Middle School Freshmen’s Mental Health in Southern Urban China

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This study aims to understand the overall level of mental health of newly enrolled students in a school in a Chinese southern urban city, and provide a scientific basis for school education; this study used Mental Health Diagnostic Test (MHT) as a test instrument to test 258 new students enrolled in the school in the new semester. The results of the study found that the overall level of students’ mental health was relatively good, but the detection rate was higher in the dimensions of serious psychological problems, such as self-blame tendency, physical symptoms, and impulsive tendency; the psychological problems of girls were more prominent than those of boys. In response to the current situation, the mental health work of junior high school freshmen can be carried out effectively through various ways such as optimizing the professional curriculum of freshmen mental health, strengthening the infiltration of mental health into subject teaching, combining case consultation and group counseling, and establishing a mental health education alliance system.

Keywords: mental health, junior high school freshmen

Background and Introduction

Mental Health

The concept of mental health depends on certain mental health standards, and its standards have been controversial topics due to its different bases. The most objective basis for mental health criteria is the presence or absence of etiology and symptoms, but this criterion can only judge those with psychological abnormalities, and individuals without etiology or symptoms cannot be judged as mentally healthy.

Based on the above disagreement, Jiang summarizes the basis of the “principle of pluralism”, which all psychological research authors agree on. That is, it is assumed that the psychological behavior of the vast majority of the members of society is normal, and psychological behavior that deviates from this normal range can be considered abnormal.

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Therefore, we need to combine the mental behaviors of the majority of contemporary people and follow the “principle of pluralism” to judge the mental health of individuals based on whether they deviate from the mental behaviors of the majority of contemporary people.

**Mental Health of Junior High School Students**

According to the research summary of the concept of mental health and the reference of the “plurality principle”, the mental health of junior high school students is affected by both external social environment and internal physiological factors, such as physical development, parent-child conflict, peer relationships, and Internet use problems. Therefore, the mental health of junior high school students is more unstable than that of adults. At present, the concept of mental health of junior high school students can basically be defined as: (1) basic emotional stability; (2) clear worldview and accurate self-view; (3) stable and harmonious interpersonal relationships and good social adaptation.

**Mental Health Status of Junior High School Students in China**

According to the above conceptual study, most of the papers referenced by the author are based on the Mental Health Diagnostic Test (MHT) scale, and its reliability and validity are better able to analyze the mental health status of junior high school students with the help of the present-day national normative model of junior high school students.

Based on the analysis of the survey results, the following aspects of the mental health status of junior high school students were summarized. In general, it is not uncommon for middle school students to face mental health problems, with anxiety and depression being among the more common ones. In terms of time dimension, the mental health problems of junior high school students tend to deteriorate with the development of generations, and the probability of detecting mental health problems nationwide has been on the rise in the past decade. From the age dimension, the overall mental health problems of junior high school students increase with grade level, and the main influencing factor may be the pressure of entrance examinations. From a gender perspective, girls are more likely to detect mental health problems than boys, mainly due to social gender stereotypes and patriarchal social attitudes.

**Significance of the Study**

In recent years, the economic construction and urban construction in Shenzhen have been accelerated, and the social environment factors have been gradually complicated. The growth environment of junior high school students in Shenzhen has inevitably been plunged into drastic changes at the same time, and coupled with the disruption of people’s psychological balance by such major emergencies as the new crown epidemic; the mental health of adolescents has been increasingly emphasized by all parties in society. Compared with other areas in Shenzhen, this area is undergoing rapid construction, which also brings a large number of migrant children and non-local students, whose living environment and family situation are usually less stable and more prone to mental health problems. The purpose of this study is to analyze the current situation of mental health of junior high school students, investigate the causes of mental health problems, and provide schools and students’ families with effective ways of working and coping strategies.

**Research Objectives and Methods**

**Research Objectives and Contents**

In this study, six classes of first-year students in a school in Shenzhen were selected as subjects, and the
specific contents include the following aspects: (1) the overall level of psychological health of the first-year freshmen; (2) gender differences in the mental health problems of first-year freshmen; (3) the overall situation of serious mental health problems among first-year freshmen.

