

A Survey Study on the Psychological Health Status of Special Teachers in Yunnan Province

Yu Qiumei¹, Hu Xingyun¹, Gao Yi², Ai Yingtong^{2,*}

¹School of Teacher Education, Kunming College, Kunming, Yunnan, 650214, China

²School of Pre-school and Special Education, Kunming College, Kunming, Yunnan, 650214, China

*Corresponding author: hjimo@126.com

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Abstract: Symptom Checklist-90 (SCL-90) was used to investigate the current status of psychological health of 222 teachers randomly selected from 40 special education schools or special education centres in Yunnan Province, to systematically investigate the level of psychological health status of special education teachers and the influence of demographic characteristics on the level of psychological health. The results indicate that: the psychological health of special education teachers in Yunnan Province in terms of SCL-90 scores on each factor and total scores was significantly lower than the national norm, higher than that of primary and secondary school teachers, and lower than that of early childhood teachers in Yunnan Province. The top three psychological problems were obsessive-compulsive symptoms, interpersonal sensitivity symptoms, and depressive symptoms. The psychological health of special school teachers in Yunnan Province is not optimistic. The relevant departments should pay attention to the psychological health of special education teachers and strive to improve the psychological health of special education teachers through various channels and ways.

1. Introduction

General Secretary emphasised that "allowing the majority of people with disabilities to live and work in peace and contentment, clothed and fed, and to lead a happy and beautiful life is an important embodiment of our Party's purpose of serving the people wholeheartedly, and an inevitable requirement of China's socialist system" ^[1] "China will further develop the cause of people with disabilities and promote the comprehensive development and common prosperity for people with disabilities" ^[2], which profoundly elaborates the goal and mission of the development of China's disability cause in the new era. General Secretary proposed in the report of the 19th National Congress to "do a good job in special education" and "strive to let every child enjoy fair and quality education" ^[3], laying down a new platform for the development of special education in the new era. Based on the concept of education development, teachers come first, in order to vigorously develop special education, we must pay attention to the development of special education teachers.

In the past 20 years, the issue of teachers' psychological health has gradually received extensive attention from researchers and has become one of the hot issues in psychological research. There

are commonalities as well as peculiarities between the psychological health status of teachers in special schools and teachers in ordinary schools. Due to the specificity, complexity and integration of special education teachers, the systematic study of their psychological health status has an irreplaceable role in the teachers' professional happiness, the development and progress of children with special needs as well as the prosperous development of special education. Therefore, some researchers in China have investigated and studied the psychological health status of special teachers, and the study pointed out that the psychological health level of special teachers is worrying, and the psychological health problems are mainly manifested as somatisation symptoms, adverse emotional reactions, maladaptation, burnout and tension in interpersonal relationships^[4-8].

As a province combining border, ethnicity, poverty, and mountainous areas, Yunnan Province is characterised by many points, long lines, and wide areas of special education work. A search of the literature reveals that there are relatively few relevant studies on special education teachers in Yunnan Province. And it mainly focuses on the survey of the status quo of special education teachers' team^[9], the study of occupational well-being^[10], and the survey of job satisfaction^[11], etc., while the literature on the systematic investigation and research of the psychological health status of special education teachers is not sufficient. In order to better promote the development of special education in Yunnan Province, in line with the principle of developing special education, teachers come first, systematically explore the current situation of psychological health of teachers in special schools, and formulate corresponding psychological prevention and intervention mechanisms based on the results of the study, which will provide theoretical support and practical guidance for the effective promotion of the psychological health level of special education teachers, and the better prevention and intervention of their psychological problems, thus providing theoretical support and practical guidance for the further advancement of the Special education teachers' team building and related research provide reference. In addition, this study systematically compares the psychological health status of special education teachers, primary and secondary school teachers, and early childhood teachers in Yunnan Province, which lays the foundation for an in-depth and comprehensive study of the psychological health status of teachers in Yunnan Province, and also provides a theoretical basis for the construction of a psychological health counselling system and integration mechanism for teachers in Yunnan Province.

