is equal to 3 or more, the participant concerned is considered to have psychological problem at moderate level or higher. During the research, 30 persons are found with total score scores equal to 2 or more, occupying 13.7% of the total, nobody is found with total factor score exceeding 3. The factors of psychological problems at mild level or more mainly include somatization, hostility, obsessive-compulsive and interpersonal sensitivity and depression; The factors of psychological problems at moderate

level or above namely the factor score exceeding 3, are mainly include obsessive-compulsive, phobic anxiety and interpersonal sensitivity, however, seen as a whole, all are kept in a small proportion, showing there are less persons who have psychological problems at moderate level or higher.

B. Comparison of Overall Mental Health Level between Special Education Teachers and National Norm

TABLE II. SCL-90 COMPARISON OF FACTOR SCORES BETWEEN SPECIAL EDUCATION TEACHERS AND NATIONAL NORM ($\bar{X} \pm SD$)

Factor	Special Education Teachers (n=219)	National Norm (n=1388)	t	p
Somatization	1.75 \pm 0.43	1.37 \pm 0.48	11.03	<0.001
Hostility	1.60 \pm 0.46	1.46 \pm 0.55	3.57	<0.05
Obsessive-Compulsive	1.66 \pm 0.50	1.62 \pm 0.50	1.10	>0.05
Phobic Anxiety	1.51 \pm 0.56	1.23 \pm 0.41	7.14	<0.001
Interpersonal Sensitivity	1.48 \pm 0.53	1.65 \pm 0.61	-3.89	<0.001
Paranoid Ideation	1.36 \pm 0.48	1.43 \pm 0.42	-2.24	>0.05
Depression	1.43 \pm 0.49	1.50 \pm 0.59	-1.66	>0.05
Psychoticism	1.34 \pm 0.47	1.29 \pm 0.42	1.61	>0.05
Anxiety	1.40 \pm 0.52	1.39 \pm 0.43	0.31	>0.05
Overall	115.95 \pm 34.21	130.90 \pm 11.25	-12.55	<0.001

Seen from "Table II", compared to national norm, the SCL-90 test results of special education teachers show there are obvious differences in the mental heal level between special education teachers and national norm ($p < 0.001$), and the difference in four factors as interpersonal sensitivity, phobic anxiety, hostility and somatization has reached an obvious level ($p < 0.05$), and other aspects have obvious differences compared to national norm ($p > 0.05$), which prove that mental heal level of special education teachers is overall higher than the health level of national norm, but falling behind in interpersonal sensitivity, phobic anxiety, hostility and somatization

C. Analysis of Mental Health Difference between Special Education Teachers

1) Gender, class teacher and factor score in SCL-90: Results show, teachers of different genders have obvious differences in Somatization ($t = -1.993$, $p = 0.048 < 0.05$), but not in other factors, which prove the overall mental health level of men teachers and women teachers has no difference, yet the women teachers are much easier to suffer physical discomfort than men teachers.

There are obvious differences in the mental health level between teachers who serve as class teachers and teachers who do not ($t = -2.036$, $p = .043 < 0.05$), analyzed from specific factors, most are interpersonal sensitivity ($t = -3.130$, $P = 0.002 < 0.05$) and psychoticism ($t = -2.412$, $P = 0.017 < 0.05$); seen from the

average value, those who serve as class teachers get lower scores than those who do not, as for the interpersonal sensitivity, there are obvious differences between teachers who are not class teachers and those who are, which prove that the teachers who are not class teachers have higher interpersonal sensitivity, vulnerable to psychoticism.

2) *Comparison of mental health status between teachers with different teaching period:* Investigation results show, teachers with different teaching period have obvious differences in phobic anxiety but not in other factors (refer to "Table III"). Multiple analysis and comparisons show, as per the hostility, there are obvious differences between teachers with teaching period of 5 years or less and those with teaching period of 10 years or more ($P=0.023 < 0.05$); as for the phobic anxiety and overall, there are obvious differences between teachers with teaching period of 10 years or more and those with other teaching period ($P=0.002, 0.001, 0.047, 0.037 < 0.05$), which prove the teachers with teaching period of 5 years or less are much vulnerable to suffer phobic anxiety, anger, outburst of anger, impulsion and more. Generally speaking, the mental health level of teaches with teaching period of 10 years or more is higher that those with two other teaching periods.

