



Analysis of the Mental Health Status and Countermeasures of Urban Losing-Single-Child Elderly in China

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Abstract

As a special group created under China's national family planning policy, the overall size of the losing-single-child elderly has been expanding year by year. The unexpected death of a child is psychologically devastating to them and they are vulnerable to structural exclusion and psychological marginalization, becoming isolated and marginalized groups. What they need is not material assistance, but psychological help. Therefore, it is especially important to build an effective psychological service system, provide psychological assistance to the losing-single-child elderly, and help them rebuild their values. This article investigates the current situation of the mental health of the losing-single-child elderly in Haizhu District, Guangzhou, and combines with the current social support for the losing-single-child elderly, and proposes measures to build a psychological service system for the losing-single-child elderly from five dimensions: assessment system, service platform, social work force, precise service, and social atmosphere, which will finally achieve the purpose of providing recommendations for the government to formulate support policies for the losing-single-child elderly.

Keywords

Losing-single-child elderly, mental health, social support

1. Question Raised

As a special group created under China's national family planning policy, the overall size of the losing-single-child elderly has been expanding year by year. According to statistics, the number of losing-single-child families in China has exceeded one million, with about 76,000 losing-single-child families being created each year, and experts predict that the number of losing-single-child families in China will reach 10 million in the near future. According to a survey, there are about 897,000 one-child families in Guangzhou, and there are about 4,200 losing-single-child families, 40% of which are over 60 years old. According to a study conducted by the China Population and Development Research Center, losing-single-child elderly are generally characterized by poor financial status, poor mental health, high disease rate, and lack of care resources. The most important suffering of losing-single-child elderly comes from mental. According to the study, more than 60% of the losing-single-child elderly have serious psychological problems, and most of them are in their 60s. Among them, 38% had thought about suicide; 64% were chronically depressed; 70% felt low self-esteem and lost confidence in life; 72% had sleep disorders; and 41% had hostile feelings (Jing Sun & Hao Wang, 2019). After losing their only child, they are affected by negative emotions such as frustration, helplessness, and grief, and lose their confidence in life, fall into self-denial, low self-esteem, gradually disengage from social networks, and are marginalized by the society. It is

evident that the mental health problem of losing-single-child elderly should be solved without delay, and losing-single-child elderly are becoming the target of national and social attention and care.

In terms of research, scholars in China began to focus on the group of losing-single-child elderly in 2012, and research focused on the government's role as a social entity to support the losing-single-child elderly in 2013; from 2013 to 2016, the focus of research began to shift to multiple entities to explore the path to solve the dilemma of the losing-single-child elderly; After 2017, the research has been conducted at the micro level, combining quantitative and field survey methods to study the group of the losing-single-child elderly from multiple perspectives. At present, there are a large number of domestic studies on the losing-single-child elderly, but most of them explore from the aspects of old-age support, social support, life care and legal support, and not many studies focus on the psychological health of the losing-single-child elderly; few scholars, such as Yangfan Peng explored the necessity and theoretical methods of psychological health assistance for the losing-single-child elderly from the theoretical perspective of social support (Yangfan Peng, 2018); Shuyu Yao et al. analyzed the mental health problems of the losing-single-child elderly from a psychological perspective (Shuyu Yao & Jingping Zhang, 2017). In particular, there is a lack of specific microscopic case studies, and there are very few studies that specifically focus on a particular city, and there is a lack of a unified system for the mental health of the losing-single-child elderly. This paper explores the psychological health of losing-single-child elderly in Haizhu District, Guangzhou. Through in-depth interviews with representative samples to understand the mental health situation of the losing-single-child elderly, and at the same time, we find that the social support system for the losing-single-child elderly in Guangzhou is relatively well constructed, but the social support in terms of mental health needs to be improved.

2. Basic overview of the case

The scope of this survey is the group of losing-single-child elderly in Haizhu District, Guangzhou, from which two representative households were selected to conduct in-depth interviews. Auntie P from community L is not only facing difficulties in psychological comfort, but also in intergenerational parenting, while Auntie D from community Y is optimistic and has been able to get out of the loneliness and start a new life by reorganizing her family. With the assistance of street officials and social workers, we visited the two losing-single-child families several times and conducted in-depth interviews to further understand the situation of the losing-single-child elderly.

