

# CHINA'S MENTAL HEALTH LEGISLATION:

What strange and how we know

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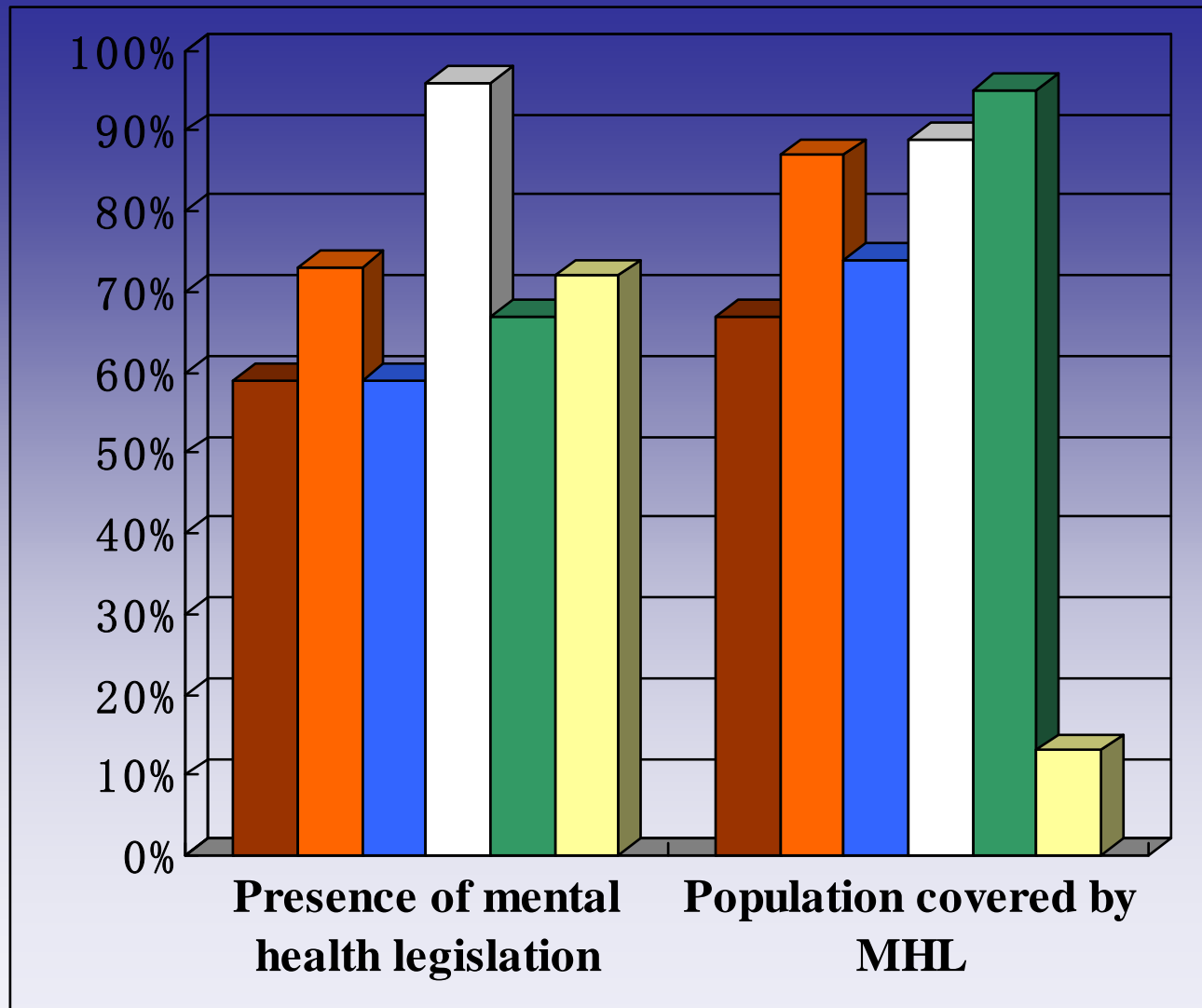
May 8th, 2012

## Mental health legislation in the world (WHO, 2001)

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- Till 2000, about 120 WHO state members presence of mental health legislation
- 51% of them enacted or amended during 1990 and 1999

# Presence of and Population Covered by Mental Health Legislation (WHO, 2001)



# Why 1990s reached a peak worldwide?

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- Economic growth
- Social stable and development
- Political will
- Disparity between needs and resources (quantitative and qualitative)
- Scientific improvement
- Promotion through media and advocacy bodies
- Agreement of different stakeholders
- Developed policy system
- Available legal instruments