TABLE III. FACTOR SCORE OF SCL-90 FOR TEACHERS WITH DIFFERENT TEACHING PERIOD (X \pm SD)

Factor	5 Years or Less	6-10 Years	Over 10 Years	F	p
Somatization	1.80 \pm 0.37	1.76 \pm 0.46	1.67 \pm 0.49	1.819	.165
Hostility	1.67 \pm 0.47	1.60 \pm 0.54	1.50 \pm 0.34	2.626	.075
Obsessive-Compulsive	1.65 \pm 0.41	1.69 \pm 0.64	1.64 \pm 0.50	.126	.882
Phobic Anxiety	1.57 \pm 0.56	1.64 \pm 0.6	1.30 \pm 0.49	6.985	.001<.05
Interpersonal Sensitivity	1.55 \pm 0.51	1.52 \pm 0.61	1.35 \pm 0.50	2.730	.067
Paranoid Ideation	1.38 \pm 0.48	1.41 \pm 0.57	1.36 \pm 0.48	1.075	.343
Depression	1.43 \pm 0.50	1.47 \pm 0.53	1.39 \pm 0.44	.386	.680
Psychoticism	1.35 \pm 0.47	1.43 \pm 0.58	1.24 \pm 0.35	2.574	.079
Anxiety	1.41 \pm 0.53	1.42 \pm 0.57	1.36 \pm 0.59	.278	.757
Overall	1.49 \pm 0.36	1.52 \pm 0.46	1.37 \pm 0.36	2.773	.065

3) *Comparison of mental health status between special education teachers with different degrees:* There are obvious differences between special education teachers with different degrees in somatization, hostility and paranoid ideation ($p<0.05$), but not in other factors (refer to "Table IV"). Multiple comparison and analysis show, as for the somatization, there are obvious differences between teachers with bachelor's degrees or higher and teachers with other degrees ($p<0.05$), the higher the degrees are, the more uncomfortable the teachers' somatization will be; as for the paranoid ideation, there are obvious differences between special education teachers with bachelor's degrees or higher ($p<0.05$); as for the hostility, there are obvious differences between teachers with secondary specialized school degrees or less and those with bachelor's degree, which prove that the teachers with bachelor's degrees are vulnerable to physical discomfort, Hostility and Paranoid Ideation.

TABLE IV. FACTOR SCORE OF SCL-90 FOR TEACHERS WITH DIFFERENT DEGREES (X \pm SD)

Factor	Secondary Specialized School Degree or Below	College Degree	Bachelor's Degree	Higher than Bachelor's Degree	F	p
Somatization	1.727 \pm 0.45	1.76 \pm 0.43	1.74 \pm 0.38	2.85 \pm 0.007	4.514	.004<.05
Hostility	1.48 \pm 0.34	1.63 \pm 0.49	1.67 \pm 0.48	2.35 \pm 0.68	4.175	.007<.05
Obsessive-Compulsive	1.65 \pm 0.46	1.69 \pm 0.53	1.61 \pm 0.48	2.75 \pm 1.31	.764	.515
Phobic Anxiety	1.38 \pm 0.46	1.61 \pm 0.62	1.49 \pm 0.55	1.85 \pm 1.21	2.375	.071
Interpersonal Sensitivity	1.48 \pm 0.54	1.50 \pm 0.54	1.44 \pm 0.50	1.94 \pm 1.33	.641	.590
Paranoid Ideation	1.36 \pm 0.42	1.43 \pm 0.54	1.24 \pm 0.35	2.25 \pm 1.77	4.524	.004<.05
Depression	1.44 \pm 0.47	1.48 \pm 0.54	1.34 \pm 0.40	2.00 \pm 1.41	1.938	.124
Psychoticism	1.33 \pm 0.43	1.39 \pm 0.55	1.26 \pm 0.38	1.60 \pm 0.85	1.119	.342
Anxiety	1.38 \pm 0.54	1.47 \pm 0.58	1.31 \pm 0.36	2.05 \pm 1.48	2.175	.092
Overall	1.42 \pm 0.38	1.52 \pm 0.42	1.42 \pm 0.32	1.94 \pm 1.32	2.020	.112

4) *Comparison of mental health status between teachers majoring in special education and those who do not:* There are obvious differences in the overall mental health levels between teachers who major in special education and those who do not, seen for special factors, there are obvious differences in phobic anxiety and interpersonal sensitivity, which prove that the mental health level of teachers who major in special education is higher than that of those who do not, and the teachers who do not major in special education are vulnerable to phobic anxiety and interpersonal sensitivity (refer to "Table V").