2.1 Auntie P's case investigation process and results

Basic information of the interviewee: Aunt P, 82 years old, female, elementary school educated, urban resident, no religious beliefs; her monthly financial source is mainly receiving the subsidies for losing-single-child families, pension, etc., in poor health, she seldom goes out, mostly takes care of her two granddaughters at home, seldom participates in social activities, and likes to be alone.

Summary of the first interview: This visit was the first time to communicate with the aunt, and was carried out with the assistance of the street office and social work agency to avoid the aunt feeling of discomfort. We learned that the aunt had difficulty in getting over the fact that her child had passed away, and she would show her sadness in the communication and conversation, often shutting herself off and having a single social activity, only buying groceries and picking up and dropping off her granddaughters, two of whom served as her spiritual support.

Summary of the second interview: The main focus was on listening to the aunt and during the conversation, we learned that her social scope was extremely narrow, and her social skills were weak. During the in-depth interviews with the aunt, it was clearly felt that she had suffered great psychological trauma. We tried to encourage the aunt to actively participate in social activities to divert her attention and face life positively, and tried to help her alleviate her negative emotions through psychological guidance when she fell into the sad mood of depression, hoping that the aunt could get out of their grief and reintegrate into the society.

2.2 Auntie D's case investigation process and results

Basic information of the interviewee: Auntie D, 75 years old, female, middle school education, urban resident, no religious beliefs; widowed, child passed away in an accident, in good health, warm, generous, positive attitude towards life, usually likes to physical exercise and make new friends, very talkative, and has reorganized her family.

Summary of the first interview: With the help of the social workers, we had an initial chat with the aunt from the recent situation of the aunt aiming to build up a trusting relationship with her and get familiar with each other. We found that although the aunt had come out of her grief and was able to communicate with people actively and start

a new life again, she still had worries about her old-age security in the future, and social policies are necessary to support and protect this kind of group.

Summary of the second interview: This time, we have established a trusting relationship with the aunt, but we still pay attention to avoid talking about her child directly during the communication. We learned about the current life and interests of the aunt, and found that the mutual companionship of spouses helps her to get out of her grief and slowly open to the society in the company of her partner. In addition, the street office organizes various activities for the elderly to actively participate in, enhancing their communication with others that help them forget their grief. Therefore, in order to enhance the understanding of the society towards the losing-single-child group, it is also necessary to organize relevant activities in the street office and social work organizations.

3. Problems of Mental Health of Urban Losing-Single-Child Elderly

According to the survey, most of the losing-single-child elderly have the following mental health problems after experiencing the trauma of losing their only child.

3.1 Interpersonal relationship withdrawal

The death of an only child can cause the elderly to close themselves off for a long time, refusing to have contact with outsiders. As a matter of fact, the losing-single-child elderly is vulnerable to discrimination, which is an important reason for their exclusion of social interaction, self-isolation. The interviewee Auntie P revealed her refusal to socialize, preferring to be alone rather than go out, and closing herself off in a narrow social network. In addition, we learned that Auntie H is very resistant to contact with outsiders and expressed her dissatisfaction with us, "You should stop coming over, I don't need these supplies, just take them and donate them to the needy, when you guys come over, it reminds me of my kids and I can't sleep for days." Auntie H has almost no communication with the outside world, apparently unwilling to come out of her grief and her social interaction skills are gradually withdrawal.

3.2 Depressive symptoms

Depression is a common symptom among the losing-single-child elderly and if the depression persists for a long time, the individual may suffer from impaired social functioning and depression. Symptoms of depression include depressed mood, grief, low self-esteem, hallucinations or delusions, and suicidal intentions or behaviors. According to a survey conducted by some scholars in some provinces and cities on losing-single-child families, 76.9% of those suffered from varying degrees of depression (Wen Chen, 2012). Especially losing-single-child elderly will be sad and tearful when they mention their child, often afraid to imagine the lonely and miserable life in their old age and some elderly will show sadness on the anniversary of their child's death and major festivals. These kinds of psychological emotions can lead to negative attitudes and pessimistic life value.

