### Research on the Current Situation and Countermeasures of Distortion in the Implementation of Psychological Health Education Policies in Primary and Secondary Schools

Mengdie Wang 1,a, Jiqiong Wan 2,b

<sup>1</sup>School of Marxism, Sichuan University of Science & Engineering, Zigong 64300, China;

<sup>2</sup>School of International Relations, Sichuan University of Science & Engineering, Zigong 64300, China.

awmd1258093304@.163.com, bjiqiong wan@126.com

#### **Abstract**

With the continuous deepening of quality education, mental health education has become an important task of school education, and mental health education policies provide important guidance for school education work. However, in the process of implementation, there are often situations where the actual policy results deviate from the educational policy goals, that is, "policy distortion", which manifests as the superficial implementation of educational policies, the blind implementation of taking what is needed, the blind implementation of using public funds for personal gain, and the misinterpretation of the implementation of policies out of context. There are various reasons for this, including the shortcomings of the educational policy implementation subject itself, the recognition of the policy object, the insufficient implementation resources, and the evaluation of the implementation supervision strength. Based on this, countermeasures are proposed for the implementation of mental health education policies in primary and secondary schools, in order to better promote the development of mental health education in primary and secondary schools.

#### **Keywords**

Distortion of education policy; mental health education; current situation; reason and countermeasures.

#### 1. Introduction

More than 20 years of policy implementation process, great changes have taken place in mental health education of primary and secondary schools, but due to the complexity of mental health education work plus various factors, often appear in the actual implementation of "policy distortion", the distortion phenomenon will greatly reduce the effect of mental health education policy, even produce many bad effects. Therefore, studying and analyzing the distortion of the mental health education policy in primary and secondary schools to explore the reasons for further improving the mental health education policy in primary and secondary schools in the future.

## 2. The current situation of distorted implementation of psychological health education policies in primary and secondary schools

## 2.1. The superficiality of implementing mental health education policies through rote learning

Education policies should be tailored to local conditions in the implementation process, and rigid application should be prohibited to make them predictable and operable, so as to be transformed into specific measures and actions. However, there is still a phenomenon of insufficient or unclear understanding of the importance of conducting mental health education and psychological counseling in primary and secondary schools, resulting in extremely uneven development among schools. Some schools treat the implementation of mental health education as a decoration, just to cope with the inspection of superiors, and arrange some irrelevant or incompetent teachers as psychological counseling teachers. They do not have professional knowledge of psychology, and have no knowledge of mental health education, which cannot provide psychological counseling for students. Some students even say, "The psychological teacher occasionally gives us a psychological lecture, and each class finds a few representatives to listen. Many records of student counseling are fabricated." This kind of formal education, which seems to have no substance, is only perfunctory and cannot effectively promote the psychological health development of primary and secondary school students.

## 2.2. Each taking what they need - the deficiencies in the implementation of mental health education policies

When implementing the education policies of the Party and the state, some education policy implementers intercept the policies midway or select the parts that are beneficial to themselves to convey, ignoring the parts that are unfavorable to them, which makes it difficult to correctly convey the policy spirit, and the process of education implementation has the characteristic of deficiency. For example, the national policy proposes that all regions and schools gradually allocate full-time teachers for mental health education, with each school equipped with at least one full-time or part-time mental health education teacher, and gradually increasing the proportion of full-time personnel. However, in actual investigations, it was found that some primary and secondary schools lack supporting facilities, teacher resources, and specialized psychological courses for mental health education. Many primary and secondary schools, in order to save financial resources, do not have corresponding supporting equipment or even dedicated psychological teachers in their counseling rooms.

#### 2.3. The blindness in the implementation of mental health education policies

The subjective arbitrariness and blindness of the executor in the process of policy implementation will also make the goal, content and intensity of the policy adjustment deviate from the original policy itself. At present, the biggest problem of mental health education in primary and secondary schools is the lack of content education and practicality, most of which only stay in knowledge education and fail to be fully integrated into practical teaching and activities, which leads to students' understanding of mental health problems is mostly theoretical knowledge and lack of practical operation ability. In some schools, mental health education is limited to one-time mental health lectures for students. The lectures are fixed and single, rarely combined with students' personalization, classroom interaction and situation simulation, and the effect is not good. The defense of psychological problems, the preparation of psychological test psychological questionnaire also has subjective randomness.