## China 1990-2010s: window of opportunity getting smaller

Influential factors	1990s	2000s	Early 2010s
Economic growth	+++	++	+
Social stable and development	++	+	+/-
Political will	+/-	+	++
Disparity between needs and resources	+++	+++	++
Scientific improvement	++	+	+/-
Promotion through media and advocacy	-	+/-	++
Agreement of different stakeholders	++	+	-
Developed policy system	+/-	+	++
Available legal instruments	++	++	++
Motivation in general	strong	light	weak
Difficulties in general	small	middle	big

人患精神疾病并非不可救治，关键在于早发现、早治疗。

精神科副主任医师周俊华说，在临床上，精神科医生经常会遇到一些患者，他们不知道自己患了精神疾病，或者不知道自己患了精神疾病，但身边的人却发现了。周俊华说，这种情况在临床上并不少见，而且往往是由于患者不愿意承认自己患了精神疾病，或者不愿意接受治疗，导致病情加重，甚至出现严重的后果。

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## 全国安康医院工作会议在汉结束 切实防止精神病人肇事肇祸

【新华社北京24日电】为期三天的全国安康医院工作会议，24日在武汉结束。会议期间，与会代表就如何进一步落实《精神卫生法》，切实加强精神病人的管理，防止肇事肇祸问题进行了广泛讨论。会议认为，精神卫生工作是维护社会和谐稳定的重要基础，必须高度重视，切实加强管理，防止肇事肇祸问题的发生。

新华社北京24日电

## 320排 CT 为骨关节拍 “动态写真”

【新华社北京24日电】近日，在武汉市一家医院，320排CT为骨关节拍“动态写真”的场景吸引了众多市民的关注。这种新型的CT检查方式，能够实时捕捉患者在运动过程中的骨关节影像，为医生提供更全面的诊断依据。据介绍，这种检查方式对于诊断骨关节炎、骨质疏松等骨关节疾病具有显著优势。

## 中国精神病人现状调查：进不去？出不来？



我国将改扩建550所精神病院 防病人肇事肇祸



真实源自客观记录

## 中国精神病院现状调查：进不去？出不来？

# Social environment

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## ● 1990s

- Political turmoil (1989, evil cults.....)
- Economic development

## ● 2000s

- Public health (SARS, bird flu, earthquake.....)
- Social stability (Olympic game, Expo .....
- Economic development

## ● 2010s

- Improvement of the people's well-being
- Health care reform
- ????

# Other Barriers

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- Insufficient *awareness* or *recognition* (esp. by government)
- Lack of *financial support*
- Huge *disparities* among different areas
- Insufficient reliable basic *information* and acceptable *strategy*
- *Fear* of change (esp. among mental health professionals)



# Modern mental healthcare in China

- Born in 1890s-1930s (moral management and institutionalization)
- Fast development in 1950s and 1980s
- Transformation since 2000s



# Three landmarks of mental health service of China and the west

	<b>Western countries</b>	<b>China</b>
<b>Late 1950s</b>	Beginning of deinstitutionalization	Enlarging institution based treatment (institutionalization)
<b>Late 1980s</b>	Stringent standards and procedure of involuntary treatment	Extending involuntary treatment
<b>Since 2000s</b>	Rethinking deinstitutionalization and showing clue of reinstitutionalization	Rethinking institutionalization and making stringent standards and procedures on involuntary treatment





漫画 王云涛  
cyxxg.com

Somebody tell us you are insane, you are.

