

Study on Prevention and Intervention Policy of Primary School Children with Depression in China

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Abstract: In recent years, the mental health problems of primary school children in China have become prominent, which are widely concerned by the government, academic circle, and many other sectors of society. This paper analyzes the psychological problems and causes of primary school children and points out some main psychological problems faced by primary school children, such as prominent depressive mood, serious anxiety. Based on this, it is proposed that the current situation of primary school children with depression in China is not optimistic. Through comparing the policy construction of mental health education in China and the United States as well as other developed countries, this paper compares and analyzes the differences existing in mental health education policies in primary schools between China, Europe, and the United States. Besides, it probes into the inspiration to mental health policy system in China and puts forward the reflection and countermeasures for the prevention and intervention policies of primary school children with depression in China, thus improving the professional methods for prevention and intervention of primary school children's depression. At the same time, broadening the channels of prevention and intervention support for primary school children with depression, and establish an ecological system for this symptom, to provide a reference for the prevention and intervention policy of primary school children's depression in China.

Keywords: Primary school children; Depression; Prevention; Intervention policy

Psychological Problems and Causes of Primary School Children

Research Contents

Research Objects

This study selects Children aged 6-12 years old from JM Primary School as research objects and the random sampling method is adopted. 10 children with depression tendency from six grades are selected as subjects for conducting survey.

Research Method

Based on case study, this study evaluates mental health of service subjects to obtain a more accurate understanding of the children's psychological conditions.

Scale Method. This study adopts the "Social Anxiety Scale for Children (SASC)" and the "Children's Depression Inventory (CDI)" to evaluate children under test.

Scale I: Social Anxiety Scale for Children. In terms of the emotional, cognitive and behavioral items in children's social interaction of this scale, studies carried out by Li Fei, Su Linyan and Jin Yu in 2006 showed that the contents of SASC is simple and can be used for the assessment of social anxiety symptoms in China.

Scale II: Children's Depression Inventory. CDI is currently the most frequently used self-rated scale. CDI only requires the first grade reading level to understand. Many assessment results showed that the Children's Depression Inventory is suitable for domestic primary and middle school students.

Participatory Observation Method. Observers enter the life of people being observed to observe their language, and the way they get along with others, etc. Through going deep into their life world, the observer's study and do activities with them in the process of service, to understand their interpretation of the meaning of their actions.

Interview Method. The face-to-face communication with children is conducted through the structured interviews to collect objective and unbiased information, look into the family structure and psychological state of children, accurately evaluate the living environment and mental health of children.^[1]

Major Psychological Problems Faced by Primary School Children

Prominent Depressive Mood

The symptoms of depression will affect the study and life of primary school children. Studies show that depression of primary school children has the following several characteristics: the first one is significant unhappiness lasting for a long time, patients feel depressed, unhappy and being silent. Second, patients are easy to get angry, their academic performance is decreasing, and they are tired of learning.^[2] Third, a strong sense of self-abasement and helplessness. Fourth, a strong sense of helplessness, and may even

lead to suicidal behavior. [3] Ten children with psychological problems are randomly selected at S Primary School for testing, and the results are presented in Table 1:

Table 1
Pre-test Results about Depressive Mood of 10 children in JM Primary School

No.	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
CDI level of depression	27	26	23	25	18	28	21	25	29	20

Note: The highest score of the CDI scale is 54 points. When the score exceeds 21 points showing the presence of a depressive mood. The higher the score indicates a higher level of depression. (See Appendix I for the specific scoring criteria) [4]

The evaluating results show that the score of 8 children under test exceeds 21 points (i. e., with the depression tendency), which represent as:

Lack of Correct Self-cognition. In the test, it was found that 2 primary school children showed arrogance and the other 8 students showed self-abasement. The children who are arrogant will deliberately attract the attention of other people, while children with self-abasement think they are a failure, they are too stupid and not smart, showing a relatively low self-awareness. [5] The family situation of A7 is there are three sisters and grandparents, all people in this family are supported by his father. When the child firstly entered the school, he even dared not look at other people’s eyes. A5 is from a good family, and child always shows off his prosperity in school to gain continuous attention from others. A1 considers his family is poor, so he is unwilling to stand together with others; A10 thinks it is childish to play with others. A3 described his friend like this: the two staffs are mentally abnormal, so they became friends. [6]

Severe Anxiety

Childhood anxiety is the most common emotional disorder, mainly showing uneasy behavior and functional disorder of nervous system. In addition, students’ academic performance decline, conflicting with other students due to irritability and then running away from home. [7]