The study used the Mental Health Diagnostic Test (MHT), edited by Zhou Bucheng et al. (2019) of East China Normal University, as the testing instrument, with 100 questions. The scale consisted of eight content measures (i.e., learning anxiety, interpersonal anxiety, loneliness tendency, self-blame tendency, allergy tendency, physical symptoms, fear tendency, and impulsivity tendency) and one validity measure that tested whether the test takers answered the questions honestly. Each content scale consists of 10 to 15 topics. The total score of these eight forms represents the general personal anxiety tendency, while the form score of each content represents the individual at this level. The scoring method is a quadratic scale in which the test taker is asked to answer questions with a “0” for “yes” and a “1” for “no”. A total score of 0 to 55 is relatively normal, 56 to 64 is problematic, and 65 or more represents a more serious problem. The raw scores of each content table are converted into standard scores according to the norm, with normal being 0–5, 6–7 indicating a problem, and more than 8 indicating a more serious problem. This total scale and subscale of the total scale that can describe the mental health status of students are widely used in educational research and have a national normative meaning for secondary school students. The main test was administered by psychology teachers and classroom teachers who were trained in pre-test counseling. The tests were administered in batches, in the school’s IT classroom, and over the course of a week. A total of 258 students took the test, with nine invalid answers and 249 valid answers. In the statistics, there were 135 boys and 114 girls. The recovery efficiency of this questionnaire is 96%.

Statistical Method

A brand of psychological education assessment management system was used to complete the test on the computer. The data were statistically analyzed using SPSS 22.0. The main statistical methods were t-test and analysis of variance.

Research Results

Overall level of students’ mental health. The overall assessment results are shown in Table 1. The overall level of mental health of the first-year students in this school is relatively good, with the highest mean score being impulsive tendency, followed by learning anxiety and terroristic tendency, and then the dimensions of physical symptoms, allergic symptoms, anxiety about people, self-blame tendency, and loneliness tendency, in that order.

<table>
<thead>
<tr>
<th>Item</th>
<th>Study anxiety</th>
<th>Anxiety about people</th>
<th>Loneliness</th>
<th>Self-blame</th>
<th>Allergy</th>
<th>Physical symptoms</th>
<th>Terror</th>
<th>Impulsiveness</th>
<th>Full scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.51</td>
<td>3.91</td>
<td>2.56</td>
<td>3.90</td>
<td>4.06</td>
<td>4.42</td>
<td>4.47</td>
<td>4.63</td>
<td>32.47</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>2.52</td>
<td>2.39</td>
<td>2.50</td>
<td>2.55</td>
<td>2.43</td>
<td>2.59</td>
<td>2.20</td>
<td>2.32</td>
<td>15.06</td>
</tr>
<tr>
<td>Variance</td>
<td>6.35</td>
<td>5.73</td>
<td>6.26</td>
<td>6.53</td>
<td>5.90</td>
<td>6.71</td>
<td>4.83</td>
<td>5.38</td>
<td>226.75</td>
</tr>
<tr>
<td>Median</td>
<td>5.00</td>
<td>4.00</td>
<td>2.00</td>
<td>3.00</td>
<td>4.00</td>
<td>4.00</td>
<td>4.00</td>
<td>4.00</td>
<td>31.00</td>
</tr>
<tr>
<td>Max</td>
<td>10.00</td>
<td>10.00</td>
<td>10.00</td>
<td>9.00</td>
<td>9.00</td>
<td>13.00</td>
<td>10.00</td>
<td>11.00</td>
<td>76.00</td>
</tr>
<tr>
<td>Minimum</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>2.00</td>
<td>2.00</td>
<td>5.00</td>
</tr>
</tbody>
</table>

Gender differences in students’ mental health problems. As seen in Table 2, the overall differences in mental health status between male and female students reached a significant level, and girls were significantly
higher than boys in five areas: anxiety about people, tendency to blame themselves, allergic tendency, terrorist tendency, and impulsive tendency, and there were significant gender differences. It can be seen that the mental health problems of junior high school girls are of more concern.