3.3 Self-denial

According to Maslow's hierarchy of needs theory, everyone has physiological needs, security needs, belongingness and love needs, respect needs, and self-fulfillment needs. After losing their only child, the sense of belonging of losing-single-child elderly is significantly reduced, and the neighborhood's belittling words and actions, the disintegration of a happy family, and all kinds of encounters can leave their self-esteem needs unsatisfied. With the first two needs unfulfilled, the losing-single-child elderly have less desire for self-fulfillment, and find it difficult to use their individual strengths to realize their self-worth. With the harsh reality and the unfulfilled inner needs, the degree of self-denial of the losing-single-child elderly has increased. While the existing social support mainly protects the physiological and safety needs of the losing-single-child elderly, the protection of other three higher-level needs of sense of belonging, respect and self-fulfillment, are relatively weak.

4. The Current Situation of Social Support for Urban Losing-Single-Child Elderly

The social support received by the losing-single-child elderly in Guangzhou was analyzed in three dimensions: government, community and family.

4.1 Government

Since May 2009, Guangdong Province has introduced its first support policy *Implementation Plan for the Special Support System for Family Planning Families in Guangdong Province* for the losing-single-child families. The full

implementation of the only child disability or death, if the parents have not given birth and adopted again, each person can receive a monthly benefit of 150 RMB until the death. In 2014, the Guangdong Provincial Health and Planning Commission issued *the Notice on Further Improving the Support for Families with Special Difficulties in Family Planning* which adjusted the support for the losing-single-child families to a standard of no less than 800 RMB per month per person, and in addition to the adjustment in support, it is also proposed that governments at all levels should actively improve the support system for losing-single-child families, and implement assistance from multiple levels, such as public elderly care institutions, medical assistance, secure housing, and social care activities. In 2015, Guangzhou Municipal Government issued *the Implementation Plan on Promoting the Implementation of Support for Families with Special Difficulties in Family Planning* which raised the standard of special support for losing-single-child families by 300 RMB per person per month. In 2017, Guangdong Provincial Government issued the "Rules for the Implementation of the Special Support System for Family Planning Families in Guangdong Province" to further details of the conditions for the payment of support for losing-single-child families, eligibility confirmation and the implementation of the responsibilities of each unit. Since 2018, government of Guangdong Province has issued the "Notice on the Implementation of Family Doctor Contracting Service for Special Families with Family Planning in Guangdong Province" and the "Notice on Further Improvement of Priority and Convenient Medical Services for Special Families with Family Planning" to provide "1+N" family doctor contracting model for losing-single-child families, with family doctors as the main provider of medical services, in collaboration with special family planning officers, "double post" contact persons for losing-single-child families and hospital specialists. On this basis, Guangzhou has further refined the medical and health work for losing-single-child families, requiring each losing-single-child family to have a responsible doctor under contract and to provide a list of designated medical institutions.

4.2 Community - Take "Rose Project" as an example

The community is the most familiar environment for the losing-single-child elderly and it provides a sense of belonging that cannot be replaced by other social support. As front-line workers at the grassroots level, community workers have close ties with the public. Community workers are able to know the specific situation of the losing-single-child elderly in the community, and are able to visit them, deliver holiday gifts and condolences, conduct community activities and provide professional services. "Rose Project" is a typical social worker service purchased by the government to provide services and communication platform for the losing-single-child elderly. The program was initiated by Guangzhou Women's Federation in 2013, guided by the Guangzhou Women and Children Social Service Center and operated by the Guangzhou Women's Social Work Service Center, and is the first humanistic care program in Guangzhou to support the losing-single-child families.

"Rose Project" provides humanistic care for the losing-single-child mothers with refined services to help them get out of the psychological trauma and rebuild a new life. In order to meet the service needs of the group of losing-single-child mothers, Rose Project works on the following aspects. First, design regular interest groups. Regular calligraphy classes are held to cultivate a calm state of mind and enhance self-confidence; dance classes are held to help mothers with similar experiences face life positively together through the power of dance and tacit dialogue; music classes are held to help mothers improve one's state of life through music to relieve stress in the process of singing. Second is the use of art therapy. Creative workshops are set up to teach mothers to make fabric flowers, assist them to reduce the stress of life, enrich spiritual life to promote mutual communication. Third, door-to-door medical care is introduced to the losing-single-child mothers. A one-to-one health database is set up for mothers to enjoy basic nursing care and door-to-door medical care. In addition, social work agencies also organize first aid training seminars to teach basic first aid knowledge for home rescue and help mothers to improve their self-help ability. Last, it is volunteer support. The formation of a "Rose Mutual Aid Volunteer Service Team" to carry out various self-help and mutual aid volunteer activities will not only enable the losing-single-child mothers to talk to each other, but also help each other to get out of the psychological trauma, and promote the role of Rose Mothers to change from recipients to mutual helpers and helpers.

