

## Objectives of China and the global mental health work plan

Xiangdong WANG

[*Shanghai Arch Psychiatry*. 2017; 29(2): 111-112. doi: <http://dx.doi.org/10.11919/j.issn.1002-0829.216100>]

In June 2015, the office of the State Council transmitted 'the national mental health plan (2015-2020)' (abbreviated as 'Plan') drafted by the National Health and Family Planning Commission, the central comprehensive management office, the Development and Reform Commission and ten other departments.<sup>[1]</sup> The Plan clearly proposed that the comprehensive management and coordination of mental health services at all levels needs further improvement, and the improvement of the service system and service capacity should be a high priority. The Plan focused on the shortage of mental health professionals, and proposed that the number of licensed psychiatrists (and new psychiatrists under a training license) needs to increase nationally to 40,000. It was suggested that there be 3.8 psychiatrists per 100,000 in China's Eastern region, while in the Midwest region the number should be no less 2.8 per 100,000. In addition to psychiatrists, the Plan also calls for the number of professional psychiatric workers such as psychotherapists and social workers to increase.

While provision of services to those with severe mental disorders is still the top priority, the Plan also includes sections on the prevention and treatment of more common mental disorders. Depression can serve as an excellent example. As public knowledge about depression increases, treatment seeking behavior will begin to change as well. Due to the heavy stigma surrounding mental disorders, individuals will often not seek treatment until a depressive episode has become quite severe. With implementation of campaigns raising awareness about mental health and less stigma surrounding the issue, it is hoped that patients and family members can receive greater support in the community, in addition to the medical system.

The Plan made a full review of the main achievements in mental healthcare, existing problems, and the biggest challenges since the People's Republic of China was established in 1949 with a special emphasis on two documents, the "China Mental Health Work Plan

(2002-2010)" and "Continuous Improvement in Mental Healthcare Guide (2004)". At the same time, the process of developing the Plan coincides with the drafting of the "13th Five-Year-Plan", which provides a unique opportunity to consider the relationship between socioeconomic development and the development of mental healthcare.

Before the introduction of the Plan, the 67th World Health Assembly adopted the first-ever global "Mental Health Action Plan 2013-2020".<sup>[2]</sup> Accordingly, in 2014 the 65th session of the Regional Committee for the WHO Western Pacific region (i.e. China's WHO region) held a half day roundtable discussion on mental health and approved the implementation of the Global Action Plan for the region.<sup>[3]</sup> The Global Action Plan is implemented by the WHO region with the understanding that member nations will achieve goals step by step in review of the unique challenges and mental health resources of each country. The implementation of these regional programs further clarified the regional coordination needed in key work areas such as: (a) human resources, (b) effects and prevention of suicide, (c) effects and prevention of severe mental disorders, (d) effects and prevention of depressive disorders, and (e) disaster response.

The Plan (i.e. China's National Mental Health Plan), the WHO Global Action Plan and the WHO regional implementation plans were formulated using similar principles and values. Given the commitment to the WHO Global Action Plan and WHO regional implementation plan by China's government, as well as China's position of importance in global and regional mental health,<sup>[4]</sup> it is quite important to notice any differences in specific objectives between the National Mental Health Plan and the WHO Global Action Plan. When formulating the Plan all provinces and cities in China took into consideration the actual situation on the ground while trying to be consistent with global targets set forth in the WHO plans.

---

WHO Western Pacific Region

correspondence: Professor Xiangdong Wang. Mailing address: 2402 Regency at Salcedo, Tordesillas St., Makati, Philippines. Postcode: 1227. E-Mail: [beyondbasic2@outlook.com](mailto:beyondbasic2@outlook.com)

First of all, an important goal of the WHO Global Action Plan is to increase the service coverage rate of severe mental disorders by 20%. This concept of severe mental disorder is outlined in two documents. The Plan includes 6 kinds of severe mental disorder including: (a) schizophrenia, (b) schizoaffective disorder (c) persistent delusional disorder (i.e. paranoid psychosis), (d) bipolar disorder (affective), (e) mental disorders due to epilepsy, and (f) mental retardation. In the WHO Global Action Plan moderate to severe depression is also included as a severe mental disorder.

The second issue that deserves special attention is suicide. The WHO Global Action Plan proposed a 10% reduction in suicide rates by 2020 among member nations, however the Plan does not cover suicide prevention. Presently there is no nationwide or regional planning done for suicide prevention in China, even though suicide is closely related to mental health problems (though there are cultural differences in the relationship between suicide and mental health problems). Given the connection of suicide to mental health issues it is undeniable that promotion of mental health can also aid in the prevention of suicide. Therefore a realistic plan for suicide prevention should be included in the overall mental health plan for China. Over the past 10 years, the suicide rate in China has dropped significantly. However, it is still a challenge to maintain the current relatively low rate of around 10 suicides per 100,000 people or to achieve a further reduction.<sup>[5]</sup> It is important to draw lessons from the experience of the neighboring countries who are at a

similar social and economic development stage, as well as to use the experiences of Hong Kong and Taiwan to predict suicide rates in mainland and formulate corresponding strategies. In South Korea, for example, the suicide rate increased from less than 10 suicides per 100,000 people to 30 per 100,000 people in the 20 years during economic boom.

The treatment and management of severe mental disorders is still the highest priority in the current National Mental Healthcare Work Plan, but the attention is rapidly shifting to more common mental disorders (e.g. depressive disorder) as well. The newly published draft outline for the 2030 China National Mental Healthcare Work Plan explicitly puts forward the priority of “improving intervention and treatment for depression, anxiety and other common mental disorder and behavioral problems.” The short-term and long-term effects of a lack of interventions for depressive disorders and suicide are worthy of further research and study. This will allow for interventions aimed at improving mental healthcare, social development and meeting public demand for services.

#### Funding

No funding was obtained for this manuscript

#### Conflict of interest statement

The author declares no conflict of interest related to this manuscript.

#### References:

1. Health and Family Planning Commission, the Central Comprehensive Management Office, development and Reform Commission, the Ministry of Education, Ministry of Public Security, the Ministry of Civil Affairs [Internet]. National Mental Health Work Plan (2015–2020). Available from: <http://www.nhfpc.gov.cn/jkj/s5888/201506/1e7c77dcfeb4440892b7dfd19fa82bdd.shtml>
2. World Health Organization. *Mental Health Action Plan 2013–2020*. Geneva: World Health Organization; 2013
3. WHO Western Pacific Region. *Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific: Towards a Social Movement for Action on Mental Health and Well-being*. Manila: WHO Western Pacific Region; 2014
4. Patel V, Xiao S, Chen H, Hanna F, Jotheeswaran AT, Luo D, et al. The magnitude of and health system responses to the mental health treatment gap in adults in India and China. *Lancet*. 2016; pii: S0140-6736(16)00160-4. doi: [http://dx.doi.org/10.1016/S0140-6736\(16\)00160-4](http://dx.doi.org/10.1016/S0140-6736(16)00160-4)
5. World Health Organization. *Preventing suicide: A global imperative*. Geneva: World Health Organization; 2014



*Professor Xiangdong Wang has been the regional advisor of mental health and substance abuse at WHO Western Pacific Regional Office since 2002. He was responsible for the work of mental health, substance abuse, disability and injury from 2009 to 2014. Before he joined WHO, he worked as research fellow at the No.6 Hospital, Peking University, and the Institute of Mental Health. His research interests include psychiatric medical treatment, psychotherapy, psychiatric medical research, professional journal editing, and mental health policy development.*