A Study on the Application of "Flipped Classroom" in College Students' Mental Health Education Courses

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Abstract. College students Internet users have basically achieved a fully coverage in our country. The flipped classroom, supported by information technology, not only conforms to the development of the Internet era, but also follows the need of college students’ psychological development of how to discriminate the "Internet me" from the "real me". As a new teaching mode, the flipped class has attracted a multitude of scholars to explore more about the teaching mode reform. Starting from the development and connotation of the flipped classroom, this paper explores the specific application and possible challenges of flipped classroom in college students' mental health courses based on the dilemma faced by the traditional curriculum model of mental health education for college students in China.

The Development, Connotation and Characteristics of Flipped Classroom

The flipped classroom teaching mode originated from two chemistry teachers of Woodland Park high school in the United States, Jonathan Berman and Aaron Sams, who recorded videos for students to watch at home in 2007. Later, thanks to the contributions of Salman Khan academy and the opening of education resources, Flipped Classroom quickly became a teaching model concerned by the global education community. In 2011, the wave of flipped classroom flooded into China, attracting wide attention and application from scholars. [1] It is mainly applied to physics, mathematics, chemistry and other natural disciplines in China, yet the exploration of humanities is relatively rare.

Jinlei Zhang, Ying Wang and Baohui Zhang pointed out in Research on Flipped Classroom Teaching Mode that traditional teaching and learning process usually includes two stages: knowledge imparting and knowledge internalization. Knowledge imparting is completed by teachers' lecturing in classes, while knowledge internalization needs to be completed by students accomplishing homework, operation and practices after class. In the flipped classroom, this form is subverted. Knowledge transmission is completed after class with the assistance of information technology, while knowledge internalization is completed in class with the help of teachers and classmates, thus forming the flipped classroom. [2] Flipped classroom changes the traditional education concept and learning method of college students. Apart from this, teachers successfully converted from traditional knowledge imparters into learning guides, and students also have been transformed from passive recipients to active researchers. The teaching form has changed from classroom explanation and doing homework after class to pre-class study and conducting classroom research in the flipped class. The content of the teaching part has altered from the traditional classroom knowledge explanation to the problem exploration in the flipped classroom. Teaching and learning evaluation methods have also changed from paper test in traditional classrooms to diversified evaluation methods in flipped classroom.[3]
Disadvantages of the Traditional Curriculum Model of College Students' Mental Health Education

The Teaching Contents are Overly Depended on Textbooks. In the traditional model of college students' mental health education courses, the school has designated or compiled textbooks. Teachers impart psychological health knowledge with textbooks, and students recite the knowledge from the textbook in order to cope with the examinations while ignore the internalization of knowledge points and let along the application of practical knowledge. Therefore, traditional teaching method is not suitable for stimulating students’ thinking capabilities and guiding their study and even life.

Onefold Teaching Method. At present, the college students' mental health course generally adopts the traditional teaching mode, which is teachers as the heart of the class in the whole duration of teaching, and form a fixed process of the teachers teaching, students listening and then the final exam. Under this circumstance, students are passive recipients of knowledge. Even though there exists class interaction, it only restricted in teachers' perspectives, which imprisoned the student's thinking and often leads to dissatisfaction and antipathy, which influences the teaching quality to a great extent.

Difficulties in Class Management. Since the ministry of education issued the Basic Requirements for the Teaching of Mental Health Education Courses for Students in Ordinary Institutions of Higher Learning (no. 5 [2011] of the ministry of education) (hereinafter referred to as the Basic Requirements). As a public course, Mental Health Education for College Students is mainly taught in common required classes, with class sizes ranging from 70 to 150 students. The class hour is short while the number of students is large, and the coefficient is magnificent, which increased the difficulty of teaching.

Low Initiative and Enthusiasm in Learning. Traditional teaching mode, students do a large amount of recitation of the psychological knowledge and question bank by rote in order to pass the examination, and are unable to get a kick out of course learning, thus losing the enthusiasm and initiative to learn. Teachers spend most of their time preparing lesson plans and making courseware before class, and seldom communicate with students and pay attention to students' interest and problems, which makes students less active in class participation, and most students have less autonomy and enthusiasm in learning, which resulting in polarization.