4.3 Family

Losing-single-child elderly are generally psychologically fragile, sensitive and have low self-esteem. The help provided by the society may not be able to reach the psychological needs of the losing-single-child elderly, and may even hurt their hearts, making them suffer twice. The help provided by family members is often the most timely and the most effective way to bring spiritual comfort to the losing-single-child elderly. Some scholars point out that the losing-single-child elderly should not be regarded as passive and incompetent group; they obviously

have the capacity for self-expression, self-needs and self-help, which is an important manifestation of their individual initiative (Wen Chen, 2012).

Social support cannot be without the caring, companionship, respect, and responsibility given by the family members of the losing-single-child elderly. On the one hand, the losing-single-child elderly are dissatisfied with the special position given by the government and usually do not want to be called "families with special difficulties in family planning". In addition to the external forces to soothe their negative emotions, the internal role of family members is crucial. After the loss of her son, Auntie D, who was in tears all day long, fell into sadness and thought there was no hope for her life, and her emotional state would be very negative. These negative emotions accumulate for a long time and affect not only her mental health but even her physical health. With time passed, Auntie D began to accept the fact that her child had died unexpectedly and gradually resumed her normal life. She met her current partner at a community event for the elderly group and later reorganized her new family. The caring, companionship and support of family members gave the losing-single-child elderly a great deal of self-confidence and a sense of belonging to a family.

On the other hand, some of the losing-single-child elderly also have intergenerational parenting, and the burden of raising and supervising them suddenly falls on their aging grandparents, who not only have to bear the grief of losing their only child, but also have to take on the responsibility of caring for and educating their third generation. But they try to maintain a normal life as much as possible in order to create a good environment for their third generation to grow up. As a matter of fact, the third generation is a new hope of the losing-single-child elderly, and all their attention has been shifted to caring for the third generation, and the sense of responsibility of raising their third generation obviously helps the losing-single-child elderly to ease the grief and helps them to reconstruct their social life. Auntie P in Community L has always focused on her granddaughter and rarely participated in social activities. Occasionally, when she is alone, she thinks of her deceased child, but the burden of raising her third generation makes her especially strong.

Studies have shown that social support has a significant promoting effect on the mental health of the elderly, among which, government support can improve both physical and mental health of the elderly, and community support and family support can promote the positive development of mental health of the elderly (Dachuan Yu, Peixiang Li, & Jia Li, 2020). For the special group of the losing-single-child elderly, the relationship between social support and mental health is even closer. From the perspective of supply and demand, on the demand side, the losing-single-child elderly have multiple needs, including financial assistance, elderly care and medical service, psychological assistance, marital relationship survival and spiritual care, etc. On the supply side, social support should be provided by multiple social support entities, with the government providing policy and institutional protection, elderly care and medical protection, financial support, etc., the community providing venues for service activities, professional psychological guidance, spiritual care, etc., and the family providing spiritual comfort and support, etc (Figure 1). At present, the collaborative efforts of various social entities in Guangzhou, including the government, community and family, has indeed provided a lot of help for the losing-single-child elderly to get out of the psychological trauma and rebuild their lives. However, from the actual needs of the losing-single-child elderly, combined with the case study of Haizhu District, Guangzhou, it is found that the psychological support for the losing-single-child elderly still needs to be improved. Therefore, this paper argues that the government should improve the measures of psychological support policies for the losing-single-child elderly and build a perfect psychological service system for them.

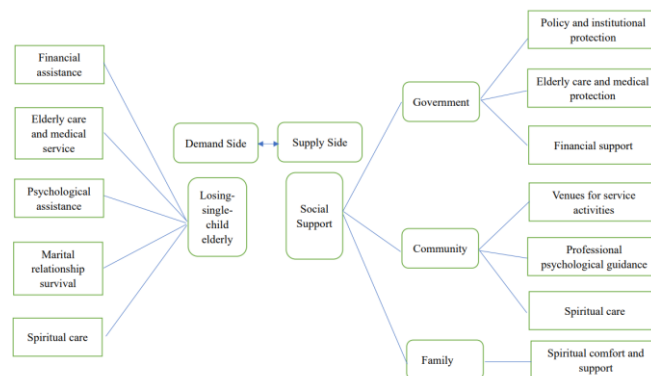


Figure 1. Analysis of the supply and demand relationship between the losing-single-child elderly and social support.

