

Emotional and Social Wellbeing in Middle and Primary Schools: Hubei, China

¹Ahmad Taha Khalaf, ²Liu Junhua, ²Wang Yong, ¹Samiah Yasmin Abdul Kadir, ¹Jamaludin Zainol,
¹Saeid Reza Doustjalali, ¹Negar Shafiei Sabet, ¹Vinothini Appalanaidu, ¹Karim Al-Jashamy,
¹Munira Bhuiyan and ¹A.E. Muftah

¹Faculty of Medicine, SEGi University, Petaling Jaya, Malaysia

²Children Medical Center, Taihe Hospital of Yunyang Medical College, 442000 Shiyan, China

Abstract: The mental health of students and its many possible determinants are of obvious importance. The purpose of this study was to investigate psychological health status of middle and primary schools students in China. Out of 18 middle and primary schools in Maojian area of Shiyan city, 5 school's students, teachers and parents (543 participants) carried out a questionnaire survey in a randomized way. Achenbach child Behavior Checklist (CBCL), the Pupil Rating Scale (Revised) (PRS), conner's Parent Symptom Questionnaire (PSQ), conner's Teacher Rating Scale (TRS) were used and a survey designed questionnaire for this purpose. The survey investigation demonstrated that 89.29% of students are doing well they were in a healthy psychological status, sublime pursuits and cherish promising prospective with a correct outlook on life and values while the rest 10.71% of students have comparatively severe psychological problems. The major problems appeared to be indefinite purpose of study; self-reproach tendency; impulsiveness; emotion instability; feeling lonely and communicative anxiety. The survey exhibited that those students in higher grades were more prone to serious psychological problems than those in lower grades.

Key words: Psychological, middle and primary school students, survey, Chinese, adolescent, child, mental health

INTRODUCTION

Children in China generally have few physical health problems and rate their health as good. Nevertheless, psychological and psychosomatic complaints are relatively increasing. Ma Jia and Shan (2006) good mental health is critical to children's success in school and life. Psychological assessments of emotional-behavioral disorders in children, therefore, remain an essential direct-service activity for school psychologists. Research demonstrates that students who receive social-emotional and mental health support achieve better academically (Howells and Lachar, 1998). In addition, there is now substantial evidence that some mental health problems may have an early age of on set (Costello *et al.*, 2006). In a community study, approximately 2.4% of youth ages 9-16 met criteria for at least one anxiety disorder (Costello *et al.*, 2003). If left untreated may lead to chronic emotional problems and psychological complications. Kendall *et al.* (2004) and these symptoms often worsen over time (Beidel *et al.*, 1996). The potentially distressing and lasting consequences of untreated emotional problems underscore the importance of early intervention. This raises the feasibility that children and young adolescents could be screened for

symptoms of mental illness with the aim of recruiting those children with high scores into treatment and/or prevention programs. Over the last years, school psychologists have increased their use of behavioral rating scales to assess early emotional disorders in young school-age children (Li *et al.*, 1989; Pierce *et al.*, 1999; Jing, 2006; Ma Jia and Shan, 2006). In addition, mental health professionals consider teachers as reliable informants about children's impulsivity, inattentiveness and hyperactivity and parents as useful reporters of their child's conduct psychological problems and abnormal behaviors (Loeber *et al.*, 1990). Moreover, studies have demonstrated the links between children's psychological problems and their mental abilities that resulted in intellectual deficits (Kaiser *et al.*, 2000). The purpose of this study was to investigate psychological health status of middle and primary schools children in Hubei, China and to help in the refinement and targeting of mental health education and public health interventions aimed at optimization of children's psychological status.

