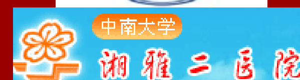
WHO-AIMS

WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM IN HUNAN Province OF THE PEOPLE'S REPUBLIC OF CHINA



WHO-AIMS REPORT ON

MENTAL HEALTH SYSTEM

IN HUNAN PROVINCE OF

THE PEOPLE'S REPUBLIC OF CHINA

A report of the assessment of the mental health system in Hunan province of The People's Republic of China, using the World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS).

(Changsha, Hunan)

2006

WHO, Country Office of The People's Republic of China
WHO, Regional Office for the Western Pacific, WPRO
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The project in Hunan was implemented by Li Ling Jiang, MD, PHD ; Zhang Yan, MD; Li Ze Xuan ,MD; Li Gong Ying ,MD and Ma Ning , MD in Mental Health Institute, Central South University, China.

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The World Health Organization Assessment Instrument for Mental health Systems (WHO-AIMS) has been conceptualized and developed by the Mental Health Evidence and Research team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization (WHO), Geneva, in collaboration with colleagues inside and outside of WHO.

Please refer to *WHO-AIMS* (WHO, 2005) for full information on the development of WHO-AIMS at the following website.
http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Hunan Province. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Hunan Province to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

In December 2004, a data collection plan was drafted as the first step in the WHO-AIMS process for Hunan. WHO-AIMS was then introduced to all relevant stakeholders in mental health in Hunan. Subsequently, a meeting was held among representatives of health organizations in the province to discuss the data collection plan and to provide training relative to the WHO-AIMS instrument. Each of the health facilities received a questionnaire, which asked them to provide specific data applicable to the information requested in the WHO-AIMS instrument.

Hunan Province has its own mental health policy and plans, but no current mental health legislation. Two percent of health care expenditures by the government health department are directed towards mental health. Financing is mainly directed to mental hospitals. Only severe mental health disorders are covered by social insurance. A regional human rights review body ("Ethics Committee of Hunan Province") exists and did at least one inspection in half of the mental hospitals and in all community-based inpatient units.

There are mental health authorities, which provide advice to the government on mental heath policies and legislation. Mental health services are organized by catchment/service areas. 64 outpatient facilities treat 454 users per 100,000 general population. Only 2% of these facilities are exclusively for children and adolescents. Children and adolescents are 10% of all users in mental health. There is no day treatment facility available in Hunan Province. There are 15 community-based psychiatric inpatient units, for a total of 1.6 beds per 100,000 general population and 13 community residential facilities(mental hospital in the system of Civil Affairs) for a total of 2.5 beds/places per 100,000 general population. Mental hospitals treat 35 patients per 100,000 general population and have an occupancy rate of 60%. Only a few patients received one or more psychosocial interventions. 40% of admissions to mental hospitals are involuntary, but only a few patients were secluded or restrained. The majority of patients treated in mental health facilities have a diagnosis of schizophrenia. Psychotropic drugs are available in almost all mental health facilities. Mental health facilities are usually located near the cities, preventing access for rural users.

Primary health care staff have poor training in mental health. Some primary health care facilities have interaction with mental health services and have assessment and treatment protocols for key mental health conditions available (mostly the physician-based primary health care clinics). Primary health care doctors are allowed to prescribe psychotropic drugs with restrictions, nurses are not allowed to prescribe.

There are 6 human resources working in mental health per 100,000 population. There is no data available for psychosocial staff (psychologists, social workers, occupational therapists). Mental health staff had some refresher training during the last year, mostly on psychosocial interventions. There are two consumers associations and one family association; both have been involved in the formulation or implementation of mental health policies. In addition there are two NGOs in Hunan Province.

Public education and awareness campaigns are overseen by coordinating bodies. There are links with other relevant sectors, but there is no legislative or financial support for people with mental disorders. Regarding mental health activities in the criminal health justice system, a few prisons have had contact with mental health professionals.

Data are collected and compiled by facilities to a variable extent. A report was published by the Government Health Department, but it did not include any summary comments on this data. There has been mental health research on different topics.

WHO-AIMS COUNTRY REPORT FOR HUNAN PROVINCE IN THE PEOPLE'S REPUBLIC OF CHINA

Introduction

Hunan Province lies on the south bank of the Changjiang River in China. The province is located in the east longitude 108°47′ to 114°15′ and in north latitude 24°39′ to 30°08′. The geographical area of the whole province is approximately 211,800 sq.km., which corresponds to the 2.2% of that of China (approximately 9597 thousand sq.km, UNO 2001). It is a landlocked province adjacent to coastal area. There are 41 nationalities in Hunan Province, such as the Han, Tujia, Miao nationalities. In January 2005, the total population in Hunan Province was 66,977,000. 22.1% of the population was under the age of 15 and 9% of the population was over the age of 60. Approximately 65% of the population was rural. The birthrate of the whole province was 11.89‰. Death rate was 6.80‰ and the natural rate of growth was 5.09‰. The life expectancy at birth is 70.77 for males and 74.16 for females in Hunan Province. We have no data on the healthy life expectancy at birth in Hunan province; we only know that in China is 63.1 for males and 65.2 for females. The literacy rate in China is 92.1% for men and 77.9% for women (UNESCO/MoH, 2004).

Hunan Province is a lower middle income group country (based on World Bank 2004 criteria). The GDP was 561,226 million yuan in 2004. The per capita GDP, calculated by permanent resident population, was 9117 yuan. In 2004, the per capita disposable income of the urban residents in Hunan Province was 8617.48 yuan (the per capita wages and salaries was 6285.96 yuan and the rural per capita net income was 2838 yuan).

Methods

The *World Health Organization Assessment Instrument for Mental Health Systems* (WHO-AIMS) is a new WHO tool for collecting essential information on the mental health system of a country or region (WHO, 2005; Saxena *et al.* 2005). The goal of collecting this information is to improve mental health systems and to provide a baseline for monitoring the change. WHO-AIMS is primarily intended for assessing mental health systems in low and middle income countries, but is also a valuable assessment tool for high resource countries. WHO-AIMS was developed to assess key components of a mental health system and thereby provide essential information to strengthen mental health systems.

In December 2004, a data collection plan was drafted as the first step in the WHO-AIMS process for Hunan. WHO-AIMS was then introduced to all relevant stakeholders in mental health in Hunan. Subsequently, a meeting was held among representatives of health organizations in the province to discuss the data collection plan and to provide training relative to the WHO-AIMS instrument. Each of the health facilities received a questionnaire, which asked them to provide specific data applicable to the information requested in the WHO-AIMS instrument.