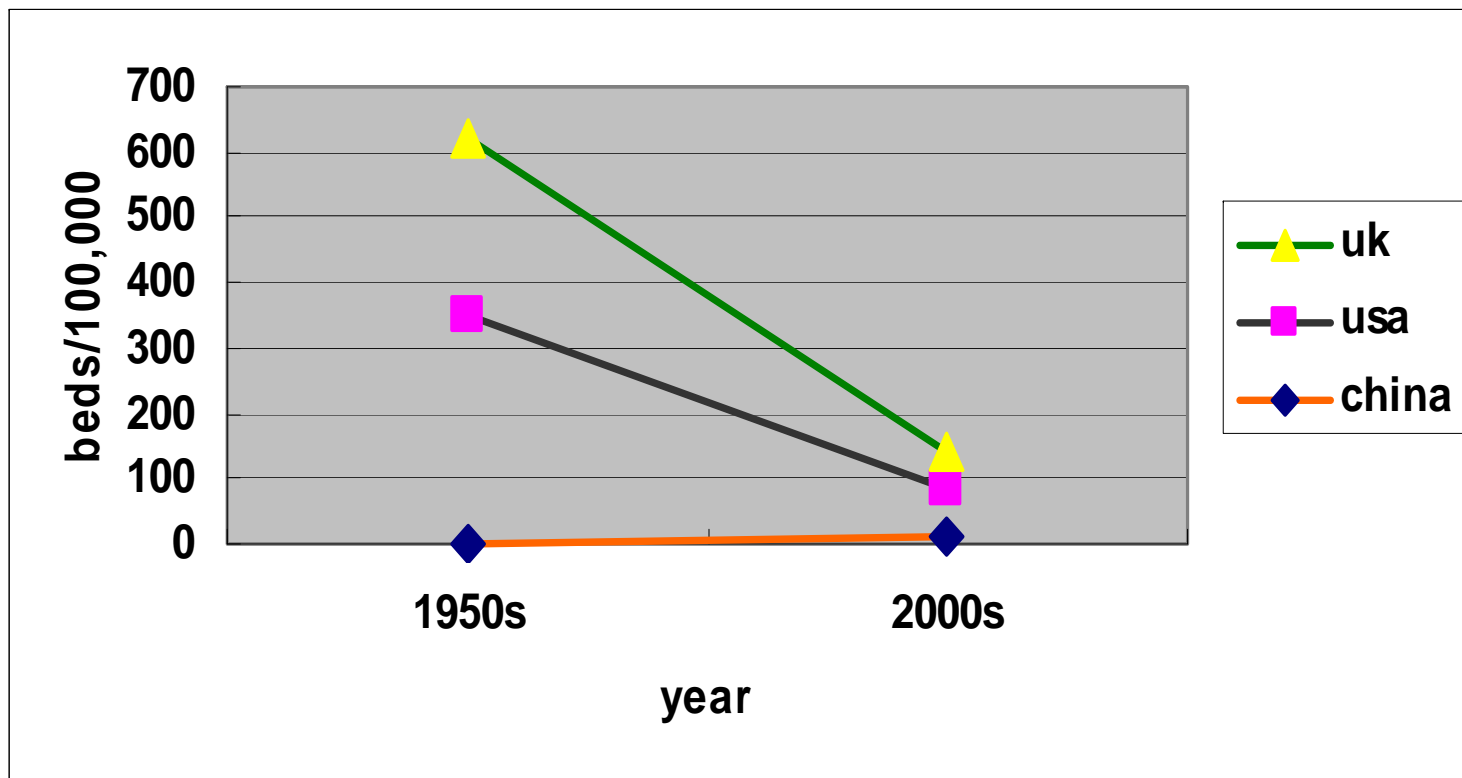


# Prevalence of Mental Disorders

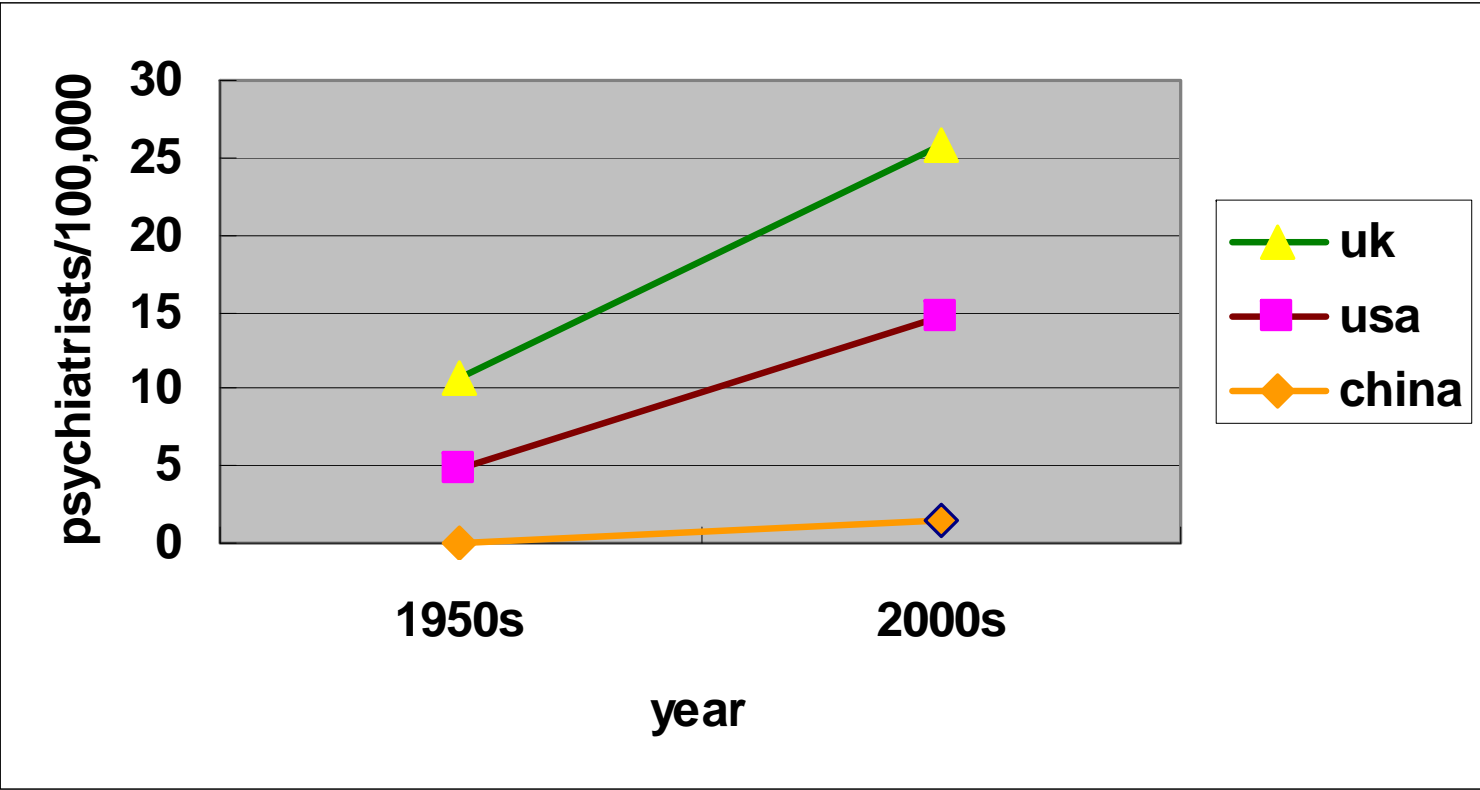
classification	4 Provinces (2001-2005)	Hebei (2004)	Shanghai (2009)
Mood disorders	6.1	7.3	7.52
Anxiety disorders	5.6	5.3	3.91
Substance use disorders	5.9	2.0	5.45
Personality & behavioral problems	NA	NA	4.22
Psychotic disorders	1.0	0.6	0.74
Organic disorders	0.3	2.3	0.12
Other mental disorders	0.3	1.4	1.81
Any disorders	<b>17.5</b>	<b>16.2</b>	<b>18.25</b>

