

Network Building of Chinese Mental Health Care-- Introduction of "Project 686"

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1999-2014: Looking back since 15 years ago

- In 1999, Dr. Brundtland, the Secretary in General of WHO, visited China, where a high-level mental health conference was held
- In 2000, in-depth investigation of mental health care and legislation was carried out
- In 2001, the Third National Mental Health Working Meeting was held
- In 2002, the Ten-year Plan of Chinese Mental Health was implemented

Chances & Challenges

- 2003, SARS: the opportunity provided during the re-establishment of national public health system after SARS, mental health was put on the list of financial investment from the Central Government, seeking a way to develop
- 2004, three-year budget of MOF: 62.318 billions Yuan to rebuilt PH system



Mental Health Reform in China:

Background in 2003

- Mental health institutions: 565 hospitals, with worn and outdated facilities
- Psychiatric beds: 122, 106 beds (0.95 per 10,000)
- Psychiatric doctors: 10,700 doctors (1.28 per 100,000), only providing hospital service, basically no community service
- Medical insurance: Only for the employed
- Training system of specialist doctors: None
- Teams of community health services and funding: None

China's Mental Health Care System in 2003

Hospitals in
provincial/municipal level

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provincial/municipal level

Segmented Service, Isolated Hospitals, “rotated” Patients



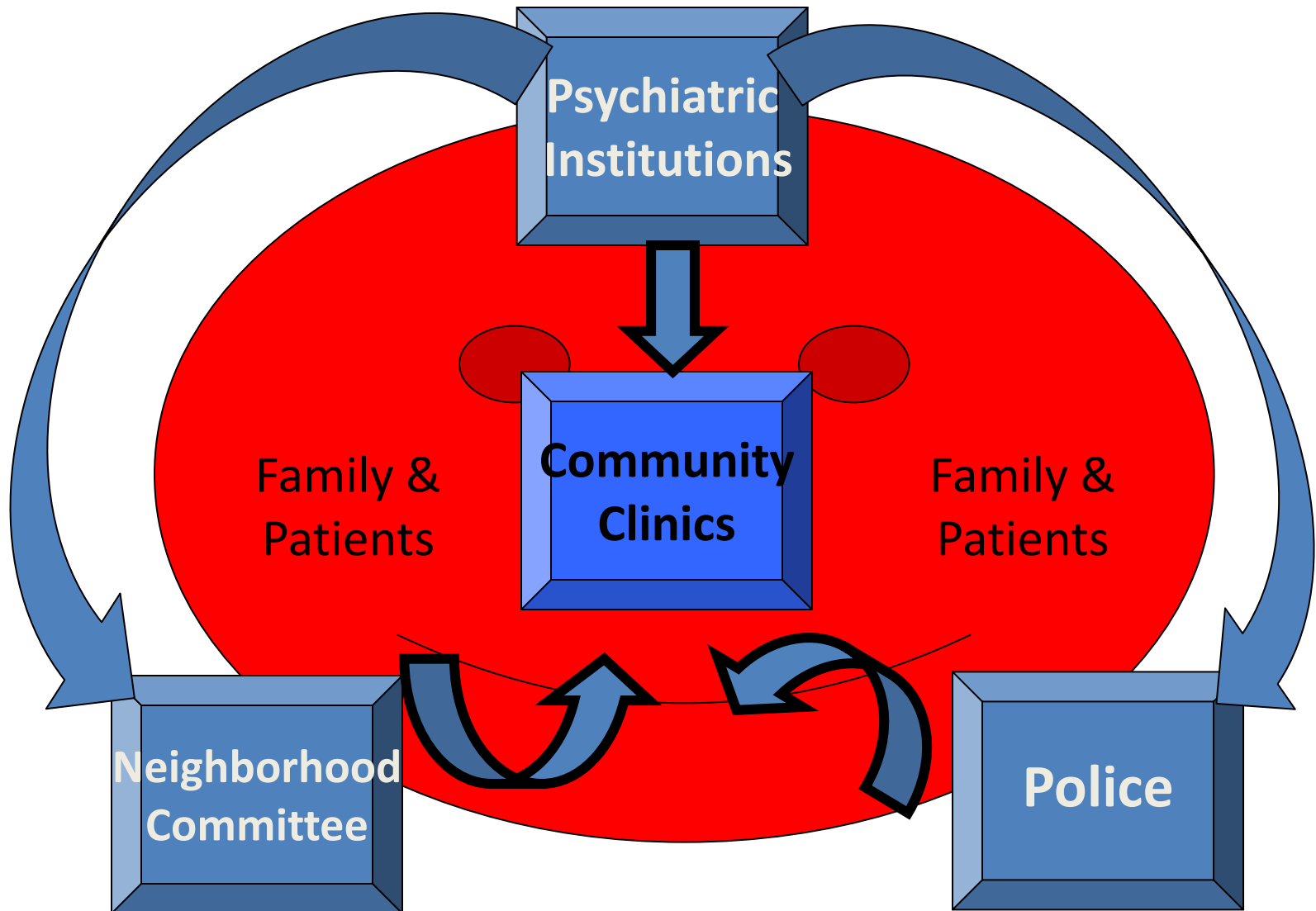
2004



This is what we told to the officers from the Ministry of Finance

- If the government grants the funding, the care for psychosis will be primarily established.
- The care will be consistent and uninterrupted
- Patients can get access to the care while the rate of violent issue will be reduced, and the society will thus achieve harmony.
- **Therefore, the government granted mental health 6.86 million Yuan.**
- The executive office of “686 Program” is based in Peking University Institute of Mental Health (Sixth Hospital)

Diagram shown to the government in 2003



Key Experience - Obtain Funding

- It is usual that the government neglects mental health
- We should, however, get fully prepared at all times, and grasp the opportunity when it pops up
- Because of the investigation and analysis of international experience from 2000-2003, as well as cross-sectoral communications within government sectors, the opportunity will not belong to China's mental health.
- **Core experience:** We need to learn to express our request in the language of the government.