Learning Anxiety. Ten children selected in the test lack motivation and efficacy in learning. They think they are not suitable for learning and think themselves are too stupid; some students do not study and get poor grade deliberately; some students cannot concentrate in the class; some others are afraid of learning. As a result, they are unable to listen attentively in class, and they lack self-confidence even more, thus falling into an infinite loop. Some primary school children would rather work at home than go to school. [8]

Analysis of Factors Affecting the Psychological Problems

There are many reasons to explain why children are in difficulties. First, their own reasons, such as disabled children, etc. Second, influence of social factors, for example, poor relationship among peers, family conflicts and so on. But some children can face these problems actively. With the in-depth study of resilience by scholars, they find that more emphasis should be placed on the process of interaction between the individual and the environment. [9]

Family support. Family support refers to the active and positive guidance of family members on children’s rearing pattern and educational attitude. In the test, the 10 children of JM primary school got low scores in terms of family support dimension, which showed that primary school children would not seek comfort and support from their families when encountering difficulties and pressure. [10] The relationship between parents and children is indifferent, parents and guardians lack the skills to communicate with their children, thus causing the children’s self-cognition bias.

Family members lack of communication. Some scholars have found that if children are separated from their parents before 6 years old, it will have adverse impact on the development of parent-child relationship; the longer they are left at home, the greater the negative impact. Due to the long-term separation, children can only connect with parents through telephone or the Internet, so the communication between parents and children becomes more and more rigid. [11] Under this condition, most of them feel uneasy and fearful, thus taking themselves as redundant people, and their self-efficacy gets lower and lower.

Family is the most important place for socialization of children. Whether family function is fully exerted is related to the degree of children’s biased behavior and psychology. From the test, 7 of the 10 children came from single-parent families, and this family structure would have a negative impact on children’s physiology and psychology. In addition, there are situations in which grandparents or other relatives take care of them. [12] Because the guardians cannot provide appropriate conditions for their growth, family dysfunction is not conducive to the healthy growth of children.

School Factors. School is an important place for socialization of children, and the environment in the school will have an impact on children’s mental health. Children spend much more time in school than in their families. Any situation in life that poses a threat to their body and mind may lead to psychological depression. Due to the implementation of the boarding system, the relationship with teachers and peers of children has become especially important. However, teachers cannot take care of every student, which leads to many problems with boarding children. [13] Some primary school children have difficulty in economy, and they are not good at expressing themselves, besides, education of school mostly pay attention to cultural knowledge and grades, so the problems of primary school children cannot be solved well. Since the teacher cannot take care of all children, some of them who are not cared by teachers would think they are too stupid, this condition may intensify their psychological problems. Although specialized psychological counseling room is set in school, but there are no professional personnel. Even though regularly talking for students is conducted by related teachers, but many students said they are afraid of being called to the “psychological counseling room”. [14] A2 said: “I will never tell teacher the secret in my heart.” A10 said: “The teacher indiscriminately affirmed that I did the bad thing, and I began to hate her ever since.” Teachers tend to “label” students, which is an obstacle to carry out the mental health education in JM primary school. [15]

Suggestions on Improving the Prevention and Intervention Policies of Primary School Children with

Depression in China

Professional Methods for Improving the Prevention and Intervention of Primary School Children with Depression

In the process of prevention and intervention of primary school children with depression, the government, educational institutions and volunteers serve as supporters, advocates and enabling roles for primary school children. They endow the prevention and intervention of depression in primary school children with richer contents and connotation, which is more in line with the needs of primary school children, so that the multiple needs of primary school children can be met to the maximum.^[16]

The prevention and intervention team of depression in primary school children can be composed of graduate students with social work education background from colleges and universities.^[17] The professional practice team and supervision team can provide professional guarantee for the prevention and intervention of depression in primary school children and narrow the distance between social workers and children. Compared with non-social work professionals, professional teams know more about existing problems, and they adopt the non-critical ways to get along with primary school children, which has become an important reason for changing the present situation of primary school children.^[18] Growth is a complex psychological and social process that occurs deep inside the human body. Children have a desire to build relationships with elder people in their hearts, and they need role models in life to stimulate the desire for change. Therefore, the professional prevention and intervention of depression in primary schools can apply medicine according to indications.^[19] What's more, professionals carefully observe and feel the hearts of children, and then providing love as well as love companionship for them. Through using life to influence life, they are "navigators" and also the "companions".^[20]

Broadening Support Channels for Prevention and Intervention of Primary School Children with Depression

In the process of service, we found that primary school children face multiple and complex difficulties, which is inseparable from their families, schools, the society and other environmental factors.^[21] Government, educational institutions and volunteers are involved in the entire ecosystem of primary school children, that is, the intervention of primary school children with depression.