TABLE V. COMPARISON OF FACTOR SCORES OF SCL-90 BETWEEN TEACHERS WHO MAJOR IN SPECIAL EDUCATION AND THOSE WHO DO NOT (X \pm SD)

Factor	Special Education	Non- Special Education	t	p
Somatization	1.69 \pm 0.54	1.79 \pm 0.34	-1.589	.114
Hostility	1.53 \pm 0.50	1.65 \pm 0.42	-1.800	.073
Obsessive-Compulsive	1.58 \pm 0.54	1.71 \pm 0.46	-1.971	.050
Phobic Anxiety	1.26 \pm 0.47	1.67 \pm 0.53	-5.796	.000<0.05
Interpersonal Sensitivity	1.32 \pm 0.50	1.59 \pm 0.48	-3.843	.000<0.05
Paranoid Ideation	1.33 \pm 0.52	1.38 \pm 0.45	-.752	.453
Depression	1.39 \pm 0.49	1.46 \pm 0.48	-1.061	.290
Psychoticism	1.27 \pm 0.44	1.38 \pm 0.48	-1.592	.113
Anxiety	1.33 \pm 0.50	1.45 \pm 0.54	-1.659	.098
Overall	1.35 \pm 0.45	1.54 \pm 0.33	-3.368	.001<0.05

5) *Comparison of mental health status between special education teachers in schools different in nature:* There are extremely obvious differences in the mental health level

between teachers in public schools and non-governmental institutions, seen from specific factors, except hostility and obsessive-compulsive, obvious differences can be found in other factors, which prove that the mental health level of teachers in public schools are higher than that in non-governmental institutions. (Refer to “Table VI”).

TABLE VI. FACTOR SCORE OF SCL-90 FOR TEACHERS IN SCHOOLS DIFFERENT IN NATURE ($\bar{X} \pm SD$)

Factor	Public School	Non-Governmental School	t	p
Somatization	1.70 \pm 0.46	1.85 \pm 0.34	-2.726	.007<0.05
Hostility	1.56 \pm 0.46	1.68 \pm 0.45	-1.755	.081
Obsessive-Compulsive	1.64 \pm 0.51	1.69 \pm 0.48	-.738	.461
Phobic Anxiety	1.43 \pm 0.53	1.68 \pm 0.60	-3.007	.003<0.05
Interpersonal Sensitivity	1.38 \pm 0.47	1.71 \pm 0.60	-3.980	.000<0.05
Paranoid Ideation	1.30 \pm 0.43	1.49 \pm 0.55	-2.558	.012<0.05
Depression	1.37 \pm 0.43	1.57 \pm 0.58	-2.569	.012<0.05
Psychoticism	1.25 \pm 0.38	1.51 \pm 0.59	-3.320	.001<0.05
Anxiety	1.32 \pm 0.43	1.57 \pm 0.66	-2.831	.006<0.05
Overall	1.39 \pm 0.36	1.61 \pm 0.42	-3.644	.000<0.05

6) *Comparison of mental health status between special education teachers who teach students with different handicaps*: Investigation results show, there are obvious differences in mental health level between teachers who teach students with sensory handicaps (including blind, deaf) and developmental dyslexia (including dysgraphia, autism, etc); and the mental health level of teachers who teach students with developmental dyslexia is higher than those who teach students with sensory handicaps, seen from all factors, the two have obvious differences (Refer to “Table VII”)

TABLE VII. FACTOR SCORE OF SCL-90 FOR TEACHERS WHO TEACH STUDENTS WITH DIFFERENT HANDICAPS ($\bar{X} \pm SD$)