After the questionnaires were collected from all participating organizations, the information was then entered into the WHO-AIMS Excel Data Entry Programme. Compiled data were sent to the WHO headquarters in Geneva. Data were reviewed for consistency and reliability. Revisions were made based upon the suggestions of WHO technical staff. After all data were corrected, a report was then drafted based upon the updated version of the Excel data file. As with the data file, the report was corrected and revised several times before the final report was produced.

Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

China Hunan's mental health policy was last revised in 2004 and it was enacted by the Department of Health, Education, Security, Civil Affairs, Justice, Finance and Hunan Disabled Person's Federation. It includes following components: developing community mental health services, downsizing large mental hospitals, developing a mental health component in primary health care, human resources, involvement of users and families, advocacy and promotion, human rights protection of users, equity of access to mental health services across different groups, financing, quality improvement and monitoring system.

In addition, a list of essential medicines is present. These medicines include: antipsychotics (Fluphenaxine Decanoate, Perphenazine, Haloperidol and Haloperidol Decanoate), anxiolytics (Lorazepam，Oxazepam，Flurazepam Hydrochlorid，Clonazepam), antidepressants (Doxepin， Maprotilin， Imipramine Hydrochloride), mood stabilizers (Lithium carbonate) and antiepileptic drugs (Phenytoin Sodium).

The last revision of the China's mental health plan "National Project on Mental Health (2002-2010)" was published in 2002. This plan is also used in Hunan Province and it contains the contents of other Hunan Government plans. These other plans included "the 10th 5-year plan of the Disabled Person Project in Hunan Province" and "the design of prevention and rehabilitation of psychosis for 10th 5-year blueprint". This plan contains also the following components: developing community mental health services, downsizing large mental hospitals, developing a mental health component in primary health care, human resources, involvement of users and families, advocacy and promotion, human rights protection of users, equity of access to mental health services across different groups, financing, quality improvement and monitoring system. In addition, budget, a timeframe and specific goals are mentioned as strategies in the last mental health plan. The mental health plan includes a commitment from the central government to finance 0.15 yuan for each citizen per year and from the local government to finance 0.50 yuan per citizen per year. Additionally, commitments have helped patients to find employment and to publicize mental health information in the media.

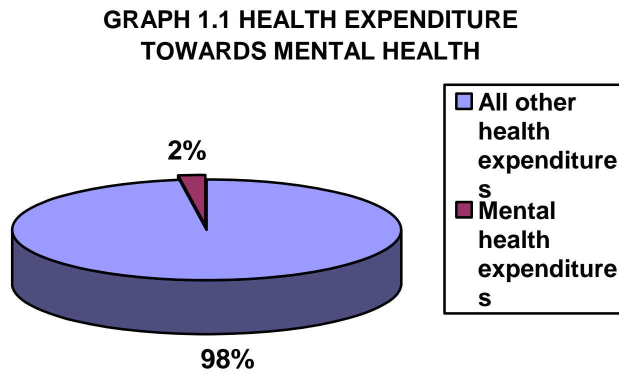
A disaster/emergency preparedness plan for mental health is present as a separate document and it was last revised in 2004.

Despite the fact that mental health policy and plan exist in China, there is no current mental health legislation. However, since 1985 draft legislation has been developed by a

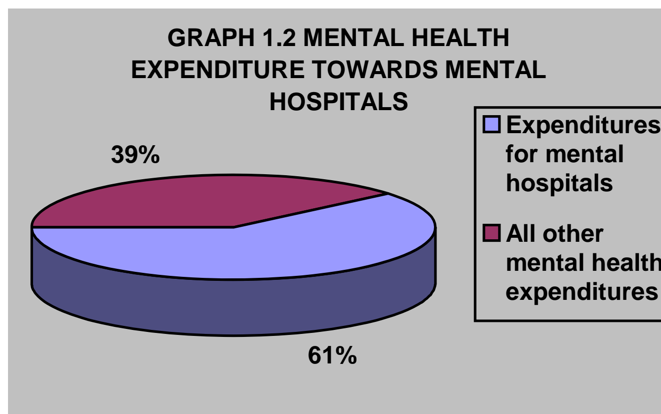
panel experts recruited by Public Mental Health Ministry and Health Department of Hunan Province. The 15th version of the draft has been completed, but it still has not been formally published.

Financing of mental health services

Two percent of health care expenditures by the government health department are directed towards mental health (Graph 1.1).



Of all the expenditures spent on mental health, 61% is directed towards mental hospitals (Graph 1.2).



There are no data on free access to essential psychotropic medicines. For those that pay out of pocket, the cost of antipsychotic medication is 0.27 yuan (3% of the one day minimum wage) and antidepressant medication is 0.57 yuan (7% of the one day minimum wage). Only severe mental health disorders are covered by social insurance schemes.

Human rights policies

A regional human rights review body ("Ethics Committee of Hunan Province") exists and has the authority to oversee inspections in mental health facilities and impose sanctions on those facilities that persistently violate patients' rights. 56% of mental hospitals in the Hunan Province had at least one review/inspection of human rights protection of patients,

while all community-based psychiatric inpatient units and community residential facilities have had such a review. Mental hospitals staff and inpatient psychiatric units staff have not had any training, meeting, or other type of working session on human rights in the year of assessment.

Domain 2: Mental Health Services

Organization of mental health services

In Hunan Province, mental health authorities exist (Ministry of Health People's Republic of China, Health Department of Hunan Province, National Center for Mental Health China-CDC, Department of Hunan Mental Health Services: Department of Medical Administration and Department of Disease Control) and provide advice to the government on mental health policies and legislation. The mental health authorities are also involved in service planning, service management and co-ordination and monitoring and quality assessment of mental health services. Mental health services are organized by catchment/service areas. All mental hospitals are organizationally integrated with mental health outpatient facilities.

Mental health outpatient facilities

There are 64 outpatient mental health facilities available in Hunan Province, of which 2% are for children and adolescents only. These facilities treat 454 users per 100,000 general population. Of all users treated in mental health outpatient facilities, 51% are female and 10% are children or adolescents. The diagnoses of users treated in outpatient facilities are primarily schizophrenia (52%) and neurotic disorders (20%). 53% of outpatient facilities provide follow-up care in the community. 53% of outpatient facilities have mental health mobile teams, which provide regular mental health care outside of the mental health facility. In terms of available treatments, only a few (less than 20%) of patients in outpatients facilities last year received one or more psychosocial interventions. 91% of mental health outpatient facilities had at last one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility or a near-by pharmacy all year round.

Day treatment facilities

There are no day treatment facilities available in Hunan Province.