MATERIALS AND METHODS

Participants and procedure: A standardized research protocol was developed and approved by the Ethical

Committee of Shiyan University and the methodology was agreed by the local ethical committee. The study population consisted of Shiyan city students in middle and primary schools. Shiyan is a city in central China that has a population of 583,000 situated in the NorthWest of Hubei Province. Its age and income-compositions are reasonably comparable to the whole province. All the 18 middle and primary schools (11,611 students) of the Maojian District of Shiyan were contacted to join the study and 5 of them were randomly selected to participate in the study. The researchers contacted the 5 schools and explained the aim of the research intention and all 5 agreed to participate. The resulting sample was reasonably representative, in that the 5 schools were the largest in the municipalities. There is no noticeable difference between these 5 schools and the rest of the schools in the Maojian District. The schools were comparable to each other in terms of cultural and socioeconomic diversity. The study was carried out in September 2005 and structured questionnaires were administered by trained research staff in school classrooms in the absence of teachers. Teachers and parents were asked to complete Teacher's report form and the child behavior checklist. Two classes from each grade were selected. First, written informed consent was obtained from the parents in order to allow the students to participate. Second, 2 weeks later, students filled out the questionnaires at school during two consecutive lessons in groups from 20-50 students. The researcher explained that the study concerned the psychological well-being of students. The questionnaires were completed in the classroom. Students who had not brought back an informed consent did homework during the time of the research. The student's questionnaires were collected immediately after completion by the research staff. Parental and teachers information were obtained for all these students. No incentive was given to respondents or their family. Anonymity was not feasible as the questionnaires obtained from the three sources needs to be matched; however, students were ensured that the questionnaire would only be processed by the university research team and their information would not be relayed to their parents, teachers or any other parties. Student's names were not entered into the database. A total of 400 questionnaires were distributed by the researchers with the help of classroom teachers; 360 returned questionnaires, a response rate of 90%. 120 questionnaires were sent out to teachers; 102 returned questionnaires, a response rate of 85%. 100 questionnaires were sent out to parents; 81 returned questionnaires, a response rate of 81%. A total of 620 questionnaire forms were sent out of which 543 (87.56%) were returned. Non-response was chiefly because of

absence; refusals were very few even though students were explicitly informed that they could refuse to participate or to answer certain questions. Finally, data from 543 participants were analyzed.

Measures and questionnaire design: No single assessment procedure provides an absolutely reliable for defining psychopathology in children (Achenbach, 1991). Incorporating multiple informants, rather than relying upon the perspective of a single individual one will result in a more comprehensive assessment (Stanger and Lewis, 1993). The Achenbach's Child Behavior Check List (CBCL), a widely used and validated instrument served as screening test for mental health problems with the Pupil Rating Scale revised screening for learning (PRS). They provide standardized checklists of child and adolescent behavior problems and competencies. (Achenbach and McConaughy, 1997). Validated Chinese versions of the CBCL have been used in various settings (Tseng *et al.*, 1988; Li *et al.*, 1989). Also conner's Teacher Rating Scale (TRS) and conner's Parent Symptom Questionnaire (PSQ) were used. They are short and simple to administer and interpret. Chinese version were prepared after careful translation and back translation.

A questionnaire was designed to determine the student's well-being in schools. Reliability and validity in the country has been repeatedly demonstrated in the country. This is a brief behavioral questionnaire about 3-16 years old that asks about 60 items to evaluate the status of student's mental health in the recent 10 days which are divided between 5 scales: none, slight, moderate, severe and serious and allows computation of a total score. To ensure max. appropriateness of the questionnaire and mini. the error rates in the answers, the questionnaire was piloted with a small group similar to the sample to be surveyed (Fraenkel and Wallen, 1996). A pilot questionnaire was constructed by asking for feedback from experts teaching students at this level and this was piloted with 12 middle and primary schools students for comment.

RESULTS

Findings from this study revealed 89.29% of students in primary and middle schools are doing well, they were in a healthy psychological status and cherish promising prospective with a correct outlook on life and values. While the rest 10.71% of students live in comparatively more serious psychological problems and the main symptoms were: dislike study; self-reproach tendency; impulsiveness; feeling lonely; anxiety; emotion instability

and communicative anxiety. The survey exhibited that those students in higher grades were more prone to serious psychological problems than those in lower grades. Hyperactivity and attention deficit were the most to be experienced by students and secondly was difficulty in dealing with obstacles, others like Tourette's syndrome, behavior conductive disorder, mental retardation and general behavior problems also reported.