Factor	Sensory Handicap	Developmental Dyslexia	t	p
Somatization	1.64 \pm 0.43	1.88 \pm 0.38	-4.078	.000<0.05
Hostility	1.52 \pm 0.43	1.72 \pm 0.48	-2.964	.003<0.05
Obsessive-Compulsive	1.48 \pm 0.39	1.86 \pm 0.54	-5.517	.000<0.05
Phobic Anxiety	1.35 \pm 0.50	1.69 \pm 0.59	-4.315	.000<0.05
Interpersonal Sensitivity	1.29 \pm 0.39	1.68 \pm 0.59	-5.411	.000<0.05
Paranoid Ideation	1.21 \pm 0.38	1.50 \pm 0.53	-4.381	.000<0.05
Depression	1.26 \pm 0.35	1.60 \pm 0.54	-5.162	.000<0.05
Psychoticism	1.16 \pm 0.28	1.52 \pm 0.55	-5.694	.000<0.05
Anxiety	1.23 \pm 0.37	1.60 \pm 0.42	-4.659	.000<0.05
Overall	1.31 \pm 0.29	1.62 \pm 0.42	-5.978	.000<0.05

IV. DISCUSSION AND SUGGESTION

A. The Mental Health Status of Special Education Teachers Has Been Improved But Not Optimistic

Investigation results show, of 219 special education teachers, 13.7% have psychological problems at a mild level or higher, which is higher than the relevance ratio (5%) of

national norm, however, compared to the result (25.63%) researched by Xu Meizhen (2004), the mental health status of special education teachers has been improved, yet it is still not optimistic, the average scores in somatization, hostility, obsessive-compulsive and phobic anxiety are all higher than the national norm, which prove that special education teachers are much vulnerable to physical discomfort, obsessive-compulsive and phobic anxiety.

The gradual improvement of mental health statuses of special education teachers has a close relation to the state's concerns about the special education. In 2014, the *Special Education Promotion Plan* issued jointly by seven ministries including Ministry of Education points out “fully carry out the preferential policy as special education allowances for salary and treatment of special education teachers”, “Preference will be granted to special education teachers in teacher post (title) evaluation”, “strengthen training of special education teachers”[1]. The state's concerns, investment and policy security have great improved the position and enthusiasm of special education teachers to some degree.

However, seen as a whole, the mental health statuses of special education teachers need to be further improved. First of all, to teach special children is a long and hardworking process where the effect is gained slowly. In recent years, the handicaps of students in special education schools are become increasingly serious, diverse in type and large in difference, all of which have brought requirements and challenges to rehabilitation technique (as occupational therapy, physical therapy, art therapy, etc). Second, the *Experimental Program for Compulsory Education Course Setting in Special Education Schools* issued by Ministry of Education in 2007, with new courses set in special education schools, raised new requirements from course philosophy, goal, content, teaching process and evaluation, and teachers show a series of maladjustment in class teaching and training. [6] The *Standards for Special Education Teacher Specialty* issued by Ministry of Education in 2015 further regulate the qualification of special education teachers from specialty philosophy, ethics, professional knowledge and skills, which also bring intangible pressure to teachers. At last, since the course reform, general schools have introduced mental health teachers, set mental health courses, yet most of special education schools are not among them. The *Experimental Program for Compulsory Education Course Setting in Special Education Schools* only mentioned in suggestions that the mental health education can be arranged by schools freely but not compulsory. Mental health teachers may influence the mental health statuses of special education teachers through protecting and intervening the mental health statuses of teachers and students in schools of their own. [5]

B. Analysis of Differences in Mental Health Status of Special Education Teachers Who Differ in Gender and Whether Serve as Class Teachers or Not

Researches show that there are no differences in the overall mental health status of men teachers and women ones, but women teachers are more vulnerable to suffer physical discomfort, it is mainly that the proportion of women teachers is higher, host in competition, besides, taking the traditional

roles in the family has brought great pressure and burden to their bodies and spirits, as a result, they suffer physical discomforts.

The mental health level of teachers who are not class teachers is lower than those who are class teachers, especially in interpersonal sensitivity and psychoticism. Class teachers need to keep communication and coordination with parents, teachers, leaders and social fields, with the time going, they could freely use professional knowledge to communicate with those who are not in the field so as to get more understanding and support to the special education work; yet the teachers who are not class teachers mainly communicate with students, having less opportunities to contact other groups to some degree, and get few understanding and support, which is not good for the release of pressure of their own and feeling relief, as a result it will cause psychological problems as Interpersonal Sensitivity.

