

security education combined with social psychology on college students' mental health, aiming to help students quickly identify network fraud and improve their outlook on life, values and world.

Subjects and methods: 300 college students were randomly divided into blank group and observation group (group A and group B). The blank group adopts ordinary network security education, while the observation groups a adopts the network security education method to establish college students' network security awareness and improve network security prevention ability, and the group B adopts the network security education method to enrich the course teaching form and content with the help of digital multimedia technology. The whole experimental period is 6 months. The data test is carried out before the implementation, 1 month after the implementation and 2 months after the implementation. The statistical and analysis software is BMDP data analysis software. The testing tool of mental health status of college students is the Symptom Checklist 90 (SCL-90), which includes 90 items and 10 sub scales, of which 10 sub scales are not used for statistics. The nine factors are divided into somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, terror, paranoia and psychosis. The maximum score of each item in each sub scale is 4 points. The higher the self-evaluation of each item, the more serious the symptoms. When the subjects' self-evaluation of each item is equal to or greater than 3 points, the symptom is moderate or above.

Results: Table 1 refers to the remission effect to the mental health of the three groups of college students after the end of the experiment. The nine quantitative factors of somatization, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoia and psychosis in group A and group B in the observation group gradually relieved the symptoms of mental health problems with the increase of time cycle. The network security education mode can improve the students' mental health problems to a great extent. Students have a correct understanding and view of the security crisis. Therefore, the proposed network security education model can alleviate the mental health problems of college students.

Table 1. The alleviating effect of mental health of three groups of college students after the experiment

Mental health indicators	Blank group	Observation group A	Observation group B
Somatization	3.26±1.02	2.23±0.86	2.63±0.96
Obsession	3.26±1.06	3.31±0.96	2.95±0.36
Interpersonal sensitivity	3.15±0.98	2.26±0.83	2.05±0.54
Depressed	3.67±0.99	2.14±0.67	2.62±0.51
Anxious	3.14±1.06	2.62±0.35	2.46±0.47
Hostile	3.58±1.23	3.20±0.68	2.15±0.38
Terror	2.89±0.99	2.86±0.69	2.16±0.58
Paranoid	3.26±1.52	2.96±0.67	2.56±0.68
Psychotic	3.56±1.34	2.84±0.69	2.51±0.57

Conclusions: Under the multiple pressures of study, life, emotion and employment, the mental health problems of college students need to be solved in time. In the network era, every student is disturbed by many factors, and network security education has a very important positive effect. The network security education model proposed in the study can alleviate the mental health problems of college students, and help them improve their mental health.

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RESEARCH ON THE CONSTRUCTION AND INFLUENCE OF THE “INTEGRATION OF PHYSICAL EDUCATION, MEDICAL CARE AND NURSING” MODEL ON THE PSYCHOLOGICAL SECURITY OF THE ELDERLY IN THE NEW ERA COMMUNITY

Zongyou Yang^{1,2}, Siyong Xia¹ & Wen Liang^{3*}

¹Southwest University, Chongqing 400700, China

²Chongqing Jiaotong University, Chongqing 400074, China

³Chongqing Medical and Pharmaceutical College, Chongqing 401331, China

Background: With the growth of age, the physical function of the elderly is declining, and their

psychological endurance in the face of pressure becomes weak. Their psychological state changes greatly and their mood fluctuates greatly. The decline of the body cells of the elderly will cause the metabolism of neurotransmitters in the central nervous system to become weak, and the ability of the elderly to perceive the surroundings will decline, their hearing will decline, their response to things will become sluggish, and they cannot concentrate. No matter in behavior or thought, the elderly is relatively slow and clumsy, which will have a great negative impact on their life, so their hearts will be greatly hurt, and they will have doubts about their ability, become less self-confident, and lack of psychological security. The insecurity of the elderly is reflected in the feeling of loneliness due to the deficiency of family company, the feeling of disorientation for life, the loss of sustenance in the spiritual world, and the emergence of negative emotions such as anxiety, depression and uneasiness. The mood becomes depressed, more pessimistic and depressed. If the emotional needs of the elderly are not satisfied, they will be afraid of being abandoned by others, and gradually become anxious. They will become narrow-minded. If they are dissatisfied, they will make a lot of noises and even throw things, so as to cover up their helplessness, hopelessness and fear. Under the negative mood for a long time, the elderly is prone to neuroendocrine disorder and even heart disease. Therefore, it is necessary to pay attention to the psychological status of the elderly and their physical and mental health at any time, and take relevant measures to care for the elderly. With the arrival of the new era, one of the priorities of the country is to improve the social service system and optimize the old-age model. The previous old-age model separates community-based and family-based old-age care, which increases the cost of old-age care. The community pension model is not conducive to the elderly to enjoy the humanistic care of the family. The mode of "integration of sports, medicine and health care" in the community has been put forward to enable the elderly to strengthen their physique in the process of community sports and fitness. With the help of the maintenance team composed of various professionals, the community home-based elderly care can be realized, the medical consumption can be reduced, the healthy aging can be improved, the quality of life of the elderly can be improved, and the mental health problems of the elderly can be alleviated. In the process of implementation, the needs of the elderly shall be clearly defined, and relevant plans shall be formulated according to the physical conditions of the elderly. Then, relevant knowledge shall be publicized to the elderly, and the staff of all parties shall work together to implement the formulated plans, so that the elderly can improve their physical and mental health under the mode of "integration of physical, medical and health" in the community. Therefore, the article conducts a study on the construction and influence of the "integration of physical, medical and nursing" model on the elderly's psychological security.