Community-based psychiatric inpatient units

There are 15 community-based psychiatric inpatient units available in Hunan Province for a total of 1.6 beds (per 100,000 population); 4% of these beds in community-based inpatient units are reserved for children and adolescents only; 51% of admissions to community-based psychiatric inpatient units are female; and 8% are children/adolescents. The diagnoses of admissions to community-based psychiatric inpatient were primarily from the following two diagnostic groups: schizophrenia (40%) and neurotic disorders (23%). On average patients spend 28.8 days in the hospital. A few patients (less than 20%) in community-based psychiatric inpatient units received one or more psychosocial interventions in the last year. All the community-based psychiatric inpatient units had at

least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Community residential facilities

There are 13 community residential facilities available in Hunan Province for a total of 2.5 beds/places (per 100,000 population); 2% of these beds in community residential facilities are reserved for children and adolescents only; 48% of users treated in community residential facilities are female; and 3% are children and adolescents. The number of users in community residential facilities is 10.28 per 100,000 population and the average number of days spent in community residential facilities is 52.

Mental hospitals

There are 36 mental hospitals available in the Hunan Province for a total of 6.79 beds per 100,000 population. All these facilities are organizationally integrated with mental health outpatient facilities. Five percent of these beds in mental hospitals are reserved for children and adolescents only. The number of beds has increased by 2% in the last five years. Forty six percent of patients are female and 7% children and adolescents(best estimate). The diagnoses of admissions to mental hospitals are primarily from the following two diagnostic groups: schizophrenia (65%) and mood affective disorders (12%). The number of patients in mental hospitals is 35 per 100,000 general population. The average number of days spent mental hospitals is 42. It is estimated that 95-96% of patients spend less than one year, 2-3% of patients spend between one and four years, less than 1% of patients spend between five and ten years, and less than 1% of patients spend more than ten years in mental hospitals. A few (less than 20%) patients in mental hospitals received one or more psychosocial interventions in the last year. 94% of mental hospitals had at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility.

Low coverage of the population by medical insurance systems, poor economical status and lack of public awareness campaigns contribute to a low occupancy rate in rural mental health facilities. Since people in rural areas tend to avoid hospitalization due to their low economical status, community-based facilities are particularly underused. This leads to increased numbers of referrals to mental hospitals.

Forensic and other residential facilities

There are no beds for persons with mental disorders in forensic inpatient units. There are 6 residential facilities specifically for youth with mental retardation, 2 for people with substance abuse problems, 11 for people with dementia and 1 that is not formally a mental health facility. but, nevertheless, houses primarily people with diagnosable mental disorders.

Human rights and equity

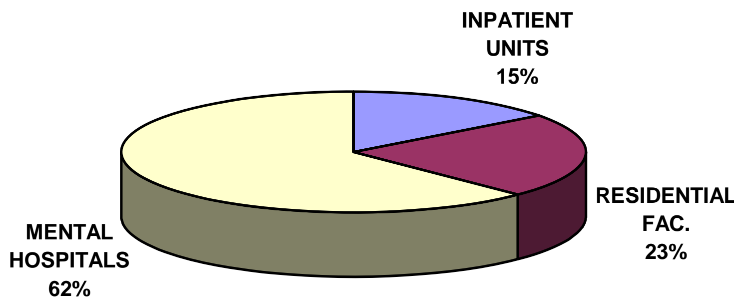
38% of all admissions to community-based inpatient psychiatric units and 40% of all admissions to mental hospitals are involuntary. Less than one percent of patients were restrained or secluded at least once within the last year in community-based psychiatric

inpatient units, in comparison to 6-10 percent of patients in mental hospitals. There over twice as many beds per capita (2.2) in or near the largest city (Changsha City, the capital of Hunan province) compared to the rest of the province. Such a distribution of beds limits access for rural users. Inequity of access to mental health services for other minority users (e.g., linguistic, ethnic, religious minorities) is a moderate issue in Hunan Province.

Summary Charts

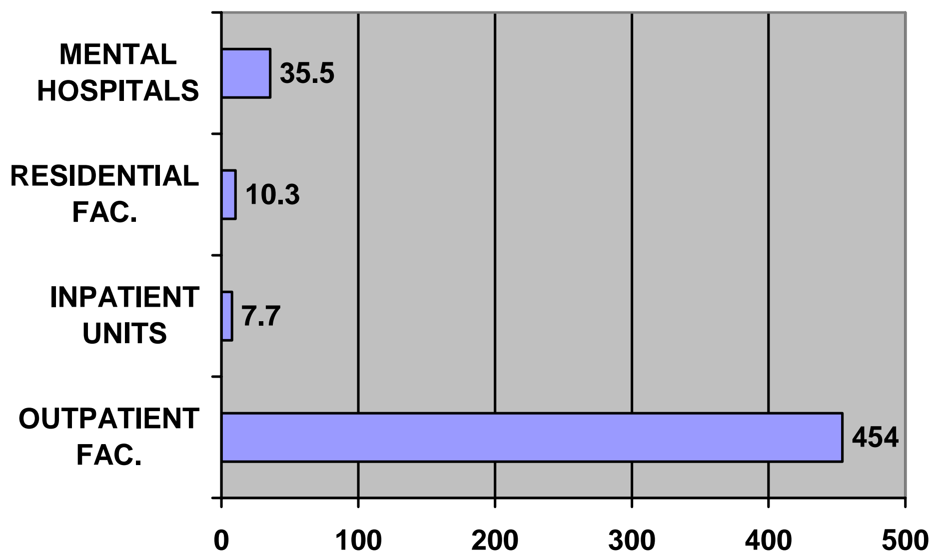
The majority of beds in the Hunan Province are provided by mental hospitals, followed by community-based inpatient units and residential facilities (Graph 2.1).

GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES



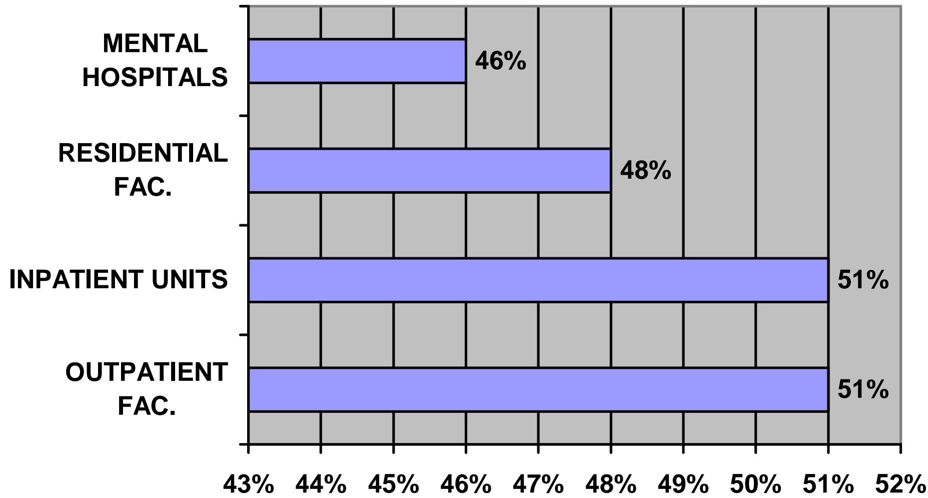
The majority of the users are treated in outpatient facilities, while the rate of users treated in mental hospitals, inpatient units and residential facilities is lower (Graph 2.2).

GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100.000 population)



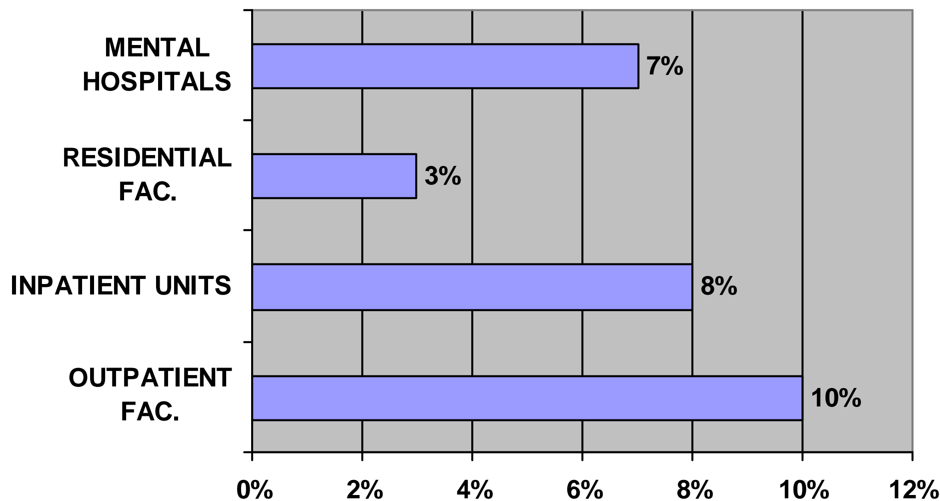
The proportion of female users is highest in inpatient units and outpatient facilities (51%) and lowest in mental hospitals (Graph 2.3).

GRAPH 2.3 - PERCENTAGES OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES



The percentage of users that are children and/or adolescents varies substantially from facility to facility. The proportion of children is highest in mental health outpatient facilities and lowest in community residential facilities (Graph 2.4).

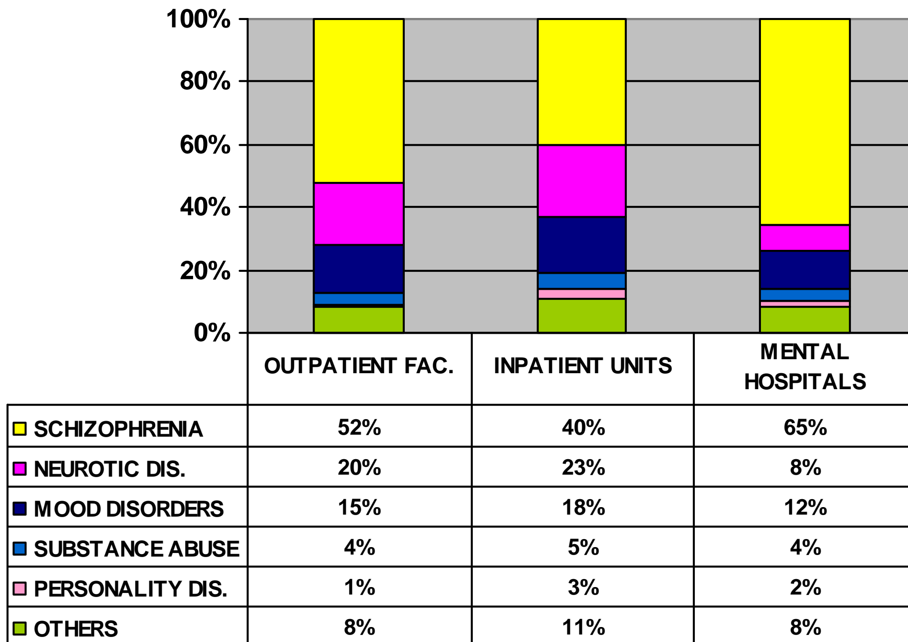
GRAPH 2.4 - PERCENTAGES OF CHILDREN AND ADOLESCENTS TREATED IN MENTAL HEALTH FACILITIES



In all facilities schizophrenia is the most prevalent diagnosis. The distribution of the other diagnoses varies across facilities: the second most common diagnostic group in outpatient

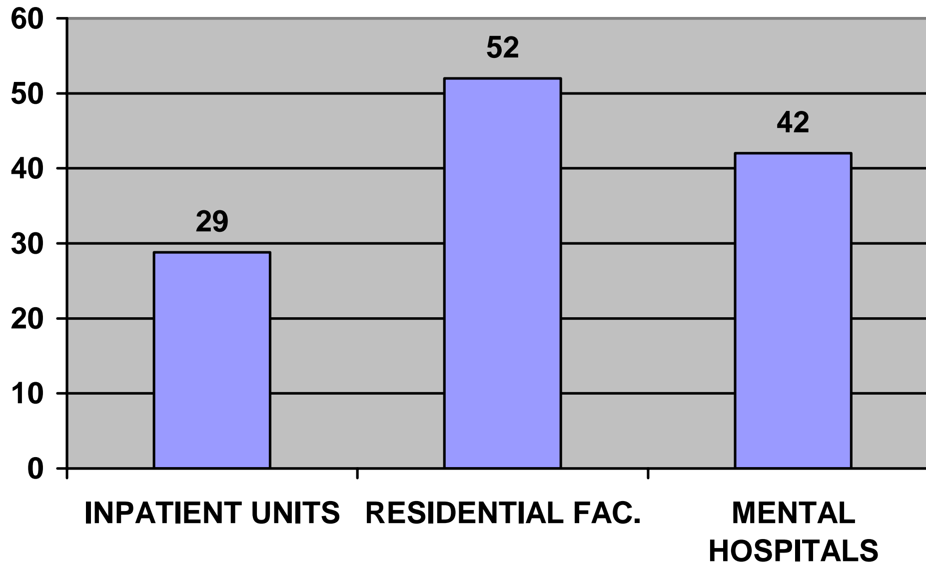
facilities and inpatient units is neurotic disorders, while in mental hospitals it is mood disorders (Graph 2.5).