The Network Platform for Mental Health Education Has Not Played Its Due Role. Today, with the Internet highly developed, colleges and universities have basically established the mental health education platform supported by information technology. However, this platform is often used to release mental health related information or mental health counseling and testing. Not being integrated with the mental health curriculum and in that case, the online platform has had a very limited effect.

Application of Flipped Classroom in College Students' Mental Health Education Courses

Principles of Application

The Principle of "Students Centered". Humanistic psychologist Rogers proposed that the teaching process should be "student-centered" and the leading role of teachers should be facilitators and guides of students' learning instead of instructors and trainers in traditional teaching.[4] The task of teachers is not to teach students how to learn, but to provide students with learning means and methods so that students can decide how to learn, which coincides with the fact that flipped classroom takes students as the center of the learning process. Therefore, the psychological health course should develop teaching content on the basis of full investigation of students' needs, to adopt appropriate teaching methods, respect students’ initiative, take the improvement of students' personal quality as the fundamental goal and finally realize students' self-development in an all-round way.

The Principle of Teaching Students According to Their Aptitude. As an important teaching method, the flipped class put forward a principle that each student is unique, their psychological
needs hierarchy instead of treating them evenly, this requires teachers to design lessons through the mental health education curriculum platform which installs rich and different levels of learning resources. The designing process should not only have basic practice, but also more advanced problems, which can be convenient for students of different levels. It also requires teachers to find out the learning difficulties that focused by students, and pay attention to their special needs via the mental health network platform. The measures differ from timely answering, questions collecting raised by students to group discussions establishing. Through the background click rate, analysis of the Q&A discussion board, problems can be solved straightforward.

The Principle of "Mutual Assistance Among Partners". Peer support means that people can only develop in the process of interacting with people, issues and things around them. Companion can be the one together in the process of teaching, and can also be an accompany as you grow old. Students will constantly adjust the way they performed in an activity and under the interaction of social behavior, they would tend to actively improve creative thinking and comprehensive ability. It is of vital importance for cultivating college students' mental health. Flipped classroom puts the part of imparting knowledge outside the classroom, and the internalization of knowledge shifts into the main battlefield of the classroom. Teachers act as the organizers, guides and controllers, while students are the experiencers and mutual helpers. This process of bringing interaction and communication into the classroom and internalizing knowledge through various forms of classroom tasks gives full play to the role of peers and realizes the growth in peer mutual assistance.

Specific Operation Process

Flipped classroom simply means that students learn knowledge online before class and then internalize and transfer the knowledge under the guidance of teachers. The "flip" of college students' mental health courses consists of the following stages. (Refer to diagram 1).[5]
Diagram 1. The Operation Process of “Traditional class” and “Flipped Class”.

**Preparation Stage.** According to *Basic Requirements*, the main contents of college students’ mental health courses include the introduction of mental health, self-awareness, integrity of personality, interpersonal communication, stress management, emotional regulation, psychology of love and crisis response, each with specific teaching objectives. Traditional teaching course is designed to choose according to target directly teaching method, classroom "flip" is the requirement of colleges and universities should establish sound mental health counseling online mode, under the guidance of each chapter to the teaching goal, with the help of the Internet platform, via E-mail, QQ group, WeChat public platform, such as psychological network reply to the student's mental health consultation, online psychological questionnaire, collecting questions that college students interested, testing their mental health status, recording the detailed data into the bank for further statistical analysis. Finally, appropriate teaching methods and scientific learning task lists are selected to meet the practical needs of students and improve the effectiveness of mental health education.
**Pre-class Stage.** The pre-class stage is based on the preparation stage, mainly including the following steps: 1. Integrate teaching resources according to the objectives and task list of each chapter and section, including video, audio, lecture notes, PPT, etc., among which teaching video is the most important way. When making teaching videos, teachers can use the existing mature teaching video resources for reference, or design and make them by themselves according to the specific teaching content. For the content of the video, it should be short and concise, from the shallow to the deep, from the concrete to the abstract. After watching a video, students should complete the corresponding Q&A practice, so as to test the initial effect of learning and inspire students to think and put forward questions. 2. Release learning materials through relevant channels as a new teaching model based on information technology. The release of flipped classroom learning materials needs to be through the network platform system. Teachers can be released through the internal teaching platform of the school, online course platform and even QQ group and WeChat group of the class. 3. Guide students to learn from themselves before class, and give appropriate assessment proportion of self-study before class. For example, it accounts for 30% of the final grade of the mental health course. In the process of learning, students can freely allocate learning time according to their own learning progress, and reasonably determine the place of learning. 4. Teachers should encourage students to discuss and share in the interactive dialogue area or social area after self-study, so as to further deepen their understanding and the application of knowledge points in the mental health course. As part of the content will involve the issue of students’ privacy, so discussion can be anonymous, and students who speak actively can be rewarded with appropriate scores. 5. After students have learned relevant knowledge on the platform, they will summarize and reflect on the problems in the learning process, record the knowledge points they do not understand and the new thoughts triggered. Pre-class homework and doubt collection is an important part of students’ independent learning. Teachers will summarize according to the situation of pre-class homework and the collection of reflective questions. Focusing on problems is the basic part of classroom activities.