2. Objects and Methods

2.1 Targets

Among the 83 special schools in Yunnan Province, a total of 40 schools were selected as survey schools according to geographical distribution, and 6 full-time special education teachers were randomly selected as survey subjects in each school; a total of 240 questionnaires were distributed, and 222 valid questionnaires were retrieved (validity rate of 92.5%). Among them, 50 (22.5%) were male and 172 (77.5%) were female; 164 (73.9%) were Han Chinese and 58 (26.1%) were ethnic minorities; 185 (83.3%) were married, 35 (15.8%) were unmarried, and 2 (0.9%) were divorced; 102 (45.9%) were classroom teachers and 120 (54.1%) were non-classroom teachers; and Arts and Sciences 73 (32.9%), Science 75 (33.8%), Physical Education and Arts 63 (28.4%), Rehabilitation 11 (4.9%); Specialist and below 77 (34.7%), Bachelor's Degree 145 (65.3); Teaching experience less than 5 years 30 (13.5%), 5-10 years 44 (19.8%). 96 (43.2%) for 10-20 years, 40 (18.0%) for 20-30 years, and 12 (5.4%) for more than 30 years; 22 (9.9%) earned less than \$2,000, 170 (76.6%) earned \$2,000-\$3,000 ,and 30 (13.5%) with more than \$3000.

2.2 Methods

The Symptom Self-Control Scale (SCL-90) was used^[12], which was organised and administered by trained teachers, and the questionnaires were distributed and returned on the spot.

3. Findings of the Study

3.1 Detection rate of psychological health problems among special education teachers in Yunnan province

The positive screening criteria of the Self-Rating Symptom Inventory (SRS) were total score ≥ 160 or any factor score ≥ 2 ^[13], and a positive score was regarded as a possible psychological problem that required further screening. With a total score of ≥ 160 as the detection criterion for psychological problems, the total number of detections was 114, with an overall detection rate of 51.4%. In order to further identify the main psychological problems of special education teachers, a factor score of greater than or equal to 2 was used as the criterion for screening, and the top three were: obsessive-compulsive (63.1%), interpersonal sensitivity (43.7%), and depression (39.2%).

3.2 Comparison of the psychological health status of special education teachers in Yunnan Province with the national norms

The psychological health status of special education teachers in Yunnan Province was analysed, and the total mean scores and factor scores were compared with those of the national norm^[13], and the results showed that: the total mean SCL-90 scores and factor scores of special education teachers in Yunnan Province were significantly higher than those of the national norm for adults (see Table 1), which indicated that the psychological health of special education teachers in Yunnan Province was generally lower than that of the adults.

Table 1: Comparison of SCL-90 factor scores of special education teachers in Yunnan Province with the national norm ($\bar{x} \pm s$)

factor	Special education teachers (n=222)	national norm (n=1388)	<i>t</i>	<i>P</i>
Total score	169.20±46.27	129.96±38.76	12.63	0.000***
Total average score	1.88±0.51	1.44±0.43	12.75	0.000***
somatization	1.86±0.64	1.37±0.48	11.50	0.000***
focre	2.22±0.61	1.62±0.58	14.58	0.000***
interpersonal sensitivity	1.92±0.59	1.65±0.51	6.67	0.000***
depressed	1.91±0.56	1.50±0.59	10.79	0.000***
anxious	1.78±0.60	1.39±0.43	9.66	0.000***
hostile	1.77±0.66	1.48±0.56	6.62	0.000***
terrifying	1.64±0.61	1.23±0.41	10.01	0.000***
bigoted	1.81±0.56	1.43±0.57	10.11	0.000***
Psychiatric sex	1.72±0.53	1.29±0.42	12.05	0.000***

*represents $p < 0.05$, double asterisks, ** represent $p < 0.01$, ***represent $p < 0.001$ (and so on)

3.3 Comparison of the psychological health status of special education teachers with primary and secondary school teachers in Yunnan Province

Comparing the SCL-90 scores of special education teachers in Yunnan Province with those of primary and secondary school teachers in Yunnan Province^[13], it was found that the scores of

special education teachers in Yunnan Province on obsessive-compulsive symptoms were significantly higher than those of primary and secondary school teachers, and the scores on hostility and paranoia were significantly lower than those of primary and secondary school teachers, while the scores on the rest of the factors were not significantly different from those of primary and secondary school teachers (see Table 2), suggesting that the obsessive-compulsive symptoms are more obvious. It indicates that the obsessive-compulsive symptoms of special education teachers in Yunnan Province are more obvious.