Analysis of the results showed: Unclear purpose of study lack of incentive for learning was shown in about 37% of the middle school students, 29% of primary school students. Since, learning is compulsory by the government for both primary and middle schools and imposed by parents and teachers, it is quite possible for student to lack the initiative for their study which must bring more difficulties for teaching.

Parent's level of education: Most of encountered emotional problems were due to their parent's low education. This would be more evident and problematic to the child if they have a different opinion about their child education. On the contrary, sharing the same ideas regarding the way of upbringing and discipline will create a harmony that will positively influence the psychological well being of their child.

Lack of self-confidence, self-reproach tendency serious: Investigations revealed that 9.2% of primary and secondary schools lack self-confidence, low self-esteem and have serious self-reproach tendency, demonstrated as self blame. When they encounter problems always evaded, retreat and live in anxiety.

Serious impulsive tendencies: Poor psychological endurance ability were evident in about 16.2% of the students. When others unintentionally hurt them, including language (criticize) and physical (e.g., anti-stamping on one foot), they couldn't just let it go. Instead they feel so impulsive, anger and hit reprisal. Also 10.2% of the students liked animal abuse (even small animals) for fun which revealed a certain amount of abuse mentality.

Anxiety and emotional instability: Almost 7.9% of primary and secondary schools experienced nervousness and anxiety when they were faced with excessive tension, afraid of taking the initiation to speak and communicate. When teachers or parents criticize them for that they couldn't realize why they were blamed.

Loneliness: Lonely feeling child tend to be cold, shy, unfriendly and with communicative difficulties. They

didn't like to be with the family members, peers and classmates in playing or other activities. Lack of friends and prefer to stay alone, this accounting for 6.9% of primary and middle school students.

DISCUSSION

With the rapid economic and cultural development in China, the government works towards the development of innovative responses to the complex social, economic and environmental aspects that influence the health of all society. The fundamental role of mental health is clear from the definition of health in the WHO constitution: "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Mental well being is determined by multiple and interacting social, psychological and biological factors, just as health and illness in general. One additional area of particular concern is related to the child's mental health in school. Moreover, early behavior problems are good predictors of later maladjustment (Keenan *et al.*, 1998) and difficulties in the early school years are important signals for adverse later outcomes (Pierce *et al.*, 1999).

The survey results show that 10.71% of students have mental health problems and the analysis of the main aetiological factors revealed.

Students own factors: Young adolescent students in particular are in puberty an important time of growth and transition. During the transition from childhood to adulthood and the process of sexual maturation, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future psychological status (Jing, 2006).

Parents education: Psychological well being was correlated with parent's education and the attitude of family discipline such as severe punishment from father, too much interference from the mother and too much protection. Many studies have shown that physically abused children are more likely to suffer from a wide range of psychiatric problems (Ackerman *et al.*, 1998; Yang, 2003; Mullen *et al.*, 1996).

Family environment: The findings suggest that the element of family environment and family structure have strong direct impact on the mental health of children, parents health problems, parental marital problems, housing problems, family atmosphere and family income all have important effect on child behavior problems (Feng *et al.*, 2006) The study found that some children's emotional and behavioral problems are related to parents unemployment, divorce and separation, reflecting the stress within the family (Jing, 2006).

Teacher's and school factor: School is the main place where children receive science and cultural knowledge, it is the window to contact with and understand society. The study results indicated that children will suffer less psychological problems if they got along with the teacher, class mate and other education personnel (Stoeber and Rennert, 2008). It also showed that those students in higher grades were more prone to serious psychological problems than those in lower grades. On the other hand, many aspects of the work environment can lead to feelings of stress among teachers. Studies have consistently reviled teaching is one of the most stressful occupations and that a significant number of teachers, perhaps even a majority are affected by work-related stress (Yao, 2003). Stressed teachers affect their student's mental health because students sense teacher stress and react to it.