Objective: In order to study the construction and influence of the "integration of physical education, medical care and nursing" model on the psychological security of the elderly, this paper studies the mental health status of the elderly, and analyzes the reasons for the lack of psychological security of the elderly. Understand the current state of the pension model, and establish a "integration of physical education, medical care and nursing" model for the lack of psychological security of the elderly. In this mode, different maintenance methods are adopted according to the physical state of the elderly. Facing the elderly who cannot take care of themselves, the professional team of "combination of sports and medicine" carries out personalized health maintenance, and formulates a treatment plan that meets the physical conditions of the elderly, so that the elderly can exercise reasonably, eat healthily, slowly improve their physical conditions, improve their negative emotions, enhance their sense of security, and become optimistic under the joint management of health managers and physical fitness teachers.

Subjects and methods: The research object is the elderly in the community. 162 elderly people are randomly selected from a community. These elderly people can take care of themselves. Understand the physical status, interests and hobbies of these elderly people, inform these elderly people and their families of the experiment, and sign the informed consent form. The subjects were divided into control group and intervention group. The former received general community pension, and the latter received health care managed by the health care team. The intervention time was 6 months. Record the relevant data during the intervention period, and study the psychological state and activity function of the two groups of elderly people. SPSS software is used to process relevant data, and 1-5 grade scoring method is adopted. The higher the score, the heavier the degree.

Results: In order to maintain the physical and mental health of the elderly and improve the psychological security of the elderly, the mode of "integration of physical and medical care" is adopted. According to whether the elderly can take care of themselves or not, different old-age care modes are adopted, so that the elderly can improve their physical health, relieve negative emotions and improve their sense of security under the personalized maintenance or care mode. After the intervention, the security score of the elderly with college education in the intervention group was 4.36, as shown in Table 1.

In Table 1, after the intervention, the psychological state scores of the two groups of elderly people

with different educational backgrounds were different. In the sense of security score, the score of the elderly with junior high school education after the intervention was 3.76 points, 0.60 points lower than that of the elderly with university education after the intervention, while the score of the elderly with high school education in the control group was 2.61. After the intervention, the scores of helplessness and depression of the elderly with junior high school education in the intervention group were 2.10 and 1.95 respectively.

Table 1. Psychological state scores of the two groups of elderly people with different educational background before and after the intervention

Education	Sense of security	Helplessness	Depressed
Junior high school	3.76	2.10	1.95
High school	4.08	1.81	1.74
University	4.36	1.45	1.46

Conclusions: Affected by the factors of physical aging and functional decline, the elderly are prone to negative emotions, are sensitive to things around them, are prone to think wildly and lack a sense of security. If one is not satisfied, one will lose his temper and have poor emotional control. Long term negative emotions will affect the physical and mental health of the elderly. Through the combination of sports, medical care and old-age care, a new old-age care mode, i.e., the “integration of sports, medical care and old-age care” mode, is formed, so that the elderly can slowly improve their physical functions and relieve their negative emotions under the personalized old-age care mode. After the intervention, the elderly with university education in the intervention group scored 4.36 points, 1.75 points higher than the elderly with university education in the control group, and the intervention group obtained a higher sense of security.

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GLOBAL MENTAL HEALTH AND CULTURE OF EMPATHY: A JEWISH PERSPECTIVE

Kotel Dadon^{1,2}

¹University of Zagreb, Faculty of Humanities and Social Sciences, Chair of Judaic Studies

²Chief Rabbi, The Bet Israel Jewish Community of Croatia

This presentation explores and discusses the need in our time for an active culture of empathy to assist global mental health challenges from a Jewish perspective. The presentation focuses on the issue of refugees as one of the challenges of global mental health. The first part of the presentation discusses empathy in Judaism, as derived from Jewish sources such as: the commandment to love humanity, the strict prohibition against bloodshed and as an imitation of G-d to acquire his attributes among them. The second part of the presentation analyses practical empathic behaviour by discussing the attitude of Judaism towards the weak strata of the society, such as the orphan, the widow and the stranger. In this context, the national Jewish history is used by Judaism as an educational source for empathy. Finally, the empathy that an individual and a state must show towards a stranger who ran away from distress, must be done in a proper manner while exercising responsible judgment regarding the existence of a true fear of harm to the economy, society, demography or security of the hosting country. In this presentation, the author uses many sources from rabbinical literature since Talmudic times through the Middle Ages until modern times.

Key words: Empathy, stranger, Judaism, Torah, Talmud, rabbi

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GLOBAL MENTAL HEALTH AND CULTURE OF EMPATHY: ISLAM'S PERSPECTIVE

Mevludin Hasanović^{1,2}

¹Department of Psychiatry, University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina

²Medical Faculty, University of Tuzla, Tuzla 75000, Bosnia and Herzegovina