Table 2: Comparison of SCL-90 factor scores of special education teachers with those of primary and secondary school teachers in Yunnan Province ($\bar{x} \pm s$)

factor	special education teachers (n=222)	Primary and secondary school teachers(n=460)	<i>t</i>	<i>P</i>
Toal score	169.20±46.27	168.24±51.13	0.32	0.76
Toal average score	1.88±0.51	1.86±0.56	0.58	0.53
somatization	1.86±0.64	1.86±0.67	0.04	0.97
force	2.22±0.61	2.11±0.63	2.63	0.009**
interpersonal sensitivity	1.92±0.59	1.96±0.64	-1.12	0.26
depressed	1.91±0.56	1.93±0.65	-0.62	0.54
anxious	1.78±0.60	1.79±0.62	-0.22	0.83
hostile	1.77±0.66	1.89±0.65	-2.65	0.009**
terrifying	1.64±0.61	1.59±0.60	1.21	0.23
bigoted	1.81±0.56	1.87±0.63	-4.37	0.000***
Psychiatric sex	1.72±0.53	1.74±0.57	-0.69	0.49

3.4 Comparison of the psychological health status of special education teachers in Yunnan Province with that of early childhood teachers

Table 3: Comparison of special education teachers' SCL-90 scores on each factor with early childhood teachers' scores in Yunnan Province ($\bar{x} \pm s$)

factor	special education teachers (n=222)	Preschool teachers (n=199)	<i>t</i>	<i>P</i>
Toal score	169.20±46.27	173.63±43.22	-1.43	0.16
Toal average score	1.88±0.51	1.93±0.48	-1.45	0.15
somatization	1.86±0.64	1.86±0.53	0.04	0.97
force	2.22±0.61	2.31±0.58	-2.26	0.03*
interpersonal sensitivity	1.92±0.59	2.00±0.56	-2.13	0.04*
depressed	1.91±0.56	1.94±0.60	-0.88	0.38
anxious	1.78±0.60	1.87±0.57	-2.20	0.03*
hostile	1.77±0.66	1.81±0.60	-0.85	0.40
terrifying	1.64±0.61	1.78±0.65	-3.43	0.001**
bigoted	1.81±0.56	1.83±0.52	-0.49	0.63
Psychiatric sex	1.72±0.53	1.78±0.52	-1.82	0.07

Comparing the SCL-90 scores of special education teachers in Yunnan Province and the scores of each factor with those of early childhood teachers in Yunnan Province [14], it was found that the scores of special education teachers in Yunnan Province on the obsessive-compulsive factor, interpersonal sensitivity factor, anxiety factor, and horror factor were significantly lower than those of early childhood teachers, while the scores on the rest of the factors were not significantly different from those of early childhood teachers (see Table 3), which indicated that the psychological health level of special education teachers in Yunnan Province was better than that of

early childhood teachers in Yunnan Province. Special education teachers' psychological health is better than that of early childhood teachers in Yunnan Province.

3.5 The influence of demographic characteristics on the psychological health status of special education teachers

An independent samples t-test was conducted on the SCL-90 scores of special education teachers with gender, ethnicity, marital status, and whether or not they were classroom teachers as independent variables. The results showed that there were no significant differences in the SCL-90 scores of special education teachers with different genders, ethnicities, and marital statuses, and the differences in the SCL-90 scores of classroom teachers and non-classroom teachers were also not significant.

A one-way ANOVA was conducted to analyse the SCL-90 scores of special education teachers with age, title, qualification, subject taught and monthly income as independent variables, and it was found that the differences in the SCL-90 scores of special education teachers with different ages, titles, qualifications, subjects taught and income levels were not significant.

There were significant differences in the scores on the six factors of compulsive interpersonal sensitivity, depression, hostility, paranoia, and psychoticism among special education teachers of different teaching ages (see Table 4), and further results of the LSD test (Table 4) showed that: the scores on the compulsive factor of special education teachers with a teaching age of between 5-20 years were significantly higher than those with a teaching age of less than 5 years, and those with a teaching age of between 5-10 years were significantly higher than the scores on the compulsive factor of those with a teaching age of more than 20 years. those with more than 20 years of teaching experience, and there was no significant difference in the compulsion factor scores of special education teachers with less than 5 years of teaching experience and more than 20 years of teaching experience, suggesting that compulsion symptoms were most pronounced among special education teachers with between 5-20 years of teaching experience.

Special education teachers with between 5-20 years of teaching experience had significantly higher scores on the interpersonal sensitivity factor than those with less than 5 years of teaching experience and those with 20 years or more (Table 4), indicating that interpersonal sensitivity symptoms were more severe among special education teachers with teaching experience between 5-20 years.