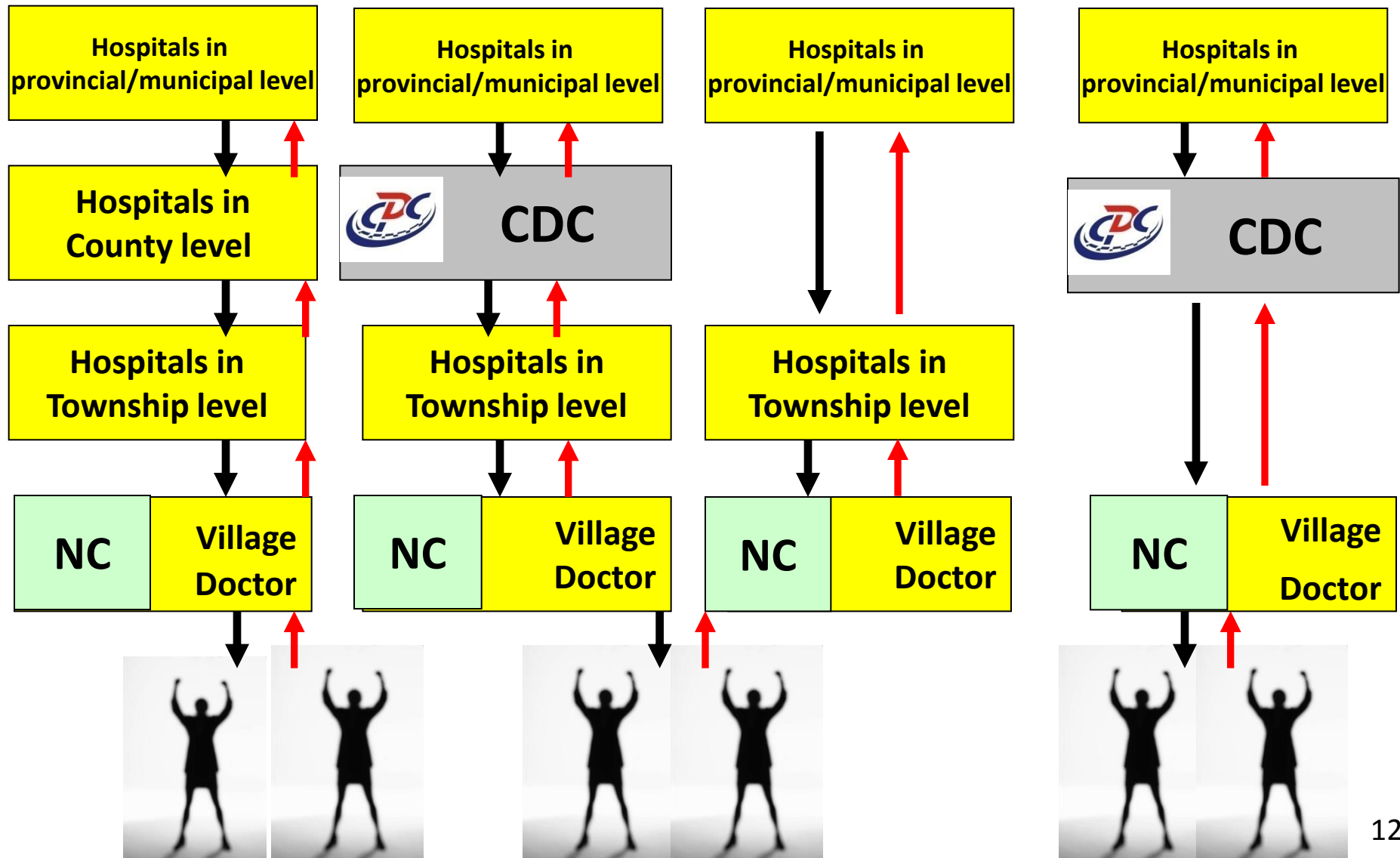
2005-Training and Establishing Service Teams

- 60 demonstration sites: one rural, one urban for each 30 province
- Each site covers 400,000; Total 42.9 million population
- A network is formed by a specialized hospital of mental health and a community hospital in each demonstration site. Doctors from the community hospital provide follow-up for patients.
- Parts of rural areas are in lack of medical teams, and thus specialized hospitals are responsible for a monthly integrated follow-up for those areas.
- Australia kept supporting National Project Office in terms of technical training. China began to learn from the Australian model and build an integrated team with both hospital and community. From then on, the hospital care managed to "break out of the hospital walls".

Development of “686 Project”

- 2005: Training, establishment of National Prevention and Control Team for Psychosis
- 2006: Hospital service was expanded to communities, and patients received free treatment
- 2008: Medical insurance was implemented universally in China, and funding from “Project 686” focused on covering out-of-pocket medical cost for impoverished patients
- 2009: China implemented "the Project of Equalization of Fundamental Public Health Care", and funds from community follow-up were covered by the Project.

