Conclusions: The integration of innovation and entrepreneurship education and ideological and political classroom teaching can enhance students’ professional adaptability, effectively alleviate students’ anxiety, improve their objectivity of self-cognition, and help to give full play to the potential of different students. Ideological and political education should be guided by this, based on the educational concept of “mass entrepreneurship and innovation”, and update the classroom teaching concept of ideological and political education, through the practice process of “entrepreneurship and innovation”, innovate the ideological and political teaching content, cater to the “entrepreneurship and innovation” education form, innovate the ideological and political classroom teaching methods, so as to improve the pertinence and effectiveness of ideological and political education, and provide high-quality innovative and entrepreneurial talents for social development.

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STUDYING ON THE MENTAL HEALTH OF RURAL POOR STUDENTS BASED ON THE DUAL-FACTOR MODEL

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Background: The rural poor students are a special group of the work of poverty alleviation targeted. Recently, mental health of rural poor students has become more and more valued. Rural poor junior-high students and general high school student are both at the stage of physically and mentally rapid development and change, so their status evaluation of the mental health can’t just adopt a single standard being focused on mental disease, but considering both factors, i.e., the subjective well-being (SWB) and the mental illness. The problem of mental illness of poor students is complicated, more and more researches showing that simply financial assistance can’t help them go through the difficulties, which needs all-around planning and designing for their livelihood and education.

Subjects and methods: The dual-factor model of mental health mainly covers two stages which takes emergence of positive psychology as the boundary. The first stage is before the emergence of positive psychology, which is the embryonic stage of the dual-factor model of mental health when the concept of this model was preliminarily put forward and the two-dimensional structure, including subjective well-being and mental illness, was verified by measurement among adults and teenagers. The second stage is from the emergence of positive psychology to the future. In respect of intervention and treatment, the model no longer makes patients remain incompletely mentally healthy and deems disappearance of syndromes as the end of treatment, but holds that incomplete mental health may be the intermediate point for individuals to suffer mental illness or go completely mentally healthy. Symptom reduction may be only a first step in treatment. It insists that intervention and treatment should help people overstep the base line of their previous psychological functions and finally achieve complete mental health (see Figure 1). It believes that the enhancement of such positive factors as SWB will improve the effects of intervention and treatment and complete mental health may effectively reduce the probability of relapse.

![Figure 1. Making changes beyond baselines](Image)
Survey respondents: Rural poor students are the ones who can’t pay for the fees of education and relative livelihood, or have difficulties in paying for those fees because of financial difficulties of family. The respondents of the poor students are the junior-high school students who enjoy the policy of “two exemptions and one allowance”, i.e., exempting tuition and miscellaneous fees, and making an allowance to living expenses of boarders. The tested targets are the junior-high school students of several high schools in Huanggang City, Hubei Province, China. The test is in January, 2019, out of a total of 517 students tested, 491 questionnaires valid, in which the 240 questionnaires are from poor students, and the 251 questionnaires are from non-poor students. The survey effective rate is 95.0%.

Results: The results are comparing the mental health status of the poor students and non-poor students. Comparing the mental health status of the poor students and non-poor students: The first time, testing the score difference of the mental health status between the poor students and the non-poor students is shown in Table 1. The life satisfaction, positive emotion, negative emotion, interpersonal relationship stress, losing and adaptation of the poor students are significantly different from those of the non-poor students. Generally speaking, the poor students are worse than the non-poor students in the mental health.

Table 1. The first testing the score difference of the mental health status between the poor students and the non-poor students

<table>
<thead>
<tr>
<th>Factors</th>
<th>Poor students (M±SD, 240)</th>
<th>Non-poor students (M±SD, 251)</th>
<th>t value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life satisfaction</td>
<td>17.76±5.21</td>
<td>19.18±6.29</td>
<td>8.439</td>
<td>0.000*</td>
</tr>
<tr>
<td>Positive emotion</td>
<td>22.39±6.01</td>
<td>26.81±8.21</td>
<td>20.231</td>
<td>0.000*</td>
</tr>
<tr>
<td>Negative emotion</td>
<td>25.53±7.22</td>
<td>20.73±5.47</td>
<td>12.284</td>
<td>0.000*</td>
</tr>
<tr>
<td>Aggregate score of DASS</td>
<td>1.92±0.54</td>
<td>2.19±0.74</td>
<td>1.453</td>
<td>0.192</td>
</tr>
<tr>
<td>Interpersonal relationship stress</td>
<td>14.32±4.32</td>
<td>12.11±3.29</td>
<td>2.545</td>
<td>0.013*</td>
</tr>
<tr>
<td>Learning stress</td>
<td>12.29±3.25</td>
<td>11.23±3.01</td>
<td>1.282</td>
<td>0.254</td>
</tr>
<tr>
<td>Being punished</td>
<td>15.32±4.35</td>
<td>15.38±4.39</td>
<td>0.143</td>
<td>0.652</td>
</tr>
<tr>
<td>Losing</td>
<td>16.23±5.32</td>
<td>13.32±4.38</td>
<td>13.285</td>
<td>0.000*</td>
</tr>
<tr>
<td>Adaptation</td>
<td>11.23±3.21</td>
<td>15.28±5.34</td>
<td>23.219</td>
<td>0.000*</td>
</tr>
<tr>
<td>Others</td>
<td>3.43±0.32</td>
<td>3.52±0.41</td>
<td>0.912</td>
<td>0.332</td>
</tr>
</tbody>
</table>

Notes: * represents a variable is significant at level of 5%.

Conclusions: The mental health status of the rural poor students in China is not optimistic. It is necessary to take steps to improve the conditions for all relative departments. On the one hand, to removal of the obstacles of learning, the local government should provide favorable learning and living conditions for rural poor students. While the basic needs of livelihood are guaranteed, the students can devote their energies to learning. To promote the education reform, whether the government departments or the administration departments of the school should recognize the problems of the poor students and pay highly attention to the mental health of the poor students. On the other hand, it is essential to overcome adverse effects from outside and comprehensively optimize the educational method. The school is the important place for students learning knowledge and cultivating comprehensive quality. The rural school should offer activity curriculums of psychological education, adopting various modes to strength the education of mental health for rural poor students.

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THE PRACTICE OF ART TEACHING IN COLLEGES AND UNIVERSITIES INTEGRATING MENTAL HEALTH EDUCATION

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Background: Also because of the universal mechanisms of physiological and psychological activities in the human body, the lines, structures, performance objects and tones of fine art have certain universal meanings and concepts. Therefore, it is very convenient to use art for psychotherapy. At the same time, teachers can also use students’ art works to grasp the state of mind of students. For example, art teachers can grasp the changes of students’ mentality at various stages by evaluating students’ works at different stages. Some educational researchers believe that the main goal of teachers in art education to students is