

Study on the Constraints and Optimization Paths of the Implementation of Psychological Health Education Policies in Primary and Secondary Schools

-- Based on Smith Model

Jingwen Shen

School of Public Administration, Sichuan University, Chengdu, 610000, China

Abstract: With the deepening development of quality education, mental health education has gradually received attention and become an increasingly important component of compulsory education in primary and secondary schools. In order to effectively promote mental health education in primary and secondary schools, the country has successively introduced various policies and achieved significant results. However, the implementation of mental health education policies still faces many problems. This article analyzes the constraints on the implementation of mental health education policies in primary and secondary schools within the framework of the Smith model and attempts to propose optimization suggestions.

Keywords: Psychological health education, Policy implementation, Smith model.

1. Introduction

Psychological health, especially for children and adolescents, has become an increasingly prominent major public health issue. According to the 2020 Public Mental Health Insight Report, more than 30 million adolescents in China are currently troubled by depression. The group of teenagers aged 12 to 18 is in a stage of rapid physical and psychological development, with immature and stereotyped values. On the other hand, they face significant learning pressure, and their mental health is sensitive to many factors, which also poses many challenges. How to maintain children's mental health is a major issue that schools and parents need to pay more attention to in education. The state and government also attach great importance to mental health education in primary and secondary schools. In 1997, the "Standards for Ideological and Moral Education in Primary Schools and Ideological and Political Education in Junior High Schools (Trial)" for the first time stipulated the main content and requirements of mental health education in primary and junior high schools in the form of curriculum standards; In 1999, the Ministry of Education issued several opinions on strengthening mental health education in primary and secondary schools; In 2002, the Ministry of Education issued the "Guidelines for Mental Health Education in Primary and Secondary Schools", which stipulated the guiding ideology, basic principles, main content, approaches and methods of mental health education in primary and secondary schools; In December 2012, the Ministry of Education issued the "Guidelines for Mental Health Education in Primary and Secondary Schools (Revised in 2012)", which further improved the guidance for mental health education in primary and secondary schools; In 2016, 22 ministries and commissions of the Ministry of Education jointly issued the "Guiding Opinions on Strengthening Mental Health Services" (National Health and Disease Control and Prevention [2016] No. 77), further strengthening the institutionalized construction of school mental health education work, and clarifying the principles, objectives,

responsibilities, educational content, and implementation channels for carrying out mental health education in primary and secondary schools.

However, mental health education work is a long and complex process of cultivating concepts, and China is currently in a new stage of development. Under the constraints of various factors, there is often a deviation between actual policy results and educational policy objectives, which is known as "policy distortion". This distortion phenomenon will greatly reduce the effectiveness of mental health education policies and even have many negative consequences. This article attempts to analyze the factors that affect the implementation of mental health education policies in primary and secondary schools in China based on the Smith policy model, and proposes optimization suggestions to enrich the exploration and thinking in the current field of mental health education research.

2. Theory

The Smith Policy Execution Process Model is a representative policy science research theory proposed by American scholar Thomas Smith in the 1970s. He believes that there are four main factors that affect the effectiveness of policy implementation: idealized policies, implementing agencies, target groups, and environmental factors. Idealized policies refer to legal, reasonable, and feasible policy solutions. Specifically, it includes the form, type, origin, scope of policies, as well as society's understanding of policies. The executing agency usually refers to the specific agency in the government responsible for policy implementation. This includes the power structure of the executing agency, personnel allocation and work attitude, leadership models and skills, as well as the situation of the executing personnel. The target group, also known as the policy object, refers to the group whose behavior must be adjusted due to specific policy decisions. This includes their level of organization or institutionalization, understanding of leadership, and previous policy experience. Environmental factors, that is, factors related to the policy Lebensraum,

include political environment, economic environment, cultural environment, historical environment, etc. It is the Path dependence and influencing factor of policy implementation. In the Smith policy model, these four factors may encounter contradictory and conflicting "tension" situations that need to be addressed. During the processing, feedback is needed at any time to identify problems and changes. After dealing with the tension situation, a standardized policy related mechanism is established, and a new policy formulation process is entered.