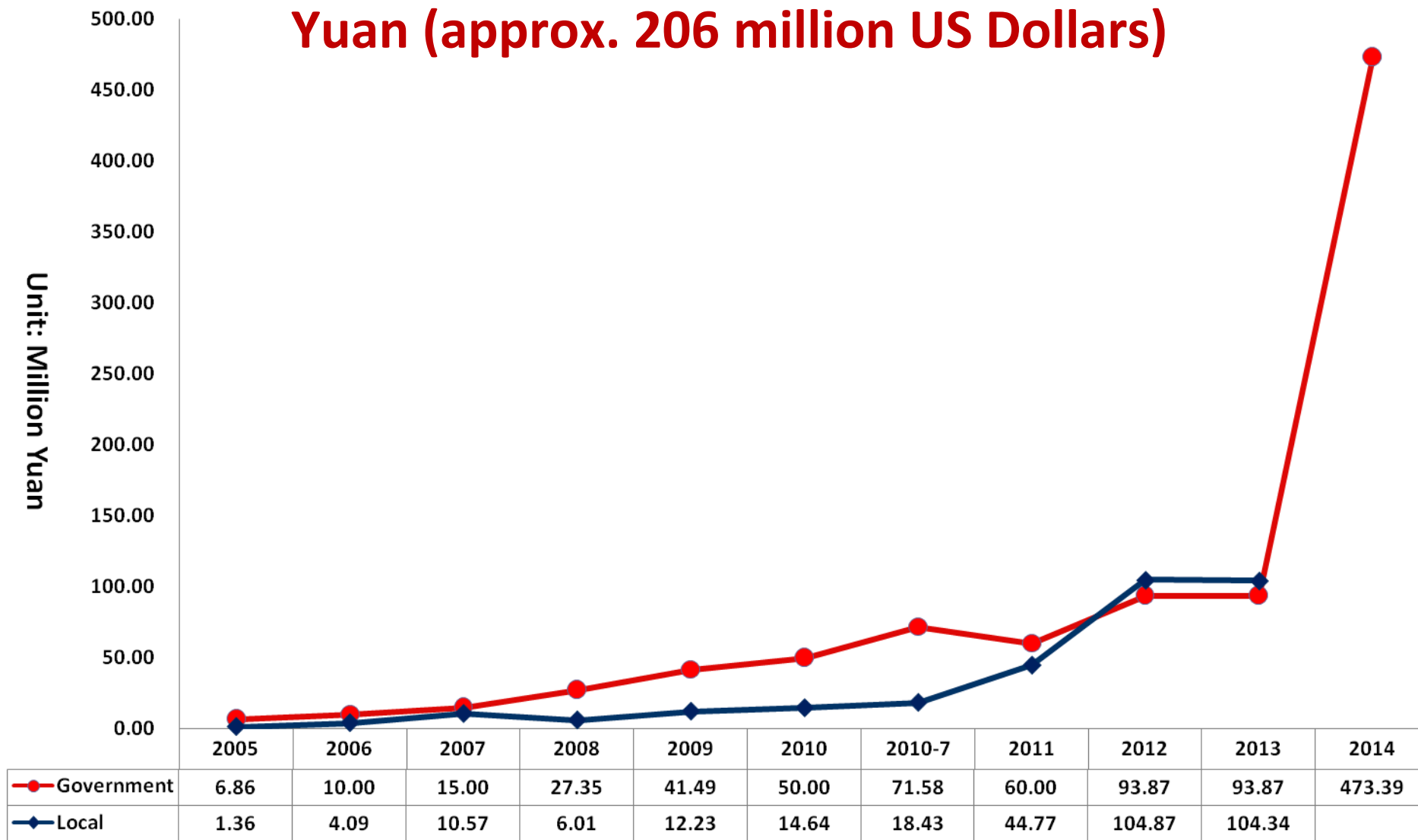
Current Rural Network Building of China's Mental Health Care