We adopt the case work method to serve primary school children, thinking that it is not superfluous to give primary school children "more love", and devote ourselves to solving the psychological confusion of them. Through using the professional method of group work to carry out academic counseling program for primary school children, so as to help primary school children improve academic performance and improve their independent learning ability; in addition, helping them to improve initiative and ability in social communication.^[22] The professional team improves current situation of family guardianship by carrying out parent-child family classes. At the same time, conducting publicity activities on related knowledge about children protection, so as to promote the change of awareness and behavior in the macro environment system of primary school children. For the work carried out for primary school children, we need to link a variety of channels to achieve constant protection, in order to make services accessible^[23]

Conclusion

This paper analyzes the physiological, psychological, and social factors behind primary school children's depression. This paper holds that it is necessary to construct extensive social support from the aspects of family, peer, and school by stimulating children's inner potential. Stimulating psychological flexibility is the key to improve the mental health of primary school children.^[24] As for the mental health of primary school children, attention should be paid not only to the application of direct service methods, but also to the implementation of indirect service methods.^[25] It is necessary to improve the professional methods for the prevention and intervention of primary school children with depression in future services, to establish an effective prevention and intervention system. However, there are also deficiencies and limitations in this research. Firstly, because of the different economic conditions in different regions of China, there are great differences among these regions in educational resources.^[26] Since the primary school students in Shanghai are selected as the research group, the research results can only reflect the psychological status of children in high-income areas in China and it is not an overall reflection of the psychological status of children in the whole country. Although there are similarities in psychological problems of children across the country, the differences should also be taken into account in the problem-oriented research. Secondly, the policy suggestions are put forward in this research through the comparison of prevention policies for psychological problems of children in China and the prevention policies for psychological problems of children in the United States and other developed countries.^[27] However, there are great differences between China and the United States in education mode and family structure. The policies in the United States may not be applicable to China in terms of the current social background and political system.^[28] Therefore, the formation of a complete prevention policy needs to go through the test of practice and modification. Finally, the changes of psychological problems of children over time are not considered in this research.^[29] With the development of the times, the psychological problems of children tend to be diversified and multi-level. The improvement of prevention policies with the change of time is also an issue that should be taken into consideration.^[30]

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Appendix

Appendix I: Social Anxiety Scale for Children (SASC)

Instruction: There are some sentences to describe what you feel at this moment. Please read each question carefully and draw “√” on the appropriate numbers to indicate “how you feel now”.

There is no right or wrong for your answers. Even though it doesn't need to take too much time for thinking, you should answer by following you're really feeling at this moment. If you do not understand the question, please mark a “?” behind it to show you can't answer.

	Never 0	Sometimes 1	Always 2
1. I'm afraid of doing something I haven't done before in front of other children.	0	1	2
2. I'm afraid of being teased.	0	1	2
3. I feel shy when I am surrounded by children I don't know.	0	1	2
4. I rarely talk when staying with other children.	0	1	2
5. I'm worried about what other people think of me.	0	1	2
6. I think other children make fun of me.	0	1	2
7. I feel nervous when talking to strange children.	0	1	2
8. I'm worry about what other people will say about me.	0	1	2
9. I only talk with children that I am very familiar with.	0	4	2
10. I'm afraid that the other children would not like me.	0	1	2

There are 10 sentence entries in the Social Anxiety Scale for Children to describe the feeling at this moment, including two dimensions: the first one is afraid of negative evaluation (entries 1, 2, 5, 6, 8, 10); the second one is social avoidance and distress (entries 3, 4, 7, 9), and the entries are scored from 3 levels (no question =0; sometimes there are problems =1; often has problems=2). The highest score is 20 points, if the score is more than 11 points, it indicates the anxious emotion, the higher the score, the worse the social anxiety disorder in children.

Appendix II: Children's Depression Inventory (CDI)

Introduction: According to your actual feeling in the last two weeks, please mark “√” in the to choose the item that suits you best, you only need to choose one answer for each question.

