

## •Commentary•

## The current situations and needs of mental health in China

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It was good news to hear that the National Health and Family Planning Commission produced China's National Mental Health Plan 2015-2020 having developed it in collaboration with ten other departments. Progress in the field of mental health requires a broad and lasting involvement of a variety of health and other social sectors which are unlikely to contribute to the program if they are not involved in making plans for it. It was also good to hear that the developers of the Plan had taken into account the mental health action plan produced by the World Health Organization (and discussed in its global and regional governing bodies). Professor Wang tells us that the plan stressed (i) that the coordination and management of mental health services at all levels needs further improvement, (ii) that it is necessary to train more mental health workers – to reach the number 40,000 psychiatrists set as a target by the plan means that it will be necessary to more than double the current numbers of specialists in mental health - and (iii) that the plan includes sections on the prevention and management of common mental disorders such as depression which were previously not considered a priority although they are, by their frequency and consequences a major public health problem. Professor Wang also draws attention to the fact that while China's Plan is in harmony with the lines of action described in the WHO global and regional plans it does differ from those reflecting the specific situation and mental health needs of China.

The description of targets that Professor Wang provides is of particular interest. In line with WHO action plans, China's Plan focuses on six severe mental disorders - schizophrenia, schizoaffective disorders, persistent delusional disorder, bipolar disorders, mental disorders due to epilepsy and mental retardation. It is somewhat surprising to see the inclusion of "mental disorders due to epilepsy" which do not figure in the international classification of diseases and the exclusion

of severe depression which WHO included in its plans as a priority condition. What is astonishing, however, is that dementia and related cognitive disorders, alcohol and other substance use disorders and psychological consequences of brain trauma did not find a place among serious mental disorders although these three groups of disorders are making a major contribution to the total burden of disability caused by mental and other diseases.

Professor Wang states that the prevention of suicide has been given an important place in the China plan (and in the WHO plans). Suicide and suicidal attempts in China have been significantly reduced over the past few decades but it is wise to continue efforts to reduce the suicide rates even further or at least keep them at the current level which is considerably lower than the rate of suicide in many other countries. It is however surprising that the Plan of China (and probably also those of the WHO) is silent about action relevant to the primary prevention of mental disorders. Relevant action described in the documents submitted to the World Health Assembly some years back and subsequently discussed in the Regional committees of the WHO still lacks sufficient priority and commitment and it is hoped that it will get attention in the plans that will follow the current documents.

Another area which Professor Wang does not mention although it should be addressed in national mental health plans – including that of China – is that of comorbidity of mental and physical disorders. Comorbidity of that type is frequent and its consequences are grave. People with mental disorders die ten to fifteen years earlier than persons who do not suffer from mental illness. The prognosis of severe physical diseases – such as cancer, cardiovascular illness, or diabetes mental disorders is significantly worse in the presence of mental disorders than when these are not

present. The cost of treatment of one of the comorbid disorders while neglecting the other is exponentially higher. Yet, the current arrangements and structures of health services in most countries of the world, very probably including China do not facilitate coordinated care that is necessary to deal with the simultaneous presence of two or more comorbid diseases.

The National Mental Health Plan of China is undoubtedly a major step towards the improvement of health of the population of China. It indicates that the national authorities responsible for health of the nation are aware of the magnitude and severity of mental health problems and of the need to take resolute action

to reduce them. It is to be hoped that the Plan can be realized in full and that it can be complemented by or followed by others which will take an even more comprehensive approach to the broad field of mental health.

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