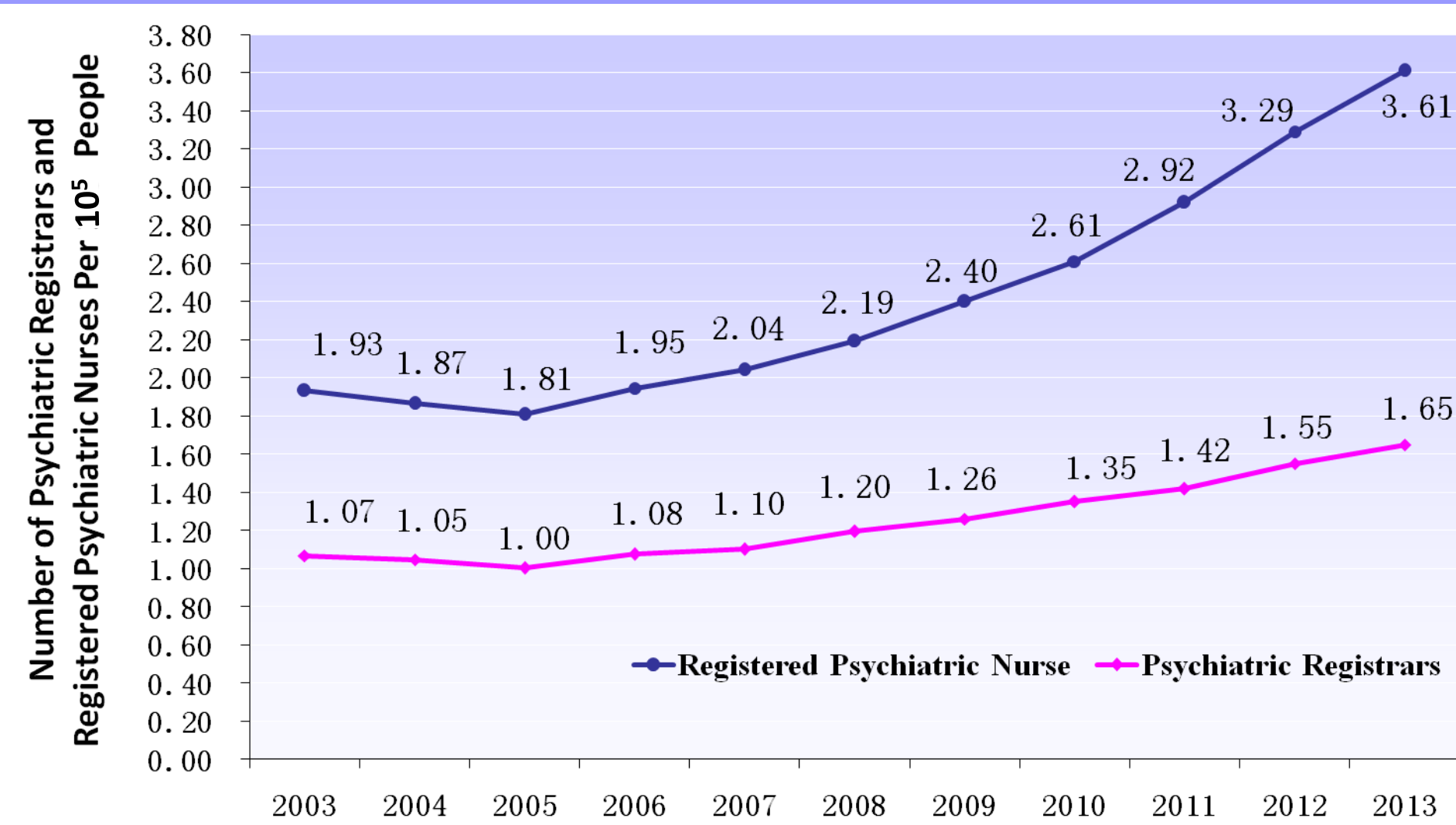
Key Experience

- Human resources are of the utmost importance in the development of mental health care
- For areas with low resources, local staff should work with primary health care teams.
- Scarce psychiatric specialists should be in charge of training, diagnosis and treatment guidance
- Community staff is often unstable, but we need to have the patience to wait for team development
- **Core experience: Money does not equal to service-- Human resources development is much slower than simply building a new hospital**

10-year Accumulated Funding from the Central Government and Local Government: 1.265 billion Yuan (approx. 206 million US Dollars)