Table 2

<table>
<thead>
<tr>
<th>Gender Differences in the Mental Health Status of First-Year Students</th>
<th>Male</th>
<th>Female</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>Standard deviation</td>
<td>Mean</td>
<td>Standard deviation</td>
<td>t</td>
</tr>
<tr>
<td>Study anxiety</td>
<td>4.28</td>
<td>2.58</td>
<td>4.78</td>
<td>2.44</td>
</tr>
<tr>
<td>Anxiety about people</td>
<td>3.35</td>
<td>2.31</td>
<td>4.57</td>
<td>2.33</td>
</tr>
<tr>
<td>Loneliness</td>
<td>2.57</td>
<td>2.64</td>
<td>2.55</td>
<td>2.34</td>
</tr>
<tr>
<td>Self-blame</td>
<td>3.50</td>
<td>2.44</td>
<td>4.37</td>
<td>2.61</td>
</tr>
<tr>
<td>Allergy</td>
<td>3.71</td>
<td>2.52</td>
<td>4.48</td>
<td>2.26</td>
</tr>
<tr>
<td>Physical symptoms</td>
<td>4.19</td>
<td>2.59</td>
<td>4.70</td>
<td>2.57</td>
</tr>
<tr>
<td>Terror</td>
<td>4.01</td>
<td>2.04</td>
<td>5.01</td>
<td>2.26</td>
</tr>
<tr>
<td>Impulsiveness</td>
<td>4.29</td>
<td>2.34</td>
<td>5.03</td>
<td>2.25</td>
</tr>
<tr>
<td>Validity scale</td>
<td>3.45</td>
<td>1.52</td>
<td>3.61</td>
<td>1.61</td>
</tr>
<tr>
<td>Full scale</td>
<td>29.88</td>
<td>15.21</td>
<td>35.49</td>
<td>14.37</td>
</tr>
</tbody>
</table>

Notes. *** p < 0.001.

Students with serious psychological problems. As shown in Table 3, in the ranking of the detection rate of serious psychological problems among the first-year students, the first place is self-blaming tendency, followed by physiological symptoms and impulsive tendency, followed by study anxiety, terror tendency, anxiety about people, allergy tendency, loneliness tendency; these are from the survey statistics; boys have serious psychological problems in study anxiety, physiological symptoms, etc., mainly manifested as self-blaming tendency; girls mostly show self-blaming tendency, physiological symptoms, impulsive tendency, etc.

Table 3

<table>
<thead>
<tr>
<th>The Situation of Freshmen With Serious Psychological Problems in Junior High School</th>
<th>Study anxiety</th>
<th>Anxiety about people</th>
<th>Loneliness</th>
<th>Self-blame</th>
<th>Allergy</th>
<th>Physical symptoms</th>
<th>Terror</th>
<th>Impulsivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>15</td>
<td>8</td>
<td>8</td>
<td>16</td>
<td>9</td>
<td>16</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>11.11%</td>
<td>5.93%</td>
<td>5.93%</td>
<td>11.85%</td>
<td>6.67%</td>
<td>11.85%</td>
<td>6.67%</td>
<td>8.89%</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>14</td>
<td>13</td>
<td>6</td>
<td>25</td>
<td>8</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>12.28%</td>
<td>11.4%</td>
<td>5.26%</td>
<td>21.93%</td>
<td>7.02%</td>
<td>17.54%</td>
<td>11.4%</td>
<td>15.79%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>21</td>
<td>14</td>
<td>41</td>
<td>17</td>
<td>36</td>
<td>22</td>
<td>30</td>
</tr>
<tr>
<td>11.65%</td>
<td>8.43%</td>
<td>5.62%</td>
<td>16.47%</td>
<td>6.83%</td>
<td>14.46%</td>
<td>8.84%</td>
<td>12.05%</td>
<td></td>
</tr>
</tbody>
</table>

Existing Psychological Problems and Futural Approaches

Self-Blaming Tendency

Self-blaming tendency has the highest detection rate. The tendency of self-blame appears in the first year students, most likely because parents and teachers expect too much of them, and students are in front of a junior high school life that is disappointed in them. Teachers should consciously develop students’ ability to attribute things correctly, guide them to make a calm analysis of the causes and consequences of problems, learn to recognize negative ways, and come up with targeted and reasonable beliefs. Educators should also guide students
to have reasonable expectations of themselves and guide parents to be good at finding the good in their students and showing recognition and approval of them.