**In-class Stage.** At present, mental health course in colleges and universities are mostly teaching in big classes, due to the large number of students, to group students before class is necessary so that the "peer education" can be used to promote effective form of class discussion. Groups can be divided according to dormitories or it can also be according to everyone interested in the same type of topic. Besides, it can be everyone roughly have the same type of doubt. After setting up a team leader and a recorder, discussion around the knowledge difficult point and the question perplexity can be carried out. Later, the students sorted out the discussion results and the experience of the group, and displayed the results. The group sent a representative to communicate and display the results with PPT, speech, scenario simulation and other fruitful classroom scenes. What worth mention is that after class learning and classroom activities, students have already had a deeper grip of knowledge, and it is relatively scattered. However, teachers need to be there at the end of the course, to summarize the knowledge and tough nuts and draw a conclusion to the class. Moreover, teachers also need to establish a mind map which helps students master the knowledge of the system.

**After Class Stage.** Mental health course is a course with application, experience and understanding. It enables students to internalize the knowledge learnt in the classroom and guide their life careers, which is the ultimate goal of learning. Teachers can have a more profound understanding of students at the end of the course and therefore according to the actual situation, a separate online guidance for individual students is needed. Simultaneously, teachers can also consult to the study materials and feedbacks from students in an attempt to figure out the advantages and disadvantages existing in their teaching, thus continue to improve and perfect the teaching process in the future. Feedback after class as the last stage of the course is of great significance to flipped classroom.

**Constructing the Evaluation System of "Flipped Classroom" Curriculum**

The establishment of curriculum evaluation system should fully consider the characteristics and
objectives of the curriculum, which is one of the most important links of teaching activities. College students' mental health education is to help them improve their mental function, cultivate good psychological quality and shape a sound personality. Every student is a unique individual, and their psychological needs are different.[6] The current curriculum assessment of college students' mental health education courses comprehensively and objectively, as well as their mental health level and psychological quality. The measure of evaluating college students' mental health should be combined with the process and result evaluation, through professional psychology measurement method. At the same time, evaluation should also be considered on the basis of before class learning information and completion of the test case, the interaction performance in classes. Besides, team mutual and self-evaluation, and complete knowledge after class to consolidate, the final exam and course attendance conditions comprehensive evaluation, the final form system feedback to students, to guide the self-reflection while strengthen students’ self-awareness, the ability of self-adjustment and self-resolving in an attempt to realize the all-round development of themselves.

The Ten-year Development Plan of Education Informatization (2011-2020) points out that the development of education informatization needs the innovation of education concept, the construction of high-quality education resources and information learning environment, as well as the innovation of learning methods and education modes.[7] The use of flipped classroom in college students’ mental health education classes can effectively promote students' awareness of independent learning and achieve teaching objectives, which is a new test of teaching reform under the development of modern information technology. The teaching model of flipped classroom can fit the teaching characteristics and teaching objectives of college students' mental health education course, which has certain feasibility. However, in order to promote and apply this model, we have to face such problems as the change of classroom concept, the improvement of teachers' ability to make video courseware and classroom strain capacity, the investment of funds for the establishment and maintenance of network platform, and the lack of students’ independent learning ability. In a word, opportunities and challenges coexist. The "flip" of college students' mental health classroom needs a process of exploration and adaptation for colleges, teachers and students.

References