1 <input type="checkbox"/> I feel unhappy occasionally <input type="checkbox"/> I another feel unhappy <input type="checkbox"/> I always feel unhappy
2 <input type="checkbox"/> I cannot solve any problem <input type="checkbox"/> I can solve some of the problems I encountered <input type="checkbox"/> I can solve all problems I encountered
3 <input type="checkbox"/> I never make mistakes when I do anything <input type="checkbox"/> I occasionally make mistakes when I do things <input type="checkbox"/> I always make mistakes when I do things
4 <input type="checkbox"/> I feel fun in doing most of things <input type="checkbox"/> I occasionally feel fun in doing something <input type="checkbox"/> I never feel fun in doing anything
5 <input type="checkbox"/> I always act like a bad child <input type="checkbox"/> I often act like a bad child <input type="checkbox"/> I occasionally act like a bad child
6 <input type="checkbox"/> I occasionally worry about the happening of bad things <input type="checkbox"/> I often worry about the happening of bad things <input type="checkbox"/> I always worry about the happening of bad things
7 <input type="checkbox"/> I hate myself <input type="checkbox"/> I don't like myself <input type="checkbox"/> I like myself
8 <input type="checkbox"/> All the bad things are my fault <input type="checkbox"/> Many bad things are my fault <input type="checkbox"/> A few bad things are my fault
9 <input type="checkbox"/> I have no idea of committing suicide <input type="checkbox"/> I once thought about committing suicide, but I'm not gone do it <input type="checkbox"/> I might commit suicide
10 <input type="checkbox"/> I feel like crying every day <input type="checkbox"/> I often feel like crying <input type="checkbox"/> I occasionally feel like crying
11 <input type="checkbox"/> There are something always bother me <input type="checkbox"/> There are something often bother me <input type="checkbox"/> There are something occasionally bother me
12 <input type="checkbox"/> I like to stay with others <input type="checkbox"/> I often don't like to stay with others <input type="checkbox"/> I always don't like to stay with others
13 <input type="checkbox"/> I always can't make up my mind when something happens <input type="checkbox"/> I often can't make up my mind when something happens <input type="checkbox"/> I am easy to make up my mind when something happens
14 <input type="checkbox"/> I am very beautiful <input type="checkbox"/> I am not pretty <input type="checkbox"/> I am ugly

15 <input type="checkbox"/> I always force myself to do homework <input type="checkbox"/> I often force myself to do homework <input type="checkbox"/> I finish homework easily
16 <input type="checkbox"/> It's hard for me to sleep every night <input type="checkbox"/> I often cannot sleep well in night <input type="checkbox"/> I sleep very well
17 <input type="checkbox"/> I occasionally feel tired <input type="checkbox"/> I often feel tired <input type="checkbox"/> I always feel tired
18 <input type="checkbox"/> I always feel like I don't want to eat <input type="checkbox"/> I often feel like I don't want to eat <input type="checkbox"/> I have a good appetite
19 <input type="checkbox"/> I don't worry about physical pain <input type="checkbox"/> I often worry about physical pain <input type="checkbox"/> I always worry about physical pain
20 <input type="checkbox"/> I don't feel lonely <input type="checkbox"/> I often feel lonely <input type="checkbox"/> I always feel lonely
21 <input type="checkbox"/> I always feel going to school is boring <input type="checkbox"/> I occasionally feel going to school is interesting <input type="checkbox"/> I often feel going to school is interesting
22 <input type="checkbox"/> I have many friends <input type="checkbox"/> I have some friends, but I hope to have more friends <input type="checkbox"/> I don't have any friend
23 <input type="checkbox"/> My performance in school is pretty good <input type="checkbox"/> My performance is slightly worse than before <input type="checkbox"/> I used to be good at learning, but now I'm poor in learning
24 <input type="checkbox"/> I will never be as great as other children <input type="checkbox"/> If I try hard, I would be as great as the other children <input type="checkbox"/> I am as great as other children
25 <input type="checkbox"/> No one really loves me <input type="checkbox"/> I can't be sure that someone loves me <input type="checkbox"/> I am sure that someone loves me
26 <input type="checkbox"/> I usually do what people ask me to do <input type="checkbox"/> I sometimes do what people ask me to do <input type="checkbox"/> I never do what people ask me to do
27 <input type="checkbox"/> I get along well with others <input type="checkbox"/> I sometimes fight with others <input type="checkbox"/> I often fight with others

There are 27 questions in the Children's Depression Inventory, which is divided into five dimensions: lack of pleasure, negative emotions, negative self-esteem, low efficacy, and interpersonal problems. Each question consists of three sentences with different frequencies (e.g., occasionally, often, always), they are scored at the range of 0-2 points, with the highest score of 54. If the score is more than 21 points, it indicates the depression emotion, the higher the score, the higher the level of depression.