GRAPH 2.5 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS

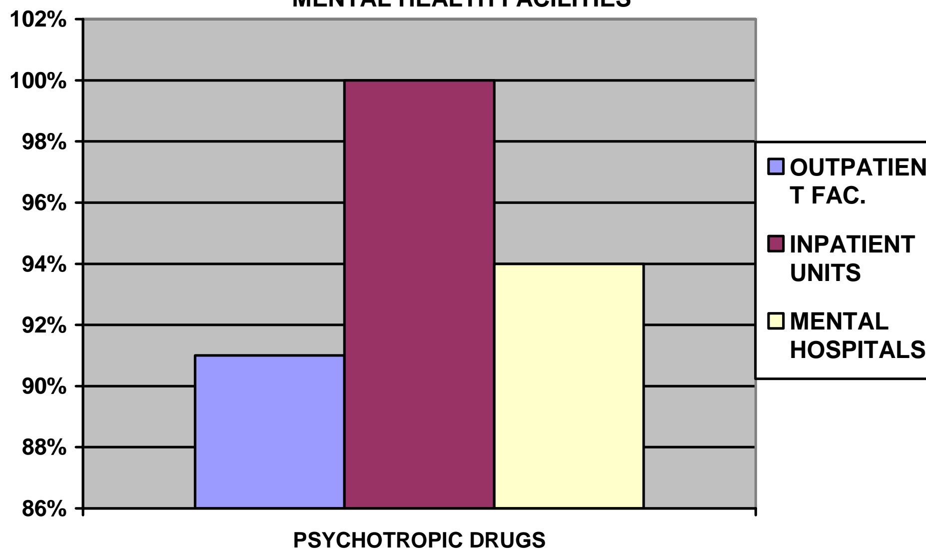


	OUTPATIENT FAC.	INPATIENT UNITS	MENTAL HOSPITALS
SCHIZOPHRENIA	52%	40%	65%
NEUROTIC DIS.	20%	23%	8%
MOOD DISORDERS	15%	18%	12%
SUBSTANCE ABUSE	4%	5%	4%
PERSONALITY DIS.	1%	3%	2%
OTHERS	8%	11%	8%

The longest length of stay for users is in community residential facilities, followed by mental hospitals and then community-based psychiatric inpatient units (Graph 2.6).



Psychotropic drugs are available in all inpatient units, and mostly available in mental hospitals and outpatient mental health facilities (Graph 2.7).



Domain 3: Mental Health in Primary Health Care

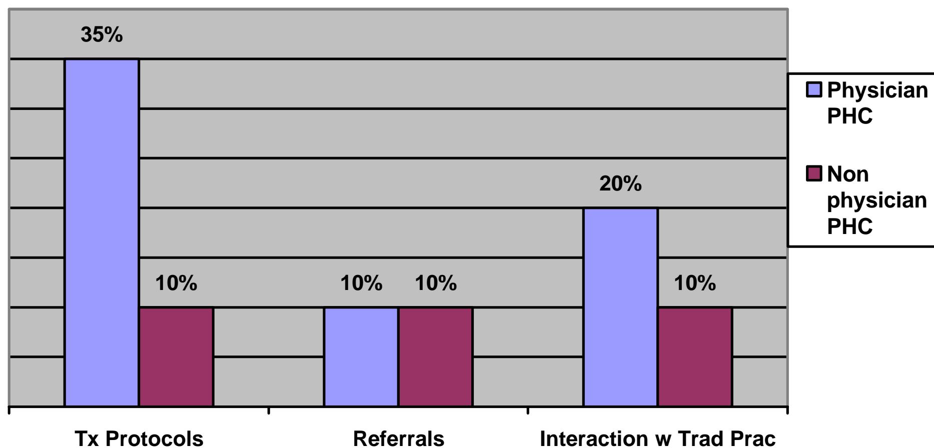
Training in mental health care for primary care staff

One percent (1%) of the training for medical doctors and for nurses is devoted to mental health. In terms of refresher training, there is no information about it, because most of the training programs are organized by the Hospitals for their own staff and not by the Health Department of Hunan Province.

Mental health in primary health care

Both physician based primary health care (PHC)(a kind of health center)and non-physician based PHC clinics(a kind of rehabilitation station) are present in Hunan Province. In terms of physician-based primary health care, some clinics (between 21 and 50%) have assessment and treatment protocols for key mental health conditions available, in comparison to only a few clinics (less than 20%) for non-physician-based primary health care. A few (less than 20%) clinics of physician-based primary health care clinics make on average at least one referral to a mental health professional. A few (less than 20%) clinics of non-physician based primary health care make a referral to a higher level of care. As for professional interaction between primary health care staff and other care providers, some (between 21 and 50%) of primary care doctors have interacted with a mental health professional at least once in the last year. A few (less than 20%) facilities of physician-based PHC, of non-physician-based PHC and mental health facilities have had interaction with a complimentary/alternative/traditional practitioner (Graph 3.2)

GRAPH 3.2 - COMPARISON OF PHYSICIAN BASED PRIMARY HEALTH CARE WITH NON-PHYSICIAN BASED PRIMARY HEALTH CARE



* Average of WHO-AIMS category ranges

Prescription in primary health care

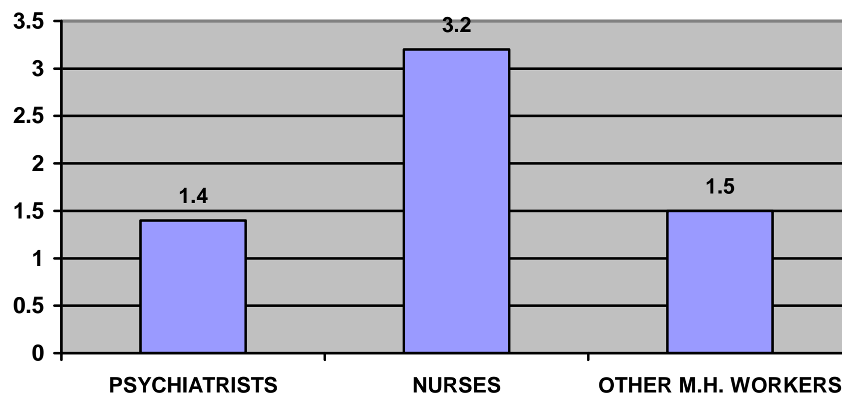
Nurses and non-doctor/non-nurse primary health care workers are not allowed to prescribe psychotropic medications in any circumstance. Primary health care doctors are allowed to prescribe but with restrictions. As for availability of psychotropic medicines, a majority of the physician-based PHC clinics (51-80%) have at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic) in comparison to a few (less than 20%) non physician-based primary care clinics.

