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Letter to the Editor

Structural Changes to Enhance Mental Health Services in China: Experience and challenges*

In low- and middle-income countries, mental health services are largely decentralized and are of low priority to policy makers. These critical barriers must be overcome to address the gap between those who need services and the availability of these services (Saraceno et al., 2007; Eaton et al., 2011). Government determination and effective leadership and governance are essential in redressing this issue through strategic service reform, which is a primary goal of the WHO Mental Health Action Plan (WHO, 2013). The question is how?

In recent years, China has made great progress in the development of mental health services (Xiang et al., 2018), especially in resource allocation and service availability. In 2011, the number of psychiatric beds and doctors per 100,000 people in China was 15.87 and 1.55 respectively, which was lower than the average of 23.7 and 2.03 among middle- and high-income countries. In 2016, these two indicators reached 26.61beds and 2.15 people, surpassing the average of 20.1beds and 2.02 people in middle- and high-income countries in 2017 (WHO, 2018), with an average annual growth rate of 10.95% and 6.77% respectively. The accessibility of mental health services also achieved tremendous improvement. The “Central Subsidy Local Health Funding Severe Mental Illness Management and Treatment Program” (referred to as the “686 Project”), which aims to provide hospital community integration services for patients with severe mental illness, has been implemented starting in2004 and covered 320,000 patients as of 2012. Since 2011, the health department has established the “National Severe Mental Disorder Information System” and has started a wide range of patient screening and registration management. The number of registered patients has rapidly reached 5.89million in October2018. How could China remodel its mental health service system? This paper will discuss the experience of structural reform of the service of severe mental disorders in hope to provide inspiration for other developing countries.

Beginning in 2010, as violence involving people with mental disorders was considered a major public health issue and serious social problem, the Central Government of China integrated mental health services into the national strategy of “safe China construction”, in order to maintain social stability and order. This decision made mental health one of the political priorities and the Central Government of China started to strategically and systematically consider and redesign the mental health service system especially in the governance structure.

After the decision, the first change was to create a matrix organizational structure. Originally, four main departments worked in silos: The Ministries of Health, Public Security and Civil Affairs, and China Disabled Persons' Federation (CDPF). In 2011, The Central Committee of the Communist Party of China formed The Office of Central Committee of Comprehensive Administration of Social Security (OCCCA), which reports directly to the Central Government and has the authority to coordinate all relevant departments in the management of the people with severe mental disorders. This structure immediately greatly improved the political status of mental health policy. Having political authority, OCCCA could integrated the mental health services which distributed in 22 departments such as health, police and social welfare into an Inter-ministerial Joint Conference System For Mental Health Work. This structure effectively counteracted the previously fragmented approach and could make different levels of governments and departments accountable for various aspects of care for patients with severe mental illness, from screening, treatment, registry to management. For example, the number of traffic accidents involving patients with severe mental illness was made a key performance indicator of the various government performance appraisal. This strict accountability mechanism made governments at all levels prioritizes mental health services. One of the outcomes was various departments changed from “passive service” to “actively identifying” mental health patients.

The second structural change was the financing mechanism. Mental health services relied on public funds which depended on availability and allocations of different levels of government. China's fiscal system of funding allocation by departments led to the funds for mental health services being duplicated among many departments including health, civil affairs, public security, the Disabled Persons' Federation, and education. Also, inequality occurred as there was a huge unbalance among regions of different economic levels. In order to enhance the access, China developed a three-way funding mechanism at the time enlarging the budgets. The first involve special funds from the central government to build psychiatric hospitals or expand their number of beds in the prefecture-level cities, especially those in poor regions. In 2010, the central government directly invested nearly 10 billion yuan (1.5 million USD) into construct psychiatric hospitals. The second required local governments to provide mental health budget through the enforcement of Mental Health Law as well as the National Mental Health Plan. The first mental health law of China entered into effect on May 1, 2013.The third expanded social security coverage of mental illness for psychiatric drugs and patient services.

The last structural change was the governance tools innovation in the community mental health prevention and control system of severe mental disorders. China had a weak community mental health system and mental health policies in the community actually were "well

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written documents being shelfed " (Liu et al., 2011). Under the new governance structure of people with severe mental disorders, multi-sector care teams were formed in the community to provide case management services for patients. For example, community health service centers of Shenzhen City, Guangdong Province, has set up a “five-in-one care support group” for patients with severe mental illness. The Group is composed of stakeholders from the four government departments including the Police, Community, Health and Disabled Persons' Federation, as well as family members representing five types of services. Patients being the most important stakeholders, their participation contributes to effective design of services for disease treatment and rehabilitation, emergency treatment and social welfare, and even mental health research (Seithikurippu and Zeller, 2019)

China' s experience of proving benefits to people with severe mental disorders reveals that the effective ways to restructure decentralized mental health services should involve: 1) the redesign of a mental health system at a national strategic level to build partnership among various sectors (Sadha et al., 2019); 2) authorize and hold government departments accountable. Therefore, the reform of mental health services system must be carried out politically first. Community-based mental health services are effective (Indu et al., 2018; Editorial, 2018) and should an important part of the accountability and performance indicators of the government.

Although the Chinese mental health care system made tremendous achievements in governance structure, it still faces severe challenges. The management of severe mental illness at the acute phase are greatly enhanced, yet prevention and rehabilitation services lag behind. Innovative models of community rehabilitation for mental disorders such as the Heart Wing Health Club emerged but only in a few cities (Tan et al., 2018). Large number of patients are being “managed” and “rotated” between the family and the hospital, few resumed their social functions. On the one hand, there is a lack different types of health professionals who are needed to work on community rehabilitation (Suzuki et al., 2018). On the other hand, patients with common mental disorders are not in the agenda. After six years of nationwide universal screening, only 5.89million patients were registered, which means that nearly two-thirds of 16 million patients with mental illness are outside the service system. However, this might relate to culture, many are reluctant to be diagnosed, so fear being “labeled”to accept free treatment and management from the government (Chen et al., 2018). Perhaps, the overwhelming “stigma” of mental disorders occurring not only among patients and in society, but also among health care professionals (Kamimura et al., 2018) would need to be examined and addressed.

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