## 2.4. Taking out of context-the interpretation of mental health education policies

In the implementation process of mental health education in primary and secondary schools, most teachers and local education personnel have misunderstandings in the overall understanding of mental health education in primary and secondary schools. The main performance is six aspects: first: mental health education is to do a test, Many schools regard psychological testing as the main content of mental health education; Second: mental health education is psychological and moral education,

This misunderstanding makes mental health education an empty place for preaching; Third: psychological catharsis way is to fall and hit, Many students only punch and kick to the vent object; Fourth: the psychological consultant is equal to the psychological teacher, School mental health education work has its own particularity, The object of education, the means of education, the goal of education should be different from the social psychological counseling work; Fifth: mental health education is to open psychological courses, Because of some teachers' misinterpretation of school mental health education, "Knowledge" of mental health education, Make the students lose their interest in the mental health education; Sixth: regard the school mental health education as an independent educational activity, But it's actually a systematic educational project, It requires the joint efforts of the students themselves, their parents, friends and teachers.

## 3. The main reason for the distortion of mental health education policies in primary and secondary schools

#### 3.1. The practitioners of mental health education policies has are defects

The executors of mental health education policy lack necessary knowledge reserve and limited management level, resulting in a deep understanding of education policy, grasp the spirit of the policy, lead to the publicity and implementation of distorted policies, and ultimately affect the effect of mental health education. At present, many primary and secondary schools have mental health related staff professional quality is insufficient, teachers work attitude is not serious, many staff for students not enough attention and care, at the same time the mental health education policy management level is limited, in the process of policy publicity and implementation, for teachers management, curriculum management, cannot do a good job of related communication and coordination, lead to failed to give full play to the function of mental health education for pupils.

#### 3.2. Insufficient resources for mental health education policy implementation

If a policy is formulated to succeed in the implementation process, it must invest the corresponding manpower, material resources and financial resources, as well as the necessary information and authoritative resources, which is the necessary material basis for the implementation of education policy. However, China has not issued specific regulatory documents on the investment of mental health education, and the investment of mental health education between different regions and urban and rural areas is uneven and even unsatisfactory.

#### 3.3. The object recognition of mental health education policy is not enough

The success of an educational policy implementation is not always the wishful thinking of the educational policy makers and executors, but is closely related to the recognition and acceptance of the implementation object. The two most critical objects of mental health education are students and parents. Due to the lack of mental health knowledge of some students, there is a bias and misunderstanding of mental health education. Many students

according to the existing "stigma" experience, think that those who go to the psychological counseling room, psychological counseling room, are abnormal, people with mental illness, so in the face of their own psychological behavior problems, often avoid or cover up. Parents should also be an important participant in students' mental health education, but in reality, there are still many parents neglect mental health problems or cognitive misunderstanding, some parents think that children have food and shelter in school, as long as they study hard, do not believe that children will get depression. Some parents think that the children's mental health problems are "hypocritical, delicate". Of course, a larger number of parents are ashamed to admit that their children are "psychologically ill". This also to some extent delayed the timely professional intervention for children.

## 3.4. The supervision and evaluation of mental health education policies are not strong enough

Supervision and evaluation of policy implementation is an indispensable link in the process of education policy implementation, is an inevitable requirement of scientific policy process, only effective policy supervision, evaluation, according to the change of the actual situation of timely adjust and improve the policy, effectively prevent the distortion of education policy. At present, the mental health education in primary and secondary schools also has insufficient supervision and evaluation, which is manifested as follows: 1. Lack of perfect evaluation mechanism, and the frequency and scope of evaluation are not wide enough.2. The evaluation method is not enough to reflect the real situation. Questionnaire survey and statistical analysis are difficult to reflect students' psychological state and real mental health needs.3. The functions of the regulatory authorities are not clear enough. At present, the mental health education in primary and secondary schools lacks specialized supervision departments.4. Old evaluation methods. In the evaluation of school mental health education, the mental health education is not really included in the school teaching process, and the traditional examination results are still the main ones, which affects its supervision and evaluation.

# 4. Countermeasures to overcome the distortion of the implementation of psychological health education policies in primary and secondary schools

## 4.1. Improve the overall quality of implementers of mental health education policies

All levels of departments and schools should place mental health education in a prominent position in current school safety work, and take effective measures to effectively grasp it. The administrative department should guide schools and teachers to have a correct understanding of the value and function of mental health education from the perspective of the requirements of the times for talent cultivation and the transformation of talent cultivation models, and from the perspective of promoting sustainable development of students. Schools should conscientiously implement the "Guidelines for Mental Health in Primary and Secondary Schools" and enhance their profound understanding and grasp of the implementation of mental health education policies. At the same time, teachers should also improve their own qualities and knowledge reserves, care for students, and always pay attention to their mental health status.