Implications: Our findings may be significant for prevention and effective interventions to ensure healthy psychological and mental state for students. The present study sought to address these issues by analyzing the results and through this survey we put forward the following proposals.

First, the establishment of programs that promotes the mental health and psychological well being of students in schools. Schools should have the capacity to identify students with or at risk for mental health problems to refer them for assessment and interventions appropriate to their needs and to monitor and manage their behavioral, mental health and emotional needs at school (Manassis, 2000).

Second, presence of trained school psychologists, who link mental health to learning and behavior in terms of prevention, intervention and outcomes evaluation is of prime importance. They team with parents, other school-based mental health professionals and community service providers to help create a continuum of services that meet the needs of the individual child.

Third, mental health education should be part of the moral education in schools and an important component of the creation of specialized psychological education activity courses, according to the age, physical and psychological characteristics of students to guide psychological health education as a preventive education. Enhance student's education about their self-reliance, living skills, learning capacity, hard-working spirit and collective concept.

Fourth, strengthen cooperation between hospitals and schools to provide teachers and students with mental health advices and guidance in a secluded manner. Psychologist or psychiatrist counseling from general or specialist hospitals should be set on regular basis for

teachers, students and even parents. This can facilitate mental health education, eliminate the psychological barrier of students and enhance their ability to adapt proper mental health by enabling them to have the opportunity and the places to talk.

Fifth, the support of parents and a positive family environment help children avoid the psychological problems. Since, the research findings suggest that the elements of both school climate and family environment have a stronger direct impact on psychological well being of students. It is recommended that school-family programs be developed to promote student psychological well being at home and improve teacher-student relationships. In particular, to change the awareness of parents and improve their mental health education.

Sixth, more research is needed to be done to further our understanding to assure that we continue to develop ways to support children and students mental health. Good screening measures for mental health problems in children and adolescents are therefore important to enable early outreach or treatment programs in schools to prevent these symptoms from becoming a disorder with possible adverse effects.

Key points: Mental health generally includes 2 elements: psychological internal experience of well-being and behavioral indicative, observable by others. This study showed that mental health problems exist in Chinese schools and that effective prevention programs and intervention measures through education are needed.

It is crucial that the government should consider student's psychological health problems as a serious problem and that it has negative consequences on student's behavior as well as on their school achievement.

Schools also must utilize current research data and proactively engage parents and teachers in the mental health education of our children.

CONCLUSION

This study showed that mental health problems exist in Chinese schools and that effective prevention programs and intervention measures through education are needed. The results may be helpful in the refinement and targeting of mental health education and public health interventions aimed at optimization of student's psychological status.

ACKNOWLEDGEMENTS

This research was funded by a Grant from Taihe Hospital of Yunyang Medical College. The researchers

thank the Middle School of Maojian District, the 6th Medial School, Wenjin School, Eryan School and Dachuan School for their kind co-operation and providing facilities for testing.