The scores of depression factors for special education teachers with teaching experience of 5-10 years were significantly higher than less than 5 years, 5-10 years were significantly higher than 20 years, 11-20 years were significantly higher than more than 20 years. This indicates that special education teachers with teaching experience of 5-10 years have more severe symptoms of depression.(Table 4)

The scores of anxiety factors for special education teachers with teaching experience of 5-10 years were significantly higher than 11-20 years, 11-20 years were significantly higher than t more than 20 years.(Table 4)

Special education teachers with 5-10 years of teaching experience had significantly higher scores on the hostility factor than those with less than 5 years of teaching experience, and those with 5-20 years of teaching experience had significantly higher scores on the hostility factor than those with more than 20 years of teaching experience (Table 4), indicating that hostile tendencies were more pronounced among special education teachers with between 5-20 years of teaching experience; and special education teachers with between 5-20 years of teaching experience had significantly higher scores on the hostility factor than those with less than 5 years of teaching experience (Table 4).

Between 5-20 years of age, special education teachers scored significantly higher on the paranoia

factor than those with less than 5 years of age and those with more than 20 years of age, suggesting that paranoia symptoms were more severe among special education teachers with between 5-20 years of age; special education teachers with between 5-20 years of age scored significantly higher on the psychoticism factor than those with less than 5 years of age and those with 20 years of age or more, indicating that special education teachers with teaching experience between 5-20 years had more severe psychotic symptoms (Table 4).

Table 4: Comparison of psychological health status of primary and secondary school teachers of different teaching ages ($\bar{x} \pm s$)

demographic characteristics	somatization	force	interpersonal sensitivity	depressed	anxious	hostile	terrifying	bigoted	Psychiatric sex	
Length of teaching	≤5	1.62±0.55	2.02±0.56	1.73±0.52	1.75±0.60	1.69±0.72	1.71±0.70	1.50±0.68	1.67±0.42	1.57±0.41
	5~10	2.01±0.58	2.35±0.63	2.05±0.67	2.03±0.60	1.91±0.63	2.04±0.74	1.72±0.62	1.96±0.60	1.89±0.59
	11~20	1.96±0.52	2.33±0.62	2.02±0.60	1.97±0.55	1.84±0.60	1.83±0.67	1.69±0.62	1.90±0.61	1.78±0.55
	>20	1.92±0.40	2.00±0.54	1.72±0.47	1.78±0.49	1.61±0.48	1.48±0.38	1.57±0.54	1.60±0.42	1.53±0.40
F	2.14	5.07**	4.94**	2.94*	2.68*	6.64***	1.21	5.20**	5.53**	
Multiple comparison		b > a; c > a; b > d	b > a; c > a; b > d; c > d;	b > a; b > d; c > d;	b > c; c > d	b > a; b > d; c > d		b > a; c > a; b > d; c > d	b > a; c > a; b > d; c > d	

4. Analysis and Discussion

4.1 The overall psychological health of special education teachers in Yunnan Province is not optimistic

Through the analysis of each factor of the psychological health questionnaire for special education teachers and the comparison with the national norm, it was found that the total mean score and the mean score of each factor for special education teachers were higher than those of the national norm, and reached a highly significant level.

It was found that the total mean scores and the mean scores of each factor of the questionnaire were higher than those of the national norm, and reached a highly significant level, which was consistent with the results of previous studies^[4-8], among which obsessive-compulsive symptoms, interpersonal sensitivity, and depression had the highest mean scores. If the total score of ≥ 160 was used as the detection criterion for psychological problems, the total detection rate was 51.4%, which was also consistent with the results of previous studies^[4,7], of which the top three detection rates were obsessive-compulsive, interpersonal sensitivity, and depression, respectively.

The above results indicate that the psychological health of special education teachers is lower than that of the general population, which should attract the attention of the relevant departments, and the more prominent psychological problems are obsessive-compulsive tendency, interpersonal sensitivity tendency, and depressive symptoms.

The psychological condition of special teachers may be related to the following reasons: firstly, teachers' heavy workload and excessive work pressure. Special education teachers not only have to undertake the tasks of teaching, rehabilitation, diagnosis and assessment of children with special needs, but also have to frequently deal with all kinds of inspections, evaluations, project declarations and reviews, etc. The heavy workload has increased the work pressure and psychological burden of special education teachers. Secondly, the professional knowledge and skills of special education teachers are insufficient. The continuous advancement of special education reform has not only updated the educational concepts and methods of special education teachers, but also made special education teachers face unprecedented challenges in terms of rehabilitation training techniques. On the other hand, parents pay enough attention to the education and

rehabilitation training of special children and the awareness of their rights is increasing, which makes the demand for special education teachers' knowledge reserve, teacher moral standards and educational skills higher and higher. Thirdly, the multiple roles of special education teachers bring confusion. Due to the special nature of the teaching object, special education teachers are frequently transformed into multiple roles in educational and teaching activities. Different roles put forward different requirements for special education teachers, and when there is an incompatibility between different roles or when they cannot satisfy the requirements or expectations of multiple roles, internal or emotional conflicts and the dilemma of not being able to keep up with the time and energy will occur. ^[15]

