Mental health in China: challenges and progress

Over the past three decades, China’s economic reforms have achieved great success. However, rapid urbanisation and economic growth are generating new challenges for the country and its mental health system. For various historical reasons, mental health services have been a low priority in China. In the past 5 years, both the international community and media have shown great interest in these services. Most international experts have assessed China’s mental health system according to western standards, and have focused on negative events that occasionally arise. We feel that a more balanced introduction to China’s mental health system is warranted, one that includes its pitfalls, progress, and challenges.

An estimated 173 million Chinese people have a diagnosable psychiatric disorder, of whom 158 million have never received any treatment. China has roughly 20 000 psychiatrists, of whom only about 4000 are fully qualified, which largely explains the extremely high number of untreated patients. Furthermore, two-thirds of the country’s 1·3 billion citizens live in rural areas, yet most mental health care resources are concentrated in psychiatric hospitals in cities. Until 2010, only one mental health professional was working in Tibet. The provision of accessible, dependable, and affordable mental health care for China’s massive rural population is thus a matter of urgency.

In the past 5 years, the importance of mental health has begun to gain recognition. The Chinese Government has started taking effective steps to finance mental health services and provide regular training in mental health for primary care providers. Important steps included the 2005 effort to ensure that most new psychotropic drugs were covered by basic health insurance, and a 2010 initiative to build 550 psychiatric hospitals and psychological units in general hospitals by 2012.

A promising development was the initiation of a national community-based service delivery model in psychiatry (the 686 project) in 2004. This project has integrated the resources of psychiatric hospitals and existing community health systems with the aim of training a core group of mental health professionals in case management and the use of individual service plans, to enable them to deliver training programmes and establish community-based services. The 686 project has helped to convince central government to invest more than RMB 220 million (US$32·2 million) in community-based mental health since 2004. As of Nov 30, 2011, the community-based service model within this project covered 391 million people at 766 sites in 170 cities. Approximately 1·83 million patients with severe psychiatric disorders have been registered, of whom about 390 000 patients with a high risk of violence have received rehabilitation services and regular follow-ups.

China has more than 200 million migrant workers who take up temporary jobs in faraway urban regions and return home to rural areas only during the Lunar New Year. They are not covered by either community-based mental health services or health insurance in the cities where they work. Provision of services to meet the mental health needs of this migrant population will be another huge challenge.

In China, around 287 000 suicides (23 per 100 000 population) took place each year during 1995–99, accounting for up to a third of suicides globally. Unlike suicide patterns in the west, China’s has a high female-to-male ratio (about 1·25:1); ingestion of pesticides is the most common method of suicide. Government data suggest that the suicide rate might be falling (6·6 per 100 000 by 2008), but much work is still needed towards suicide prevention.

Local and western media have often blamed Chinese health authorities for the inadequate protection of
the rights of psychiatric patients,1,9 as a result of the scarcity of national and local mental health laws, with the exception of a few major cities.3,10 In 1985, a committee started drafting the Mental Health Law of the People’s Republic of China; the draft was revised 15 times up to 2005.10 The revised draft of the National Mental Health Law was released by the Standing Committee of the National People’s Congress on Oct 29, 2011,11 and was formally approved on Oct 26, 2012 to come into effect from May 1, 2013.12

Another challenging issue is the lack of valid national data about the prevalence of psychiatric disorders. The country’s only two national psychiatric surveys were in 1982 and 1993.13,14 A new nationwide psychiatric survey is urgently needed, because having solid epidemiological data is a fundamental step if mental health services are to be shored up and strategies devised for the effective implementation of measures to reduce the multitude of harmful consequences of under-recognised and untreated psychiatric disorders.

In recent years, the endeavours of central and local governments in China and mental health professionals have improved access to, and the quality of, the mental health system. However, much progress is still needed to address the major challenges facing China’s mental health services.

*Tackling the global diabetes burden: will screening help?*

Worldwide, cases of type 2 diabetes have doubled from nearly 150 million in 1980 to almost 350 million today,1 and effective strategies to reduce the burden of disease are greatly needed. A large and highly variable proportion of cases are undiagnosed,2 and in view of the available evidence-based treatments,3 early detection through diabetes screening is worth careful consideration. Diabetes screening and diagnosis can be done with relative ease, which further escalates popular support for wide-scale screening. However, these compelling arguments overlook the screening costs, potential harms, and lack of clear evidence that screening improves health outcomes compared with current routine clinical diagnosis. In The Lancet, Rebecca Simmons and colleagues4 report their findings from the ADDITION study, the most earnest attempt to date to try to settle the diabetes screening quandary.

The ADDITION study is a clinic-level cluster randomised trial of patients aged 40–69 years who are receiving care from general practices in eastern England, and represent the top 25% of the risk distribution for undiagnosed diabetes.4 Entire clinics were randomly assigned to screening or no screening (control group). In the screening clinics, treatment focused on glycaemic control and cardiovascular risk reduction through two care patterns: intensive multifactorial diabetes treatment or

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We declare that we have no conflicts of interest.

5 Wu XM, Ma N. Report of central subsidies to local management of patients with severe mental illnesses. Beijing, China: Peking University Institute of Mental Health, 2012 (in Chinese).