3. Related Research

Psychological health education is an educational content that needs to be integrated into all stages of education and teaching activities. Compulsory education, vocational education, and higher education all need to ensure students' psychological health. Currently, academic research on mental health education policies mainly focuses on policy evolution, policy analysis, and policy comparison. Tan Xin and Peng Weijing (2021) found through analysis of the guidelines and implementation plans for mental health education in primary and secondary schools in 31 provinces that the policies for mental health education in various provinces in China have certain common characteristics, but there are significant differences in policy implementation, teacher team construction, and the systematic promotion of mental health education. Xie Yu and Chen Faxiang (2020) sorted out programmatic documents in the field of mental health education in universities over the past two decades and used NVivo software for policy text analysis. Yu Guoliang and Ju Yunting (2018) conducted a text analysis based on China's mental health education policy. According to keyword frequency statistical analysis, it was found that the focus of mental health education policy on "psychological" keywords has gradually increased over time. The introduction of special policies for mental health education can significantly predict the level of attention to "mental health education". Shen Zhe and Zhou Ce (2013) sorted out the policy documents on mental health education in primary and secondary schools issued by various provinces and cities, and explored the development characteristics and trends of mental health education in primary and secondary schools in China.

The Smith model is a highly applied theoretical model related to public policy implementation. It has been applied in many public management fields such as education, healthcare, and social security. Huang Jianhong (2018) analyzed the influencing factors of policy execution from four aspects: policy framework, executing agencies, target groups, and policy environment based on Smith's policy execution process model; Deng Dasong and Xu Fang (2012) used the Smith policy implementation process model to analyze the current implementation status of community health education in China; Huangfu Linxiao and Dai Ruihua (2020), based on the Smith policy implementation process model, analyzed the implementation process of teachers' Performance-related pay policy from the aspects of policy itself, implementation agencies, target groups and policy environment, and found that the Performance-related pay policy for compulsory education teachers faces four dilemmas.

At present, mental health education is gradually receiving attention from the state and government, and a series of related policies have been introduced and implemented for a long time. However, academic research in related fields is currently only focused on policy text analysis and policy

evolution, and there is a lack of research on the effectiveness of policy implementation. Research results in specific school age groups are not abundant. The Smith policy execution process model mainly analyzes public policies in a specific field and has been frequently used in various aspects of public policy. Therefore, this article chooses the Smith policy model as the theoretical framework and analytical perspective to explore the constraints and optimization paths for the implementation of mental health education policies in primary and secondary schools in China.

4. Analysis Framework for Policy Implementation of Mental Health Education in Primary and Secondary Schools

The Smith model provides a unique research perspective for the implementation process of mental health education policies in primary and secondary schools, helping to clarify the relevant factors that affect the effectiveness of the policy. This article combines the current guidance documents on mental health education in primary and secondary schools released in China, and constructs an analysis framework for the implementation of mental health education policies in primary and secondary schools based on the Smith model (as shown in Figure 2), covering four variables: one is an idealized mental health education policy, including policy design ideas, specific content, characters and goals, etc; The second is the implementation entities of psychological health education policies in primary and secondary schools, including the central government, local governments, local primary and secondary schools, etc. The implementation level, intensity, and effectiveness of psychological education are influenced by the preferences and beliefs of these relevant entities; The third target group for mental health education policies is primary and secondary school students from all over the country. After receiving mental health education, they will have an impact on the results during the education process. The fourth factor is the macro environment of mental health education policies, namely the political, economic, social, and cultural environment that has an impact. The above four factors interact with each other and jointly affect the implementation effect of mental health education policies in primary and secondary schools.

5. Constraints on the Implementation of Psychological Health Education Policies in Primary and Secondary Schools

Using the Smith model, this article will analyze the constraints of mental health education policies from the perspectives of policy itself, executing agencies, target groups, and policy environment.

5.1. Insufficient Policy Content

At present, the main policy guidance documents for mental health education in primary and secondary schools are the "Guidelines for Mental Health Education in Primary and Secondary Schools (Revised in 2012)" issued by the Ministry of Education and the "Guidelines for the Construction of Psychological Counseling Rooms in Primary and Secondary Schools" issued by the General Office of the Ministry of Education in 2015. Based on this, various provinces and cities

can formulate implementation plans for mental health education in primary and secondary schools that are suitable for the actual situation in their respective regions. However, the plan documents of various provinces and cities are mostly programmatic guidance content, lacking specific regulations and quantitative standards on how to carry out mental health education in primary and secondary schools, especially the supervision and evaluation of the implementation of mental health education policies. At present, there is no comprehensive evaluation mechanism and system for mental health education work, and only the evaluation focuses on the results of policy implementation, only looking at the "number of school suicides" and "number of mental illness patients". As long as there are no student issues in the end, success is achieved, lacking understanding and evaluation of the concept and process of student 'development'.

