Investigation on the Status of Children with Mental Disorders
-- Based on the Survey of Ten Families of Children with Mental Disorders in Bazhong City, Sichuan Province

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Abstract
Children with mental disabilities are one of the large special groups in China, which has been concerned by all walks of life. This paper combined with literature research and field investigation, found that the current rehabilitation methods of children with mental disorders, but the systematic research is less, and put forward children with mental disorders face "slow mental development, emotional sensitivity, lack of social ability, limited family support", with "accompanying education, professional training, return to normal life" and other requirements.

Keywords
Autism; Intellectual; Disability; Social Integration; Rehabilitation and Education.

1. Background of Topic Selection
According to the statistics of the China Disabled Persons' Federation, the total number of people with mental disabilities in China exceeds 12 million, and children with mental disabilities (including multiple) account for 1.11 per thousand of the total number of children aged 0-6, about 111,000, among which children with mental disabilities caused by autism account for 36.9%, about 41,000. The number of people with mental disabilities is huge, and the special groups with mental disabilities are deeply concerned and valued by the state and society.

2. Concept Definition
Autism, also known as autism, is a broad development disorder with clinical diversity, etiological heterogeneity and a variety of other diseases, and its recovery process is long and slow, and clinical symptoms may have a lifelong impact on patients. The Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) released in 2013 clearly defines the basic symptoms of autism as: continuous impairment of social communication and social interaction, restricted and repetitive behavior, interest or activity patterns. Intellectual disability (MR), also known as intellectual deficiency and low intelligence, usually the intelligence quotient is less than 70 points (about 100 ± 15 points) can be manifested as learning ability impairment, low language use and low understanding ability. The reasons are generally divided into congenital incomplete brain development, and the environmental influence leads to organic damage.

3. Problem Inquiry
3.1. Social Status Quo
Nearly five years on mental disorders, In particular, there are many studies on the rehabilitation of autistic children,Liming Jin and other scholars proposed that the intervention of self-SI of autistic children through positive behavior support technology has certain effect[1];
Shuping Xiong summarized the rehabilitation paths at home and abroad. It proposes that "the construction of family needs and support system, the use of music therapy, and the intervention of virtual reality technology can effectively help the rehabilitation of autistic children"[2]; Sharing reading is also an effective intervention practice for children with autism. Yang Wu and other scholars put forward the relevant methods[3]; Improving the social skills of children with mental disabilities through situational simulation and real scene training. There is also a lot of research to improve problem behavior.

There are many methods of professional detail, but relatively few systematic studies. The method exploration is only for a certain problem of children with mental disabilities, ignoring that the group lives in the society and is deeply influenced by the environment. It is difficult to achieve the expected effect by only unilateral efforts and systematic training of upstream and downstream. Rehabilitation centers, special schools and other units have professional techniques and methods, but limited companionship time; as an important support unit, family relatives for a long time, but due to the long time required to care for children with mental disorders, most of the idle elderly at home, most of them have less knowledge reserves, poor effect for rehabilitation implementation.

3.2. Research Conclusion

3.2.1. Basic Information

A random sample of "4-12" mentally disabled children in Sichuan Province. Ten children with autistic disorders or intellectual disabilities were selected to visit and observe, and relevant data were investigated and privacy data were protected.

Table 1. Basic information of the research object

<table>
<thead>
<tr>
<th>Numble</th>
<th>Code</th>
<th>Sex</th>
<th>Age</th>
<th>Type / cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>LZZ</td>
<td>woman</td>
<td>8</td>
<td>Mental retardation / congenital</td>
</tr>
<tr>
<td>02</td>
<td>YYB</td>
<td>man</td>
<td>4</td>
<td>Self-closure / congenital</td>
</tr>
<tr>
<td>03</td>
<td>ZZH</td>
<td>woman</td>
<td>9</td>
<td>Mentally retarded / high fever</td>
</tr>
<tr>
<td>04</td>
<td>LZX</td>
<td>man</td>
<td>8</td>
<td>Oct / posterior brain fall</td>
</tr>
<tr>
<td>05</td>
<td>PZX</td>
<td>man</td>
<td>8</td>
<td>Self-closure / congenital</td>
</tr>
<tr>
<td>06</td>
<td>WPY</td>
<td>woman</td>
<td>8</td>
<td>Multiple (autism, epilepsy) / congenital</td>
</tr>
<tr>
<td>07</td>
<td>WZY</td>
<td>man</td>
<td>5</td>
<td>Multiple (self-closed, hyperactive) / congenital</td>
</tr>
<tr>
<td>08</td>
<td>YY</td>
<td>man</td>
<td>6</td>
<td>Multiple (autistic, mentally retarded) / congenital</td>
</tr>
<tr>
<td>09</td>
<td>YZX</td>
<td>man</td>
<td>5</td>
<td>Self-closure / congenital</td>
</tr>
<tr>
<td>10</td>
<td>ZBR</td>
<td>man</td>
<td>6</td>
<td>Self-closure / congenital</td>
</tr>
</tbody>
</table>

