

## Foreign report

### Mental health delivery system in Shanghai, China

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As early as 2000 years ago ancient Chinese medical literature described and reported psychiatric diseases, referring to their possible causes, pathogenesis and diagnoses as well as prevention and management. Modern psychiatry, however, developed this century. China's first psychiatric hospital was set up by Dr John Kerr in Guangzhou (in South China) in 1897 (Xia & Zhang, 1981). From then until 1949, only a few mental hospitals and institutions were set up in eight cities.

However, since 1949, Chinese psychiatry has developed rapidly under government support, particularly during the last 15 years. Three research and training centres in mental health have been set up in collaboration with the World Health Organisation in

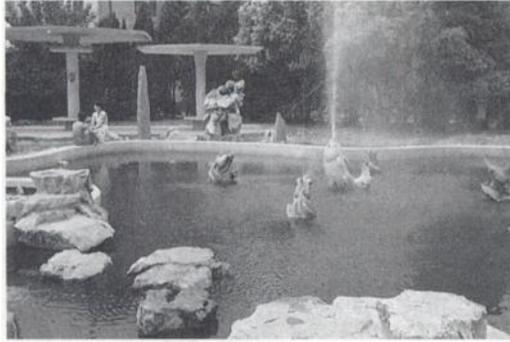
Shanghai, Peking and Nanjing since 1980. This article describes the development of the mental health service in Shanghai in recent years.

#### *Background*

Shanghai is one of the greatest cities in China, with a population of over 12 million people and 12 districts and 10 counties. Before 1949 the city had only 12 psychiatrists and 454 hospital beds for mental patients but now there are about 650 psychiatrists and 1,600 psychiatric nurses. Although there are now 40 mental hospitals and sanatoria (a municipal hospital, 22 district or county hospitals, 14 rehabilitation units and three sanatoria), and a total



*A glimpse of the No. 1 Teaching Building, Shanghai Medical University. The University (formerly called Shanghai First Medical College) has been one of the most important medical colleges in China since its establishment in 1927. The University Department of Psychiatry was set up in the 1940s by Dr Su Zonghua who had studied with Dr Adolph Meyer in the USA.*



*The pool in front of the Building of Pharmacy, Shanghai Medical University.*

bed capacity of 6,500, or an average of 54/10,000 population, it still cannot meet the needs of many mental patients. The main reasons are due to the increase in the prevalence rate of mental disorders and the huge population in Shanghai. Comparing the surveys of 1958 and 1982, it was found that the average prevalence rate of total mental disorders and schizophrenia had increased respectively from 3.02 per 1000 and 0.98 per 1000 in 1958 to 7.28 per 1000 and 4.75 per 1000 in 1982 (Shen, 1987). That is, the total prevalence rate has increased 1.43 times, with schizophrenia rising 3.85 times during this period.

How can we solve the problem of so many mental patients? How can we improve this difficult situation? What measures will be simple, economic, practical, and also effective? The mental health service in Shanghai must develop in accordance with its special situation.

### *The three-level scheme of organisation*

Using the theory and experience of community psychiatry in Western Europe for reference, a three-level (municipal, district/county and community) mental health network was established in Shanghai in the early 1980s and has been progressively continued since. The organisation at the municipal level, for example, comprises representatives of the Shanghai Health Bureau, Civil Welfare Agency and Police Department, and its main tasks are to:

- (a) draw up a coordinated programme for mental health care in the whole municipality
- (b) coordinate the methods and strategies of the professional and all social agencies carrying out mental health work
- (c) mobilise and organise medical staff and social agencies to push forward the development of mental health work
- (d) advise and supervise the district and county facilities to carry out various programmes of primary mental health care.

### *The primary mental health care service*

The primary mental health care services (PMHCSs) in Shanghai get support from various levels of administrative organs as well as all social agencies. The main forms of PMHCSs have four aspects.

#### **(a) Occupational therapy groups (or stations)**

The occupational therapy (OT) groups in Shanghai are more or less the same as day hospitals, half way stations or sheltered workshops in North America and Europe. However, there are four points which characterise OT groups in Shanghai:

- (i) they are run by the community, neighbourhood committees and districts
- (ii) most of the staff are volunteers and non-professional paramedicals with short-term training in clinical psychiatry
- (iii) they serve not only as psychiatric treatment and rehabilitation units, but also as units of patients' self-supportive organisations and
- (iv) they chiefly lay emphasis on OT combined with psychotropic drugs, behavioural modification, social skill training, re-education, and recreational treatments.