Domain 4: Human Resources

Number of human resources in mental health care

The total number of human resources working in mental health facilities or private practice per 100,000 population is 6.1. The breakdown according to profession is as follows: 1.4 psychiatrist, 3.2 nurses and 1.5 other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counselors). There is no data available for psychosocial staff (psychologists, social workers, occupational therapists). See Graph 4.1.

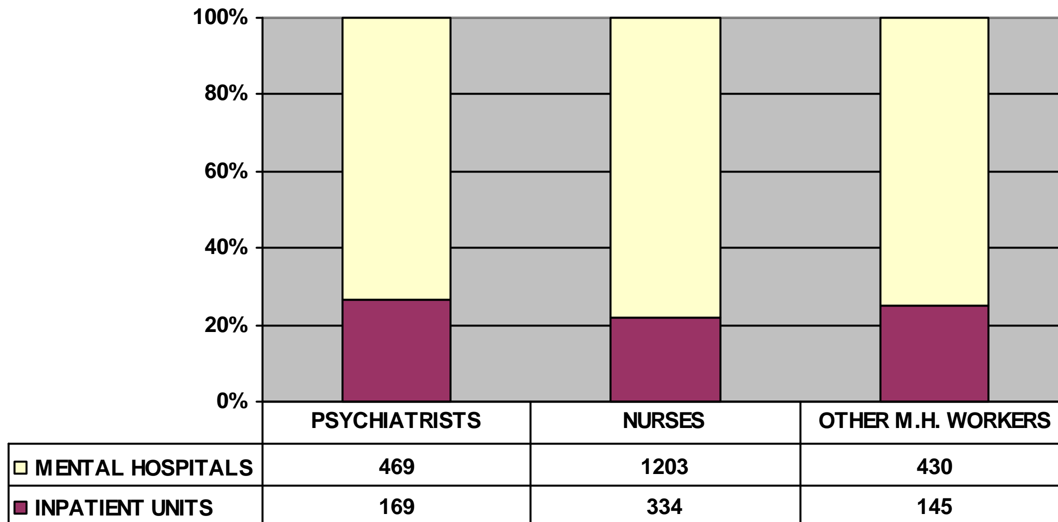
GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)



Regarding the workplace, 169 psychiatrists work in community-based psychiatric inpatient units, 469 in mental hospitals. As far as nurses, 320 work in outpatient facilities, 334 in community-based psychiatric inpatient units and 1203 in mental hospitals. As

regards to other health or mental health workers, 145 work in community-based psychiatric inpatient units and 430 in mental hospitals (Graph 4.2).

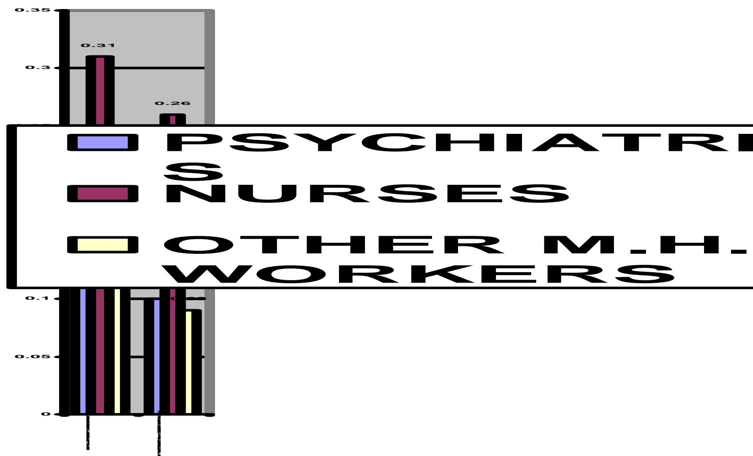
GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)



	PSYCHIATRISTS	NURSES	OTHER M.H. WORKERS
MENTAL HOSPITALS	469	1203	430
INPATIENT UNITS	169	334	145

In terms of staffing in mental health facilities, there are 0.16 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.10 psychiatrists per bed in mental hospitals. As for nurses, there are 0.31 nurses per bed in community-based psychiatric inpatient units, in comparison to 0.26 per bed in mental hospitals. Finally, for other mental health care staff (e.g., other health or mental health workers), there are 0.14 per bed for community-based psychiatric inpatient units, and 0.09 per bed in mental hospitals.

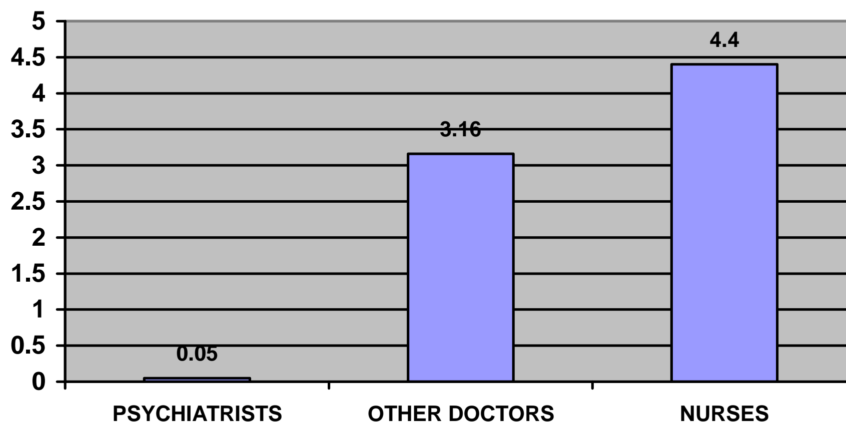
GRAPH 4.3 - RATIO HUMAN RESOURCES/BEDS



Training professionals in mental health

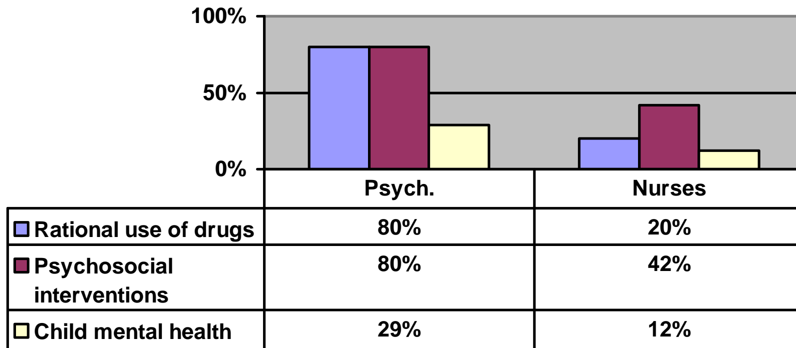
The number of professionals graduated last year in academic and educational institutions per 100,000 is as follows: 31 psychiatrists (0.05 per 100,000 population), 2120 other medical doctors (not specialized in psychiatry; 3.16 per 100,000 population) and 2974 nurse (4.4 per 100,000 population). See Graph 4.4. A few psychiatrists (less than 20%) emigrate to other countries within five of the completion of their training.

GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



Most psychiatrists attended refresher training on the rational use of drugs and psychosocial interventions; some psychiatrists (29%) received training on child mental health. Some nurses (42%) received training on psychosocial issues but few were trained on the rationale use of drugs (20%) and child mental health (12%). See Graph 4.5.

GRAPH 4.5 - PERCENTAGE OF MENTAL HEALTH STAFF WITH TWO DAYS OF REFRESHER TRAINING IN THE PAST YEAR



	Psych.	Nurses
Rational use of drugs	80%	20%
Psychosocial interventions	80%	42%
Child mental health	29%	12%

Psych = psychiatrists; MD =other medical doctors not specialized in psychiatry; psychosocial staff = psychologists, social workers, and occupational therapists. Others = other health and mental health workers

Consumer and family associations

There are two users/consumers associations and one family association. The government provides economic support for both consumer and family associations. Both consumer and family associations have been involved in the formulation or implementation of mental health policies, plans, or legislation in the past two years. Some mental health facilities have interacted with family and consumer associations. In addition to consumer and family associations, there are two other NGOs in Hunan Province involved in individual assistance activities such as counselling, housing, or support groups.

Domain5: Public Education and Links with other Sectors

Public education and awareness campaigns on mental health

There is a coordinating body to oversee public education and awareness campaigns on mental health and mental disorders. Government agencies, NGOs, professional associations, private trusts and foundations and international agencies have promoted public education and awareness campaigns in the last five years. These campaigns have targeted the following groups: the general population, children/adolescents, and women. In addition, there have been public education and awareness campaigns targeting professional groups including health care providers, complimentary/alternative/traditional providers, teachers and social services staff.

Legislative and financial provisions for persons with mental disorders

At the present time, there are no legislative provisions preventing housing discrimination for people with mental disorders or financial incentives for employing people with mental disorders.

Links with other sectors

In addition to legislative and financial support, there are formal collaborations between the government department responsible for mental health and the departments/agencies responsible for primary health care/community care, HIV/AIDS, reproductive health, child and adolescent health, substance abuse, child protection, education, employment, housing, welfare, criminal justice and the elderly. In terms of support for child and adolescent health, a few primary and secondary schools have school-based activities to promote mental health and prevent mental disorders.

The percentage of prisoners with psychosis and mental retardation is less than 2% for each disorder. Regarding mental health activities in the criminal justice system, a few prisons have at least one prisoner per month in treatment contact with a mental health professional. As for training, few police officers and few judges and lawyers have participated in educational activities on mental health in the last five years. In terms of financial support for users, a few mental health facilities have access to programs outside the mental health facility that provide outside employment for users with severe mental disorders. Finally, 3% of people who receive social welfare benefits do so because of a mental disability.

Domain 6: Monitoring and Research

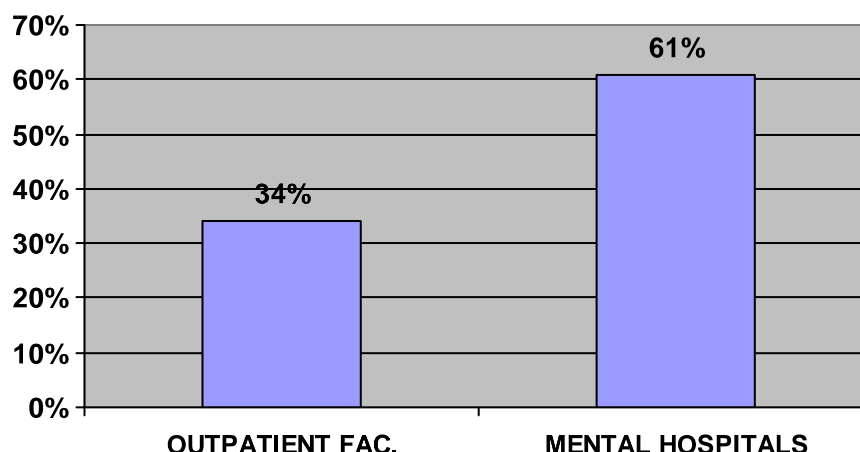
There is no formally defined minimum data set of items that ought to be collected by all mental health facilities. As shown in the Table 6.1, the extent of data collection is variable among mental health facilities.

Table 6.1 - Percentage of mental health facilities collecting and compiling data by type of information.

TYPE OF INFORMATION COMPILED	MENTAL HOSPITALS	INPATIENT UNITS	OUTPATIENT FACILITIES
N° of beds	100%	87%	NA
N° inpatient admissions/users treated in outpatient facilities	86%	87%	86%
N° of days spent/user contacts in outpatient facilities	89%	80%	19%
N° of involuntary	61%	67%	NA

admissions			
N° of users restrained	56%	47%	NA
Diagnoses	69%	60%	58%

The government health department received data from 61% of mental hospitals, 34% of mental health outpatient facilities but no community based psychiatric inpatient units (Graph 6.1). Based on this data, a report was published by the Government Health Department but it did not include any summary comments.



The mental health research focused on the following topics: epidemiological studies in community samples, non-epidemiological clinical/questionnaires assessments of mental disorders, biology and genetics, policy, programmes, financing/economics, psychosocial interventions/psychotherapeutic interventions, pharmacological, surgical and electroconvulsive interventions.

Next Steps in Strengthening Mental Health System

Strengths and Weaknesses of the Mental Health System in Hunan, China

In Hunan Province the mental health system has almost all types of mental health facilities (only day treatment facility and forensic inpatient units do not exist). Despite the fact that a community based approach to mental health care is advocated in policy and improvements have been done in prevention, treatment and rehabilitation, the mental

health care system needs to be strengthened. There is an imbalance in favour of mental health hospital inpatient care: most of the resources and a large part of human resources are directed towards mental hospitals. For example, beds in mental hospital in Hunan Province have increased in the last five years (2%) and more than 90% of patients living in the communities are not provided rehabilitation services. Few facilities are devoted to children and adolescents. Moreover there is inequity of access to mental health services for rural users. Psychotropic drugs are available in all facilities. For almost all the urban residents patients with a severe mental health disorder, the cost of psychotropic drugs is covered by the social medicine insurance.

The government is making efforts to promote equity of access to primary health care and make social medicine insurance available for rural users. However, primary health care and mental health care are not well integrated, and refresher trainings in mental health for primary doctors are weak.