**Physical Symptoms**

Students in the first grade are in the midst of their physical development, and the physical changes may be psychologically disturbing to students. Teachers can teach students to learn some relaxation methods, such as breathing relaxation and progressive muscle relaxation, and guide students to pay attention to adjusting their mind and keeping their mood relaxed; pay attention to the combination of work and rest, and get an effective balance in the relationship between rest, eating, and studying. Students and their parents are instructed to seek help from doctors when students have serious physical symptoms and to actively cooperate with them for treatment of the symptoms.

**Impulsive Tendencies**

The inability to control one’s behavior and emotions is a common condition in adolescence. Teachers can guide these students to improve self-control and develop strong will, especially the ability to tolerate setbacks. The ability to tolerate setbacks can help students objectively analyze the reasons for their losses, learn from them, summarize their experiences, learn to control their emotions, and achieve their goals.

**Anxiety**

Because the academic subjects in the first year have become more numerous and the pressure of learning has become greater, some students begin to have more serious learning anxiety. Cultivating a correct view of review and achievement requires teachers to help students build confidence. It is best for students to work out their own study plan that suits them, arrange their time rationally, and make a good knowledge reserve. Pre-examination counseling can be organized and arranged by the school, so that students can debug their mindset before the exam, calmly take the exam, and overcome exam anxiety.

An important cause of interpersonal anxiety may be an underestimation of oneself. Knowing oneself correctly, tapping into one’s strengths, and building confidence and security are the first steps in guiding students who have strong anxiety about people. Learning interpersonal skills and methods of interacting with people in a humble and friendly manner, actively participating in group activities, and gradually acquiring interpersonal skills will help students slowly emerge from their anxiety.

**Terrorist Tendencies**

These students should socialize more with classmates and friends, go out in pairs, and try not to let themselves alone in scenarios that tend to produce fear; they can use more relaxation methods such as breathing relaxation and progressive muscle relaxation; they should encourage students to participate in more group activities and exercise their courage step by step. In serious cases, they need to seek help from a psychologist in time.

**Allergic Tendencies**

Teachers can consider bringing the strengths of such students into the class, allowing them to assume certain responsibilities, with more positive hints and encouragement; encouraging them to participate more in activities to gradually develop their sociability; and creating appropriate situations to make them experience opportunities for success and enhance the self-confidence of such students.
Lonely Tendencies

Counseling students with lonely tendencies requires teachers to help them overcome their low self-esteem and make them realize that each has its own strengths and weaknesses. One is to guide them to re-establish contact with the outside world, such as going through their old address books and writing to a friend they have not contacted for a long time. The second is to guide them to warm up others, to warm themselves up by “helping themselves”. Third, when they are in a bad mood, parents or educators could guide them to go outside and feel the nature, and they will slowly become cheerful.

Actions on Improving Freshmen’s Mental Health in Junior High Schools

Professional Curriculum

Setting up a mental health professional curriculum is an effective means to improve the psychological quality of all junior high school freshmen and promote the harmonious physical and mental development of students. Carrying out a more targeted mental health professional curriculum can effectively reduce the phenomenon of psychological abnormalities among students, so the mental health professional curriculum can be flexibly adjusted according to the results of psychological assessment. The psychological courses are conducted in order of importance for the most serious types of student emergencies. For example, for the most frequent problem of self-blame among new students, courses on self-awareness and emotion regulation should be conducted in a progressive manner. In addition, mental health teachers should optimize psychology class assignments so that new students can acquire psychological adjustment skills and methods through activities. Psychological classroom assignments are not only a tool for new students to master psychological knowledge, but also a tool for new students’ psychological assessment.