## 4.2. Enhance the acceptance and recognition of the implementation objects of mental health education policies

First of all, take students as the main body, pay attention to ideological guidance, pay attention to practical problems, start from the perspective of solving students' psychological problems

and needs, formulate scientific, practical and universal teaching content, to establish correct psychological values and cognitive mode for students. At the same time, mental health monitoring should be standardized and students' mental health assessment should be carried out regularly. Improve the psychological early warning intervention, improve the early warning system, find students' serious mental health problems as soon as possible, smooth the prevention of referral intervention for medical treatment channel, timely referral, diagnosis and treatment. Second, strengthen the home-school joint, through parents told book, a letter to parents, parents, class, parents, parents, parent-child interaction, strengthen home-school communication and positive guidance, parents pay attention to student psychological change, make home school with, joint education work, promote the healthy growth of children's body and mind.

#### 4.3. Increase the input of mental health education resources

We should implement the fund investment, increase the overall planning, optimize the expenditure structure, and effectively strengthen the guarantee of students' mental health work funds. In addition, schools should strengthen the allocation of full-time and part-time teachers in mental health education, according to the principle of step by step implementation, all levels of primary and secondary schools should further increase the provision of full-time (part-time) mental health education teachers, in addition to strengthen the training of mental health education teachers. Finally, improve the psychological counseling room (counseling room) construction and application. Multi-party cooperation to increase resources, cooperate with the local relevant institutions and network platforms, make full use of social resources, jointly promote mental health education, obtain more information and resources, hold various forms of psychological activities, concentrate resources to provide mental health services for primary and middle school students, and improve mental health literacy.

## 4.4. Establish a sound supervision and evaluation system for the implementation of mental health education policies

Education administrative department to implement mental health education curriculum, school curriculum management and development of the situation into the school overall quality evaluation index, in making specific evaluation index system to avoid one-sided, formalization and fuzzy, to make the evaluation can fully reflect the real situation of the school curriculum implementation, to promote the school transformation idea, to carry out the national curriculum reform spirit. Schools should incorporate mental health education into the annual comprehensive target assessment, take students 'mental health as an important content of students' comprehensive quality evaluation, and promote the effective implementation of students' mental health education.

#### 4.5. Establishing the correct concept of mental health education

The new era endows primary and secondary school mental health education with new connotations and meanings, and puts forward new tasks and requirements for mental health education managers. Firstly, clarify the goals and positioning of mental health education in primary and secondary schools with the guidance of "cultivating morality and nurturing people". Ensuring that mental health education in primary and secondary schools is guided by the value of "cultivating virtue and nurturing people" can help guide primary and secondary school students to adhere to the correct political direction and socialist core values, thereby ensuring the healthy development of mental health education as a part of ideological and political education and moral education. Secondly, construct a mental health education system with the core of the "Big Mental Health Education Concept". The mental health education work in primary and secondary schools must be characterized by the times and in line with the national conditions.

#### 5. Conclusion

Carrying out mental health education in primary and secondary schools is an inevitable requirement for implementing the fundamental task of cultivating morality and realizing the comprehensive and coordinated development of physical and mental quality. From the perspective of education policy implementation distortion, to analyze the performance of primary and secondary school psychological education policy implementation analyzes the existing problems, further summarizes the primary and secondary school education policy of the distortion, from the education policy implementation of the present primary and secondary school mental health education status and problems, based on the problems and combined with the education policy implementation distortion theory gives countermeasures, hope the mental health education policy practitioners to strengthen and improve the current students 'mental health education problems, improve students' mental health literacy.

#### References

- [1] Jin Taijun, Qian goodbye, Zhang Fanghua. Obstruction and Resolution of Public policy implementation [M]. Guangzhou: Guangdong People's Publishing House, 2005:43.
- [2] Yuan Zhenguo. Education Policy [M]. Nanjing: Jiangsu Education Press, 1996:208.
- [3] Kong Linghao. Distortion of implementation of mental health education policy in primary and secondary schools and its countermeasures [J]. China Rural Education, 2019(12):61-62.
- [4] Yi Hualiang. The Main influencing Factors of the deviation of educational policy implementation: a systematic view [J]. Modern Educational Management, 2010 (2):22-25.
- [5] Wei Xiaoli. Effect deviation of education policy and its Causes [J]. Nanbei Bridge, 2021(16):39-40.
- [6] Wang Haijuan, Jia Yun, LI Shoufu. Identification and intervention strategies of psychological problems in primary and middle school students [J]. Scientific Advice (Education Research), 2022,No.782(04):167-169.