OT groups admit patients who have partially recovered but are not quite capable of taking up definite jobs and those who were unemployed before their illness. The administrations are composed of district officers, paramedicals and retired workers, among which retired workers play a main role in community mental health care work. They often keep in contact with the regional psychiatrists and psychiatric nurses.

#### **(b) Network of psychiatric family care unit and family therapy**

The psychiatric family care unit is another important form of mental health care service in Shanghai. It consists of the patient's neighbours, retired workers and family members to assist in the care of mental patients with a couple of people devoting their time to the care of each patient. Their duty is to observe the patient's mental condition and report to the health personnel concerned if abnormal behaviour occurs. Meanwhile, they help to guide and advise the patients, solve their related social or psychological problems and administer drugs as prescribed.

#### **(c) Care of mental patients in big factories**

There are many big factories and companies in Shanghai, since it is one of the main industrial and commercial cities in China. For this reason, in factories and other work places, especially those with over 2000 employees, the mental health service is integrated into the factory general health care system (parallel to their administrative organisation), under the supervision of district mental health staff.

**(d) Training of primary mental health workers**

Clinical psychiatric training for medical staff working at the grass-roots level in neighbourhoods, district or county hospitals, and the factory health stations has been provided. The training course often lasts six weeks, two weeks of which are devoted to theoretical lectures which are followed by four weeks of clinical practice. The object of such training is to provide the trainee with basic and practical knowledge about psychopathology, diagnostic criteria for common mental disorders, psychopharmacology, and mental care and prevention so that the medical staff can provide an effective mental health care service at their neighbourhood or factory level.

**Comment**

Although the achievements made since the network of mental health care was established in Shanghai

are quite encouraging, there is plenty of room for improvement. In the near future we are going to strengthen the systematic training of mental health workers (including residents, nurses, social workers and clinical psychologists, etc.), helping them to pay more attention to psycho-social factors and to master the professional knowledge of psychiatry together with the modern bio-psycho-social medical model.

**References**

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**People and places****New secure unit for Horton Hospital**

A new secure unit has opened at Horton Hospital, Epsom, the main psychiatric hospital in Riverside Mental Health Unit.

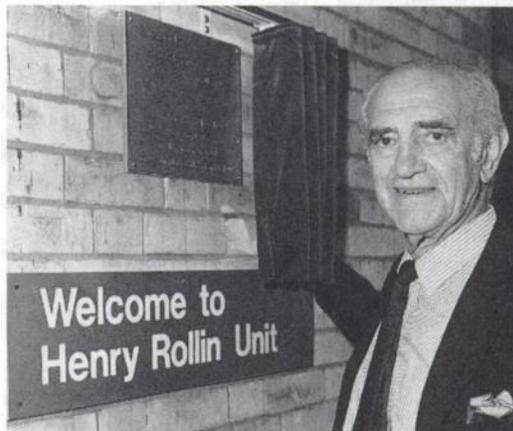
The new Henry Rollin Unit was officially opened on Wednesday, 23 September 1992 by its namesake. Among the guests who attended the function was Sir Louis Blom-Cooper QC, Chairman of the Mental Health Act Commission, who gave a short address prior to the unveiling of the plaque. Afterwards Dr Rollin gave a talk on the history of Horton Hospital.

The unit has 40 beds for behaviourally disturbed and forensic in-patients, and is linked with out-patient clinics and the probation services.

It provides psychiatric liaison to magistrates courts in much of inner London and takes referrals from the mental health units of Riverside, Kingston and Esher, Richmond, Twickenham and Roehampton and Parkside.

The unit comprises two annexes: Derby (formerly the Derby Unit), an 18-bedded mixed sex locked ward; and Addison, a 21-bedded mixed sex ward, unlocked but lockable if necessary.

Dr Rollin was a consultant psychiatrist at Horton from 1948 until his retirement in 1976, during which time he was also a member of the Mental Health Review Tribunals, the Parole Board and Consultant



Forensic Psychiatrist to the Home Office. He is now Emeritus Consultant to the hospital.

Dr Rollin is also Vice-President of the Horton Hospital League of Friends, which he helped found around 30 years ago, and the League has named a nursing award after him. The Henry Rollin Nursing Award is to be awarded annually for innovation and professionalism in nursing.