Mental Health Awareness in Subject Teaching

This method can effectively prevent students’ psychological abnormalities and fully exploit the latent mental health education resources in subject teaching. First, in the process of lesson preparation, teachers should make full use of subject knowledge and mental health education knowledge, and infiltrate mental health education in the process of imparting subject knowledge. Teachers could infiltrate teaching in subjects such as language, character, and rule of law, such as enhancing students’ self-regulation skills through creative writing and journal writing. Incorporating mental health awareness into art disciplines like music, visual arts, and physical education involves engaging students in enjoyable mental health-themed activities, encouraging self-discovery and personal growth, and providing opportunities for mental relaxation through musical meditation. By studying and analyzing students’ interests and personality traits, we consciously cultivate students’ sense of social responsibility in the learning process and guide them to establish a correct outlook on life, values, and worldview. For some students with more flamboyant personalities and prone to psychological problems, their abnormal performance should be detected in time, and psychological counseling should be conducted to help them change their bad mindset. Secondly, the observation of new students’ psychological condition is permeated in subject teaching. Subject teachers can have an understanding of students’ psychological condition by observing new students’ homework situation and classroom performance, and report any problems to class teachers and psychology teachers in time.

Activities for New Students

New students’ mental health activities should not only highlight the theme content, but also focus on the form of activities. First of all, new student mental health awareness activities are the first step for students to
recognize mental abnormalities and establish mental health awareness. Schools should actively create an atmosphere of respecting privacy, caring for oneself and helping others during mental health awareness activities, so that students are aware of the importance of paying attention to their own mental health and keeping an eye on the mental health of their peers. In addition to awareness campaigns, schools should organize mental health activities for different topics such as life adaptation, understanding self, emotional adjustment, interpersonal interaction, adolescent psychology, and learning psychology. Second, mental health activities can take the form of educational lectures, interpersonal salons, psychological games, etc. Regardless of the form, the fundamental purpose of mental health activities is to encourage more new students to participate in mental health activities and achieve the purpose of the activities.

**Students’ Counseling**

The combination of individual counseling and group counseling is an important way to provide a double guarantee for the psychological safety of new students. Providing targeted case counseling services and developing individual counseling plans for students with abnormal psychological assessments can better help students solve specific psychological problems. After entering middle school, schools should establish a detailed personal psychological profile for each student, and analyze and summarize each student’s psychological characteristics and personality traits to help them clarify the direction of their own development. Combined with the extent to which classroom teachers and classroom teachers know each student, schools can create a personality development report for each student and develop corresponding growth goals and psychological counseling programs accordingly. In addition, educators can conduct group counseling for groups of new students with the same types of problems to help them gain the strength of peer support in their new environment, work together to accomplish group goals, and progress and grow together. Peer support is not limited to new student groups, but can also be a communication and interaction between different grades.

**Establishing Mental Health Education Alliance System**

Student mental health education should involve the whole staff, including principals, vice principals of moral education, full-time mental health teachers, classroom teachers, subject teachers, parents, and community resources. To achieve full participation, the first thing is to organize and cultivate important close contacts of school students—faculty and staff, especially classroom teachers, to help them master the skills and methods of mental health education. In addition, in order to fully popularize the knowledge of mental health education, it is also possible to provide psychological training for parents, establish coordination of community resources, and comprehensively cultivate a good psychological crisis intervention team for psychological crisis prevention work. The family is an important base for school education. Therefore, it is important to give full play to the role of parent committees. Parental committees can provide schools with information about family education and participate in research and discussion of various issues encountered in the process of comprehensive school education for students.

At the same time, they can also provide schools with guidance and suggestions regarding family education. A helpful parental committees could establish a good cooperation mechanism inside and outside the school. Since school is a special educational institution, it should work closely with all relevant departments in the process of mental health education, such as working closely with the community, public security department, and business administration department; working closely with community organizations such as street and neighborhood committees; working closely with the Communist Youth League, Women’s Federation, and labor union
organizations, etc. Through the establishment of a good cooperation mechanism to strengthen the contact and communication between the school and the relevant departments, and seek the support of various government departments in terms of policy and funding, at the same time, various social resources can also be used, such as various cultural groups, various charitable organizations, social groups.

**References**