REFERENCES

- Achenbach, T.M. and S.H. McConaughy, 1997. Empirically Based Assessment of Child and Adolescent Psychopathology: Practical Applications. SAGE Publications, Thousand Oaks, California, ISBN: 9780803972476, Pages: 226.
- Achenbach, T.M., 1991. Integrative Guide for the 1991 CBCL/4-18, YSR and TRF Profiles. Department of Psychiatry, University of Vermont, Burlington, Vermont, ISBN:9780938565079, Pages: 211.
- Ackerman, P.T., J.E. Newton, W.B. McPherson, J.G. and R.A. Dykman, 1998. Prevalence of post traumatic stress disorder and other psychiatric diagnoses in three groups of abused children (sexual, physical and both). *Child Abuse Negl.*, 22: 759-774.
- Beidel, D.C., C.M. Fink and S.M. Turner, 1996. Stability of anxious symptomatology in children. *J. Abnormal Child Psychol.*, 24: 257-269.
- Costello, E.J., S. Mustillo, A. Erkanli, G. Keeler and A. Angold, 2003. Prevalence and development of psychiatric disorders in childhood and adolescence. *Arch. Gen. Psychiatry*, 60: 837-844.
- Costello, J.E., A. Erkanli and A. Angold, 2006. Is there an epidemic of child or adolescent depression?. *J. Child Psychol. Psychiatry*, 47: 1263-1271.
- Feng, F.S., J.C. Xue and W.L. Lin, 2006. Students parental upbringing style and mental health status. *Chin. Pediatr. Clin. Pract. J.*, 21: 1179-1180.
- Fraenkel, R.J. and E.N. Wallen, 1996. How to Design and Evaluate Research in Education. McGraw-Hill, New York, USA.,.
- Howells W.N. and D. Lachar, 1998. Validity of self-and parent-report scales in screening students for behavioral and emotional problems in elementary school. *Psychol. Sch.*, 35: 17-27.
- Jing J., 2006. Children's learning difficulties and managements. *J. Pract. Pediatr. Clin. Mag.*, 21: 1673-1677.
- Kaiser, A.P., T.B. Hancock, X. Cai, E. Michael and P.P. Hester, 2000. Parent-reported behavioral problems and language delays in boys and girls enrolled in Head Start classrooms. *Behav. Disord.*, 26: 26-41.
- Keenan, K., D. Shaw, E. Delliquadri, J. Giovannelli and B. Walsh, 1998. Evidence for the continuity of early problem behaviors: Application of a developmental model. *J. Abnormal Child Psychol.*, 26: 441-452.
- Kendall, P.C., S. Safford, E. Flannery-Schroeder and A. Webb, 2004. Child anxiety treatment: Outcomes in adolescence and impact on substance use and depression at 7.4-year follow-up. *J. Consult Clin. Psychol.*, 72: 276-287.
- Li, X.R., L. Y. Su, B.R.E.N.D.A.D. Townes and C.K. Varley, 1989. Diagnosis of attention deficit disorder with hyperactivity in Chinese boys. *J. Am. Acad. Child Adolesc. Psychiatry*, 28: 497-500.
- Loeber, R., S.M. Green and B.B. Lahey, 1990. Mental health professionals' perception of the utility of children, mothers and teachers as informants on childhood psychopathology. *J. Clin. Child Psychol.*, 19: 136-143.
- Ma Jia, M.X.S. and H.E. Shan, 2006. Psychological and behavioral problems of children in Shenzhen: A model of community intervention. *China's Maternal Child Health Res.*, 17: 151-151.
- Manassis, K., 2000. Childhood anxiety disorders: Lessons from the literature. *Can. J. Psychiatry*, 45: 724-730.
- Mullen, P.E., J.L. Martin, J.C. Anderson, S.E. Romans and G.P. Herbison, 1996. The long-term impact of the physical, emotional and sexual abuse of children: A community study. *Child Abuse Negl.*, 20: 7-21.
- Pierce, E.W., L.J. Ewing and S.B. Campbell, 1999. Diagnostic status and symptomatic behavior of hard-to-manage preschool children in middle childhood and early adolescence. *J. Clin. Child Psychol.*, 28: 44-57.
- Stanger, C. and M. Lewis, 1993. Agreement among parents, teachers and children on internalizing and externalizing behavior problems. *J. Clin. Child Psychol.*, 22: 107-116.
- Stoeber, J. and D. Rennert, 2008. Perfectionism in school teachers: Relations with stress appraisals, coping styles and burnout. *Anxiety Stress Coping*, 21: 37-53.
- Tseng, W.S., T. Kuotai, J. Hsu, C. Jinghua and Y. Lian *et al.*, 1988. Family planning and child mental health in China: The Nanjing survey. *Am. J. Psychiatry*, 145: 1396-1403.
- Yang, H.F., 2003. China's primary and secondary school mental health research review. *Chin. Mental Health J.*, 15: 289-290.
- Yao, V.N.G., 2003. Learning disabilities risk factors and child's behavior characteristics. *Clin. Rehabil. China*, 7: 2000-2000.