C. The Mental Health Level of Special Education Teachers Improves with the Extended Teaching Period

Investigation results show, teachers with teaching period of 10 years or more have the highest level of mental health status, flowed by teachers with teaching period of 6-10 years, and those with teaching period of 5 years or less have the worst level of mental health status, seen from it, the mental health level of young and middle-aged teachers is lower, mainly because, the young and middle-aged teachers need a course to adapt new roles, in lack of work experience, so they are vulnerable to frustration and self-abasement. [4] With the time going, teacher will have accumulated a lot of experience in education and teaching, and fully understand the students, in the meantime, special and efficient in-service study and training in recent years have made teachers much flexible to adopt teaching skills to deal with problems of students, who gradually become expertise teachers owning practice experiences and theories, and they have owned professional knowledge. [5]

D. The Influence of Specialty to Mental Health Status of Special Education Teachers

Investigation results show the mental health level of teachers who major in non-special education is lower than that of those who major in special education. The teachers majoring in special education have received systematic training of special education philosophy, professional knowledge and skills, owning full understanding of students and clear expectation to students different in type and handicap, so there will be no serious differences between ideal and reality during the teaching. The teachers majoring in non-special education mainly graduate from normal schools, receiving training of knowledge and skills of psychology and education of general students. Compared with general students, special education students have defects in cognition, emotion, memory, personality, learning ability and so on, so when facing the special education students, the teachers majoring in non-special education are much vulnerable to the mental difference between ideal and reality, showing a sense of low achievements, which may influence the mental health level.

E. Analysis of Differences in Mental Health Status of Special Education Teachers in Schools Different in Nature

Investigation results show, the mental health level of teachers in public schools is clearly higher than that of teachers in non-governmental institutions. The mental health level of teachers has a close relation with teaching resources, welfare and social support. With the state's concerns about special education, more investment and security policies have been given to the hardware facilities, team construction and teacher's treatment in public schools for special education. By contrast, non-governmental institutions are under repeated approval and disordered in management, which are in the lack of necessary teaching resources and professional rehabilitation facilities, and teachers receive no timely in-service study and training, [6] when training special students with great difference, they feel much more difficult and achieve little, so the teachers often feel frustrated and fatigued. Besides, most teachers in non-governmental institutions think it unstable to work in the institutions, low in income and lack of corresponding security, [6] all of these have caused negative impact in the mental health of the teachers working in there.

F. Analysis of Differences in Mental Health of Special Education Teachers Teaching Students with Different Handicaps

Investigation results show, the mental health level of teachers teaching students with developmental dyslexia is obviously lower than that of teachers teaching students with sensory handicaps. The developmental dyslexia mainly include dysgnosia, autism, emotional disorder, learning disorder, language disorder and so on[7], and students with such symptoms have defects in interpersonal communication, scholastic achievements, functional behaviors and the like, during the teaching, the teachers have to be fully devoted; due to the great difference of students, there is no a given textbook applicable for all students, therefore, the teachers shall not only consider what to teach, how to teach but also learn how to deal with students' behaviors, and write textbooks in spare time and learn continuously so as to enable them to solve students' problems arising one after another, besides, the teaching effect is hard to be embodied, bringing a sense of low achievements, which further aggravate the mental pressure and result in various psychological problems.

V. CONCLUSION

It will be a long and systematic process for the protection and promotion of mental health of special education teachers, needing the joint efforts of authorities, the society, schools, families and teachers. First of all, it needs to establish a favorable social support system to improve the mental health level of special education teachers. In the meantime, the authorities should intensify the publicity, advocate the understanding and respect by the society and continue to increase investment and policy supporting the special education; schools should strengthen the parent-school interactions to acquire the understanding and support of parents to the maximum. [8] Second, it needs to give more care for the mental health of special education teachers. [9] The training of special education teachers shall not be limited

to professional knowledge and skills related to special education and rehabilitation as well as some new technologies, besides, it shall value the training of mental health of the teachers; strengthen the training of professional philosophy, knowledge and skills on those majoring in non-special education so as to enhance their senses of achievements; pay close attentions to the mental health statuses of teachers in non-governmental institutions, and the authorities may provide proper support to the non-governmental institutions, [6] so as to improve their schooling conditions and bring a sense of security to teachers; special cares and concerns should be offered to those who teach students with developmental dyslexia for a long time, whose identify role should be simplified as much as possible, organize professional training related to the mental health and relieve and solve their psychological problems so as to improve their mental health status gradually.

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