4.2 The psychological health level of special education teachers in Yunnan Province is between that of primary and secondary school teachers and that of early childhood teachers

The results of this study showed that compared with the survey results of primary and secondary school teachers in Yunnan Province, special education teachers had significantly higher obsessive-compulsive tendency, and significantly lower hostile tendency and paranoid tendency than primary and secondary school teachers; and compared with the survey results of kindergarten teachers in Yunnan Province, the scores of obsessive-compulsive tendency, interpersonal sensitivity tendency, anxious tendency, and terroristic tendency were significantly lower than those of kindergarten teachers. Using a total score of ≥ 160 as the criterion for detecting psychological problems, the detection rate of special education teachers was 51.4%, which was slightly higher than that of primary and secondary school teachers in Yunnan Province (49.6%)^[12], and lower than that of kindergarten teachers in Yunnan Province (55.2%)^[14], and the top three factors were obsessive-compulsive, relationship sensitivity, and depression, this is consistent with the survey results of primary and secondary school teachers and preschool teachers in Yunnan Province ^[12,14]. The reason why the obsessive-compulsive tendency of special education teachers is significantly higher than that of primary and secondary school teachers may be related to the work object of special education teachers, because the education and teaching of children with special needs require more love and patience, and the learning process needs constant repetition and reinforcement, which leads to the obsessive-compulsive tendency of special education teachers to be relatively more serious. In terms of the detection rate of psychological problems, the detection rate of special education teachers is between that of primary and secondary school teachers and that of kindergarten teachers, indicating that the psychological situation of special education teachers is in line with the overall reality of the region, given the same educational background and environment.

4.3 Analysis of the influence of demographic characteristics on the psychological health status of special education teachers

The results of this study showed that there were no significant differences in the psychological health status of special education teachers in terms of gender, ethnicity, marital status, whether or not they were classroom teachers, educational level, subjects taught, and monthly income, which is consistent with the findings of existing studies ^[16,17]. The non-significant differences in gender, ethnicity, marital status, and monthly income may also be due to the large difference in sample size. Special education teachers of different teaching ages differed significantly in the factors of compulsion, interpersonal sensitivity, depression, anxiety, hostility, paranoia, and psychoticism, and further analyses found that special education teachers with teaching ages between 5 and 10 years had the highest scores for compulsion symptoms, interpersonal sensitivity tendencies, depression symptoms, anxiety symptoms, hostility tendencies, paranoia symptoms, and psychoticism, followed

by special education teachers with teaching ages of 11-20 years, indicating that the psychological health status of special education teachers with a teaching age between 5 and 10 years is the most serious, followed by special education teachers with a teaching age between 11 and 20 years. The reason may be that most of the teachers in these two age groups are currently in their middle age, and in their life, there are the old and the young, overburdened with life pressure and economic pressure; in their work, they are in the golden period of their career, with heavy workloads, competitive pressures, and career bottlenecks, which may lead to the emergence of more serious psychological problems among the special teachers in this age group, resulting in a lower level of psychological health.

This study found that the psychological health level of special education in Yunnan Province is significantly lower than the national norm, higher than that of primary and secondary school teachers in Yunnan Province, but lower than that of early childhood teachers. The top three rates of psychological problems were obsessive-compulsive symptoms, interpersonal sensitivity symptoms, and depressive symptoms, respectively. The psychological health status of special education teachers did not differ significantly in terms of gender, ethnicity, marital status, whether or not they were classroom teachers, education level, subjects taught, and monthly income, but the psychological health status of special education teachers with a teaching experience of between 5 and 10 years and between 11 and 20 years was the most serious. The psychological health of special education teachers in Yunnan Province is not optimistic. The psychological health of special education teachers affects the physical and mental development of children with special needs, has a bearing on the development of special education and the stability and construction of the teaching force, and affects the quality of educational equity and the degree of sharing of the fruits of social civilization, therefore, the relevant departments should pay attention to the psychological health of special education teachers, and strive to improve the psychological health of special education teachers through various channels and ways. Therefore, the relevant departments should pay active attention to and value the psychological health of special education teachers, and endeavour to improve the psychological health of special education teachers through a variety of channels and means.

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