Human resources in mental health care of Hunan Province are not sufficient: social workers, occupational therapists and psychologists are needed. There is a coordination office in the charge of mental health department of Hunan Province which oversees public education and awareness campaign on mental health. However, the general public has to be better educated about mental illnesses (in particular, there should be school-based activities to promote mental health and prevent mental disorders). There are only three consumer and family associations in Hunan Province. Monitoring on mental health services must be improved: a formally defined set of items that ought to be collected by all mental health facilities should be established. Mental health policy and plans exist, but there is no mental health law (it has been under development since 1985). Some work has been done on human rights inspections of some facilities, but these actions should be extended. Also training courses for staff need to be developed.

The Plan of Community Mental Health Service in Hunan Province

Currently, Hunan Province is making progress in the development of mental health services in the community. For example, in some selected cities and counties of Hunan Province prevention, treatment and rehabilitation of psychiatric disorders have been prioritized with the support of the Hunan Province authorities and the Association for People with Disability, During the 9th developing phase of the 5 year plan (1995-2000), 223 work and recreation stations have been established in the communities to provide basic working skills training and recreational activities. Simultaneously, 6981 patients are visited regularly by mental health professionals in the patient homes.

The work and recreation stations run by the Civil Departments in Hunan province are currently in the beginning stages. These stations provide services for persons with diagnoses of alcohol and substance abuse disorders or mental retardation without an accompanying mental disorder diagnosis, and sometimes give temporary shelter to those with acute mental disorders or behavioral problems linked to mental distress. In addition, they perform certain administrative tasks (such as investigating the socially adverse effects associated with mental disorders or behavioral problems) and provide education

about mental health issues for the general public in communities with permission of the Civil Departments.

Acute psychiatric treatment has always been the primary focus for mental health agencies. Prevention, rehabilitation and social services as well as professional consultation have been less of a priority for the Hunan Province. In order to improve the mental health system in Hunan province, we have consulted with specialists from The Mental Health Institute of Central South University. The consensus is to strengthen the community mental health care system and increase its effectiveness in the rehabilitation of patients.

Future planning objectives will include:

1. Developing plans with local government to establish a system of community mental health in cities and counties;
2. Replacing custodial mental hospitals with community care agencies (establish more stations of rehabilitation and working therapy stations across the Hunan Province);
3. Training more primary psychologists, in order to develop early intervention and social rehabilitation programs;
4. Increasing mental health care services in the community. Community-based care will provide patients with chronic mental disorders ongoing mental health service and thereby improve their quality of life. In addition, transferring such patients from mental hospitals to the community respects human rights, decreases spending and improves outcomes.
5. Supporting community mental health by utilizing general hospital beds and family care.
6. To explore ways to establish effective community-based services or to improve already existing services.

With the support of Health Department of Hunan Province, pilot programs have been implemented in “Tian Xin” subregion of Changsha City and Liuyang Town. The pilots are focused on strengthening community mental health services and increasing access to services. We will implement short-term (6 months) and medium-term (2 years) activities.

The Short-term Plan (6 months):
In a six month period, we will recruit qualified volunteers as staff and train them to work in the community mental health service system. The training includes early identification of mental illness, treatment of patients with mental disorders in the community, establishing and developing family beds and promoting rehabilitation in the community. The short-term plan will also include the following:

Rehabilitation Training: Behavioral modification will be used to improve the patients’ social skills in the hope that they can return to their families and society.

A. Social Skills Training: Staff will be provided with training on how to improve communication skills. They will be taught how to evaluate patients using structured scales and how to make general and individualized plans for training patients.

B. Occupational Function Training
1. Daily life centered training
Methods and Steps
(1) Teach patients basic daily living skills
(2) Provide training for patients on shopping skills.
(3) Provide training for patients on maintaining personal hygiene.
(4) Provide training for patients on recreational activities, for example, by encouraging patients to make decisions about seeing films, touring, performing activities outdoors, etc. and then follow through.
(5) Provide training for patients to greet visitors or guests appropriately.

2. Problem Solving Centered Training:
Methods and Steps
(1) How to solve common problems confronted by the general population.
(2) How to identify problems confronted by patients and how to help them find solutions.
(3) Providing the opportunity to learn from those patients who do well in their training and in the community.

C. Psychotherapy: Teach the staff how to organize group therapy and individual therapy for common psychological problems or disorders in patients.

The Medium-term Plan (2 years):
If provided with enough funds, we will implement the following medium-term plan and we hope to establish an improved community health service characterized by integration of prevention, treatment, rehabilitation and social management.

1) To establish community mental health service stations equipped with rehabilitative rooms and exercise equipment.

2) To train the service personnel regarding professional behaviour, working style and service principles.

3) The doctors should provide ongoing services and prescriptions for medications in the community. The doctors should also help to establish rehabilitation plans for patients

4) To set up archives for the disabled according to the sheet card system proposed by the national rehabilitation bureau.

5) To clarify difficulties in accessing services and to clarify what treatment is needed by visiting the patients and their families and holding various symposia.

6) Set up nursing groups consisting of volunteers from the community, for example, to arrange the patients' neighbors or relatives to take care of those who cannot go to service stations personally.

7) Increase family sickbeds, prevention & treatment and care in the countryside in order to enhance primary care facilities.

8) To establish day treatment centers in primary care facilities. Integrated treatments will be performed in the daytime hospitals to promote occupational rehabilitation, life rehabilitation and social rehabilitation.

9) Help to establish Families Ally, a self-help group made up of families of the patients. Community mental health service stations will invite professional personnel to provide information and to support the members of the Families Ally in supporting one another.

10) Promote media programs that reduce prejudice towards people with mental illness.

11) If possible, establish rehabilitation bases in suburbs where the patients may learn life skills, such as feeding poultry and engaging in agricultural and horticultural activities.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Hunan province.

The results showed that mental health policy and plans exist, but there is no mental health law (it has been under development since 1985) in Hunan Province. Despite the fact that a community-based approach to mental health care is advocated in policy and improvements have been done in prevention, treatment and rehabilitation, the mental health care system needs to be strengthened. There is an imbalance in favour of mental health hospital inpatient care. At present, 61% of mental health expenditures by the government health department is spent on mental hospitals. The number of beds in mental hospitals have been increased by 2% in the last five years. However, the network of mental health facilities is not complete. Few facilities are devoted to children and adolescents. Human resources in mental health care are not sufficient. The monitoring of mental health services must be improved. A formally defined set of items that ought to be collected by all mental health facilities should be established. Public education and awareness campaigns on mental health should be strengthened. Also training courses for staff need to be developed.

The information collected is useful for improving mental health services and strengthening the rehabilitation system in the community.