3.2.2. Difficulties in Rehabilitation

Mental development is slow. Intelligence here is author of mental disorder children learning ability, understanding ability, memory, imitation, observation, attention ability, the development of slow refers to the individual mental disorder children have the ability of the development of unbalanced condition, above or below the normal level (e. g. number 01,03,09 children with poor memory, number 04 children with good memory), unable to accept generally common education.

Emotional sensitivity and vulnerability. Strange environment or characters, may be tone volume or a specific action, color, etc., may stimulate children with mental disorders, resulting in their sudden emotional excitement and even stimulating behavior. Children numbered 04,06,07,09,10 all have emotional instability and stimulating behavior is difficult to control.

Lack of social skills. It is mainly reflected in two aspects, one is autism, lack of social initiative and initiative, the three children numbered 02,05 and 10 have no active communication
behavior; the other is language barrier, such as children numbered 05 have moderate language disorder, and children numbered 08 can speak but have unclear language expression. Family support is limited. The families with poor rehabilitation effect, their relatives face mental and economic pressure, pessimistic about the future, choose to have a second child (numbered 01, 09 and 10); the elderly have limited cultural knowledge, and weakness (no. 01, 03, 05, 05, 08, 09 and 10).

3.2.3. Common Needs
Special person’s companion type education. According to the survey, number 06, 07 two children live together family members mainly only parents, and parents of one party also served as the main labor, for special children with time and energy is limited, the proposed need specific special people to accompany, make up for the lack of family education, at the same time increase the contact with social communication.

Professional method of training. Visit learned, number is 01, 02, 03, 05, 08, 08, 09, 10 special children mainly by the old man with care, daily responsible for children and daily feeding management, for conducive to mental disabled children rehabilitation of professional knowledge skills reserve, also difficult to understand related to special groups, need professional personnel to the interpretation of the old people and demonstration.

Return to a normal life. According to the different severity of disability and rehabilitation speed, the intervention focus of children with different stages are different, which can be divided into the following three points: rigid action intervention, social interaction mastery, and professional skills learning. It needs the joint support of various parties, in order to integrate professional rehabilitation knowledge into daily life, and influence children from the environment imperceptibly, so as to achieve the needs of gradually returning to normal life.

3.3. Existing Problems Exist
There are many specific studies on the rehabilitation of children with mental disorders, involving many fields such as pathology, biology, humanities and art, etc. However, there are few special studies on the social integration of children with autism and intellectual disabilities, which are mixed in various fields, without any structured scientific model and systematic research.

According to the survey results, each respondent has in common the existing problems and needs, which can be summarized as the improvement of social integration ability to achieve the vision of returning to normal life; And each child response "stimulus", such as number 06 children is sensitive to mahjong sound, number 02 children of ultraman and related content have more active reaction, number 07 children like dinosaurs, number 05, 07, 08 and 10 children have positive reaction to painting or music melody, etc., but did not make good use of "stimulus" form a systematic rehabilitation mode, only in the rehabilitation center for practice.

4. Summary
Through research, a systematic social integration training is designed for children under 15th, which can meet the difficulties faced by the group and meet their life education needs; systematic upstream and downstream communication can also provide a large amount of data support and case reference for children with mental disabilities, clarify variable control and improve intervention methods. Social workers can become a bridge between rehabilitation classes and family care, which can better track the rehabilitation dynamics of children with mental disorders.
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References