5.2. Lack of attention from executing agencies

The lack of emphasis on mental health education by executing agencies is mainly reflected in two aspects. Firstly, there is a lack of emphasis on the professional qualities of teaching teachers. In many areas of primary and secondary schools, especially in second and third tier cities and rural areas, there is a lack of teachers with professional backgrounds or qualifications in the field of psychology. The majority of teachers for mental health education courses are ideological and political courses or academic administration teachers. These teachers lack systematic training in the mental health education curriculum system and professional knowledge related to mental health education. Therefore, they can only talk in general terms during the teaching process, making it difficult to achieve true teaching objectives and achieve effective teaching results. Secondly, there is insufficient emphasis on teaching content. Although the slogan of "reducing burden" has been advocated for many years, various selective exams still rely on scores as the final criterion. In general, the importance of mental health education courses will be overshadowed by other professional courses. The situation of being occupied is not uncommon, and although many schools have arranged mental health courses on their schedules, there are countless instances of teaching other courses.

5.3. Insufficient understanding of the target group

The target group for mental health education is very clear, namely primary and secondary school students from all over the country. The age of primary and secondary school students is generally between 6-15 years old, and their life experiences are not enough. They can only understand psychological knowledge from the perspective of textbooks and teachers, and cannot objectively and accurately grasp their own psychological conditions. In the early stages of suffering from mental illness, it is easy to think of it as ordinary emotional fluctuations, and missing the optimal treatment time makes the condition more severe. The psychological adjustment methods and self-healing measures mentioned by the teacher are only a fleeting experience and cannot be well absorbed and applied to the psychological situations of oneself and surrounding classmates.

5.4. Insufficient policy environment support

With the increase in the number of adolescents with depression, suicide rate, self harm rate, and crime rate, mental

health has gradually received attention, and the government and schools have also taken corresponding actions. However, the atmosphere of emphasizing mental health education in the whole society is still not strong enough, and many events in the field of mental health only remain in the surface criticism of problems, with few people making practical optimization measures. In addition, people have been committed to the construction of Material culture for a long time, and the construction of spiritual civilization is slightly backward. There is also a lack of specialized academic research in the field of mental health education. Many professional knowledge is introduced and applied by the existing achievements in the West, and the exploration and thinking of localization are still insufficient.

6. Optimization Path for the Implementation of Psychological Health Education Policies in Primary and Secondary Schools

6.1. Improve and Improve Policy Content

The education administrative department should take responsibility, improve and improve the implementation system of mental health education, set up full-time personnel to be responsible for Party committees and youth organizations, teaching and research departments, and administrative management departments, build a work network with clear responsibilities and division of labor and cooperation, formulate scientific and reasonable implementation plans, study and implement effective methods and approaches, and provide authoritative guarantees for the development of mental health education work, In order to obtain the obedience and support of various education administrative departments and leaders of primary and secondary schools.

6.2. Strengthen the construction of execution entities

Psychological health education is not only a school education work, but also an educational ideology and philosophy, which is essentially the same as quality education. Develop a scientific and reasonable training plan, promote the normalization of mental health education and training, improve the training and assessment mechanism, in order to improve the professional ability and quality of mental health education for executing personnel, help them overcome misconceptions, update educational concepts, change their behavior and attitude, and make mental health education become an educational ideology and concept integrated into their daily educational behavior and life, fundamentally caring for students, Restore the value of life. Education administrative departments at all levels shall establish regional mental health education service institutions, organize the participation of primary and secondary school mental health education teachers, and regularly carry out regular academic exchanges, such as collective lesson preparation, thematic discussions, supervision activities, psychological salons, etc.

6.3. Improving the recognition of policy implementation

In the process of carrying out mental health education in primary and secondary schools, attention should be paid to

students' acceptance and understanding, and teaching work should be carried out step by step, so that students can truly master mental health knowledge and help regulate their emotions. At the same time, the "Guidelines for the Construction of Primary and Secondary School Psychological Counseling Rooms" should be implemented to the end. Schools should establish sufficient and suitable psychological counseling rooms, equipped with professional counseling teachers, to ensure that students' psychological communication channels are real, effective, and unobstructed, so that students can receive scientific psychological education and guidance when needed.