Phillips MR, et al. *The Lancet*, 2009, 373: 2041-2053  
 Shanghai Municipal Health Bureau, 2010

# Number of psychiatric beds in China and western countries from 1950s to 2000s



# Number of psychiatrists in China and western countries from 1950s to 2000s



# Comparison of human resources in mental health

Resources	US	UK	Germany	France	Japan	Korea	Singapore	Malaysia	Thailand	China
<b>Beds (1/10000)</b>	7.7	5.8	7.5	12.0	28.4	13.8	6.1	2.7	1.4	1.57
<b>Psychiatrists (1/100000)</b>	13.7	11.0	11.8	22.0	9.4	3.5	2.3	0.6	0.6	1.53
<b>Nurses (1/100000)</b>	6.5	104.0	52.0	98.0	59.0	10.1	10.4	0.5	2.7	2.65
<b>Clinical Psychologists (1/100000)</b>	31.1	9.0	51.5	5.0	7.0	0.8	1.0	0.05	0.2	0.18
<b>Social workers (1/100000)</b>	35.3	58.0	477.0	–	15.7	2.6	3.0	0.2	0.6	–

WHO, 2005

Ministry of Health, China, 2010





# Does China has to repeat the path

incarceration ?

deinstitutionali  
zation ?

reinstitutionali  
zation ?

# local mental health legislation

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- Shanghai (2002)
- Ningbo (2006)
- Beijing (2007)
- Hangzhou (2007)
- Wuxi (2007)
- Wuhan (2009)
- Shenzhen (2011)

# Changes should be made

<b>traditional Chinese culture</b>	<b>perception and caring of mentally ill</b>	<b>Principle of legislation</b>	<b>perception and caring of mentally ill</b>
<b>Conservation</b>	protection and control over treatment-seeking	<b>Right to health and freedom</b>	Humanity service, rights to refuse treatment
<b>Relationship and harmony</b>	substantive justice over procedural justice and fairness	<b>Due process</b>	Strict standards and procedure for involuntary care
<b>Collectivism and provincialism</b>	public safety over individual rights	<b>Individual rights</b>	Informed consent, privacy, confidentiality
<b>Familism</b>	family responsibility over social responsibility	<b>Shared responsibility</b>	Social and governmental investment, anti-stigma
<b>Morality</b>	state paternity over self-decision making	<b>autonomy</b>	Self determination

# **Issues need to be studied and investigated before & after implementation of MHL**

- **Governmental and social support, awareness, resource development**
- **Stigma and discrimination**
- **Transforming mental health service from institution based care to public health oriented**
- **Mental health promotion, education and illness prevention**
- **Quality improvement and supervision, with emphasis on least restriction, autonomy, guardianship, and so on**
- **Complaint, law suit and relevant factors**

***THANK YOU!***

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