5. Countermeasures of Improving the Psychological Support Policy for Urban Losing-Single-Child Elderly

5.1 Develop a psychological service assessment system

The psychological problems of losing-single-child elderly are complicated, and the psychological conditions of losing-single-child elderly are affected by subjective factors such as their own age and family status, as well as objective factors such as place of residence and local culture. The government should play a leading role in formulating a psychological service assessment system that takes into account the special characteristics of the losing-single-child elderly and the professionalism of psychological services, proposing the goals, tasks and requirements of psychological services, specifying the targets, contents, methods and standards of psychological service assessment, forming an effective systematic plan, incorporating psychological services into the special work plan for supporting the losing-single-child elderly, giving special financial support and sufficient policy basis, and making the psychological service assessment for the losing-single-child elderly routine, which will be the daily assessment of leading cadres, so that leading cadres will pay high attention to the psychological services for the losing-single-child elderly. At the same time, the psychological service assessment system should take into account the special characteristics of the losing-single-child elderly, and the evaluation results should focus more on whether the losing-single-child elderly can get over the grief and return to normal life, and the assessment indicators should focus more on social communication, psychological recovery, potential development and value creation of the losing-single-child elderly so as to reduce the psychological marginalization of the losing-single-child elderly and let them find their self-worth again.

5.2 Build psychological service platforms

By building psychological service platforms and providing psychological services specifically, which can better help the losing-single-child elderly to improve their mental health and rebuild their social lives. First, build a network psychological service platform and introduce big data into the psychological service system. Using Internet technology can realize information sharing and interconnection among government, civil affairs, family planning and other related departments, and integrate databases. Through this platform, the government, market, social organizations, volunteers and losing-single-child elderly can communicate and coordinate timely, share resources, establish a psychological early warning platform, detect problems and intervene timely, and at the same time develop application tools that specifically provide a full range of psychological services for the losing-single-child elderly and also develop online psychological consultation and assessment services to make psychological services more intelligent and convenient. Second, a special psychological service studio is set up to provide professional and scientific psychological services for the losing-single-child elderly. Considering the different needs of the losing-single-child elderly, the psychological service studio should be equipped with hardware facilities such as catharsis, therapy and testing, and set up a psychological consultation room, a hypnosis and stress reduction room, a group activity room and other activity spaces to provide psychological services including psychological assessment, psychological consultation and crisis intervention, and timely record the specific situation of the losing-single-child elderly each time they participate in the service, and carry out a life-cycle psychological companionship program for those who are in serious condition. Third, the community should play a role in establishing psychological support mechanisms and emotional support networks, organizing mental health lectures and specialized mental health services, and carrying out rich community cultural activities. The community should develop a management plan for the losing-single-child elderly and organize community volunteers to visit and accompany them to relieve their loneliness. Fourth, build a platform for resource integration. The Ministry of Human Resources and Social Security should be solely responsible and encourage more organizations and the public to participate in the psychological services for the losing-single-child elderly by integrating and linking various institutions such as hospitals, courts, social work agencies and community Committees with policy and financial support and government purchase of services, so as to expand the sources of funding for psychological services and provide comprehensive psychological protection for the losing-single-child elderly.

5.3 Actively play the power of social work team

After losing their only child, the elderly are often worried about their lives and psychological vulnerability. They are more willing to trust and accept the help of social workers than contact with outside society. Social workers

play an important role in helping the losing-single-child elderly out of the grief and reconstructing their lives. At the same time, social work teams can use their professional skills to better guide the losing-single-child elderly and carry out psychological interventions to help them rebuild their self-worth and return to normal life. Due to the unique nature of losing-single-child elderly, the physical aging and psychological trauma they face, with individualized and differentiated needs, this requires that the social workers must have sufficient professional competence, but most of the existing social organizations and social workers who support losing-single-child elderly generally have a significant lack of experience. Therefore, there is a need to actively play the power of social work teams to provide psychological services for the losing-single-child elderly.