6.4. Creating an atmosphere for policy implementation

At the macro level, the state and government should formulate and implement plans and policies for promoting mental health education, including but not limited to the allocation of professional psychological teachers, investment in financial resources, and regular assessments of the results of mental health education in primary and secondary schools. Education departments, health departments, and social organizations at all levels should regularly hold social mental health activities and lectures to strengthen official guidance on mental health education. At the micro level, teachers in every primary and secondary school should pay more attention to students' mental health, constantly pay attention to their psychological situation, and take timely measures when problems are discovered. A family education atmosphere is also essential. Parents are the first teachers of children, and families are the other schools for children. Primary and secondary schools run through adolescence and rebellious periods, which are the peak period for various psychological problems. Parents of students should pay more attention, strengthen communication and communication, reduce the exclusion of parents during adolescence, maintain trust in parents, understand children's thoughts and thoughts, and effectively implement mental health education at the social, school, and family levels, Ultimately achieving the goals of national and government mental health education policies.

References

- [1] Tan Xin, Peng Weijing. Inter provincial policy comparison of mental health education in primary and secondary schools in China -- text analysis based on the implementation plan of mental health education in primary and secondary schools in 31 provinces [J]. Journal of Education Science of Hunan Normal University, 2021,20 (01): 115-122.
- [2] Xie Yu, Chen Faxiang. Research on the Policy of Mental Health Education in Chinese Universities Based on NVivo [J]. Heilongjiang Higher Education Research, 2020,38 (07): 145-149.
- [3] Yu Guoliang, Ju Yunting. Analysis and Enlightenment of the Historical Process of China's Mental Health Education Policy [J]. Chinese Journal of Education, 2018 (10): 40-48.
- [4] Shen Zhe, Zhou Ce. From a policy perspective, the development characteristics and trends of mental health education in primary and secondary schools in China [J]. Teaching and Management, 2013 (07): 38-40.
- [5] Huang Jianhong. The Dilemma and Solution of Grassroots Government Agricultural Policy Implementation under the Rural Revitalization Strategy: An Analysis Perspective Based on Smith Model [J]. Rural Economy, 2018 (11): 9-16.
- [6] Deng Dasong, Xu Fang. The current policy implementation process of community health education in China -- an analysis based on the Smith model [J]. Journal of Wuhan University (Philosophy and Social Sciences Edition), 2012,65 (04): 5-12.
- [7] Huang Fu Lin Xiao, Dai Ruihua. The dilemma and solution of Performance-related pay policy implementation for compulsory education teachers -- based on the perspective of Smith's policy implementation process model [J]. Education Science Research, 2020 (03): 20-26+45.
- [8] Dai Yan, Wang Yidi. The Realistic Dilemma of the Implementation of the Education Poverty Alleviation Policy in Ethnic Areas and the Way to Solve it -- Analysis Based on the Smith Policy Implementation Process Model [J]. Journal of Qinghai University for Nationalities (Social Science Edition), 2021,47 (01): 58-65.
- [9] Deng Dasong, Xu Fang. The current policy implementation process of community health education in China -- an analysis based on the Smith model [J]. Journal of Wuhan University (Philosophy and Social Sciences Edition), 2012,65 (04): 5-12.
- [10] Fan Yanhua. Research on Mental Health Education and Management of Primary and Secondary School Students -- Comment on Mental Health Education of Primary and Secondary School Students [J]. China School Health, 2021,42 (08): 1116.
- [11] Liang Xiaogang. Analysis of the External Environment of China's Mental Health Education Policy [J]. Heilongjiang Education (Theory and Practice), 2016 (12): 36-37.
- [12] Li Guoqiang, Gao Fanghong. Evolution and prospect of mental health education policy in Chinese schools [J]. Journal of Hunan University of Humanities and Technology, 2013 (02): 76-82.
- [13] Lu Baohua. Value Orientation and Model Analysis of Psychological Health Education Curriculum in Primary and Secondary Schools [J]. Teaching and Management, 2009 (03): 44-45.
- [14] Fu Wendi. Current Problems and Countermeasures in Psychological Health Education in Primary and Secondary Schools [J]. Education Theory and Practice, 2001 (08): 42-44.