First of all, understanding the policies related to the losing-single-child elderly is a prerequisite for social workers to achieve better services. A clear understanding of dilemmas of the losing-single-child elderly will help social workers understand the real needs of the losing-single-child elderly, so that they can provide more targeted and quality services. Second, actively attracting university students with social work, psychology and other related professional backgrounds to join the community social work team, so as to enhance the professionalism of the social work team. Third, social workers should be trained in mental health service skills and provide specialized psychological services for the losing-single-child elderly, so as to gradually help them get out of the grief, recover their social interaction skills and reintegrate into society. Finally, utilizing the power of diverse social entities and attract more professionals from universities, medical institutions, and psychological counseling agencies to participate in the psychological services for the losing-single-child elderly as volunteers, so as to further understand the mental health situation of the losing-single-child elderly, to eliminate prejudices about the losing-single-child elderly and to lead more people in the society to care for and respect the losing-single-child elderly.

5.4 Develop differentiated and precise psychological services

The psychological condition of losing-single-child elderly is affected by a variety of social factors, including age, length of absence of child, marital status, family location, and socio-economic status, which require differentiated and precise psychological services. Firstly, losing-single-child mothers have a stronger attachment relationship with their child than losing-single-child fathers, so they should be given more care and concern. Secondly, the rural losing-single-child elderly have a lower standard of living and poorer medical and old-age protection than urban losing-single-child elderly and are more likely to suffer from structural rejection and become a "marginalized group". The psychological services for the rural losing-single-child elderly should take into account the characteristics of rural "acquaintance society" and the concept of "inherited offspring", help them establish a correct view of life and death and fertility, and eliminate unreasonable concepts of "no offspring is a shame and no offspring is unfilial". Third, the older the parents who have lost their only child, the more experience they have with negative events, and the more psychological energy they have to cope with catastrophic events. Therefore, older parents who have lost their only child are encouraged to counsel younger parents who have lost their only child and provide psychological comfort. Fourth, the elderly with high socioeconomic status tend to have higher education and financial income, which makes them more resilient to risks after losing their child and more willing to receive psychological counseling and guidance, so psychological services should be focused more on the losing-single-child elderly with low socioeconomic status and provide them with more psychological counseling and psychological intervention services. At the same time, we use the Internet and big data technology to establish an information database for the losing-single-child elderly, implement "one file per household", carry out tiered and hierarchical management and dynamic data monitoring, precisely identify the different needs of the losing-single-child elderly and carry out targeted psychological services to improve the accuracy and effectiveness of psychological services for the losing-single-child elderly.

5.5 Create a good atmosphere of social care

In addition to the pain of losing a child, the losing-single-child elderly are often under the pressure of public opinion. The combination of self-denial and social discrimination directly affects their reluctance to interact with others. Therefore, it is necessary to eliminate the prejudice and create a good atmosphere of social care to improve their sense of security, happiness, and belonging.

First, government should promote an empowerment-oriented and proactive support policy to strengthen the attention to high-level needs such as love and belonging, respect and self-fulfillment of the losing-single-child elderly. The losing-single-child elderly should be given free education and training, full employment benefits to enhance

the health capital, human capital and social capital and help them carry out future life enrichment and empowerment, reintegrate into society and find self-worth. At the same time, governments at all levels should advocate a new scientific, civilized and progressive view of fertility, and break the influence of traditional culture on the social integration of the losing-single-child elderly, especially in the rural areas where traditional culture are strong, so as to reduce the psychological pressure of the losing-single-child elderly. Second, create a harmonious and friendly community environment, social workers should provide proper guidance and publicity, promote the value of mutual help and friendship, eliminate the prejudice of the society towards the losing-single-child elderly, encourage them to participate in cultural activities in the community, enrich their lives, and help them develop a positive and optimistic attitude towards life. Third, create a warm family atmosphere. Encourage friends and relatives of the losing-single-child elderly to join the psychological service, transfer the core attachment relationship of the losing-single-child elderly and replace the existing parent-child relationship with a kinship relationship or friendship relationship as the new core attachment relationship, so as to rebuild the psychological attachment of the losing-single-child elderly. Finally, encourage the mass media to broadcast public service promotional video and establish a website dedicated to the losing-single-child group, promote members of the society to care for and understand the losing-single-child elderly, promote an inclusive cultural atmosphere, and mobilize social forces to care for the losing-single-child elderly, so that with the joint efforts of all social forces, the losing-single-child elderly can regain their confidence, get out of the grief and rebuild their lives.

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