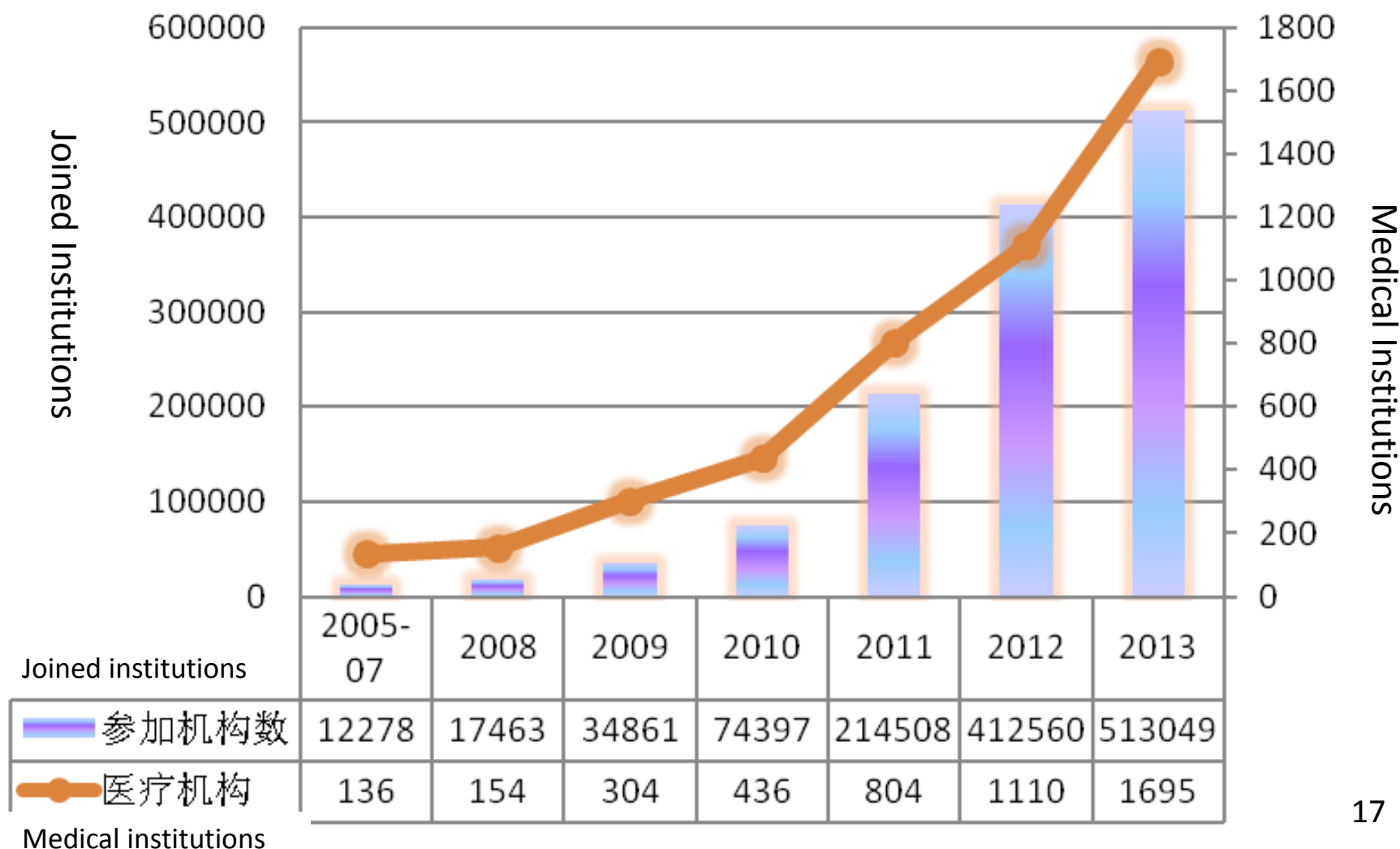
Number of Psychiatric Registrars and Registered Psychiatric Nurses Per 10⁵ People in Mental Hospitals in China



Approaches to Solve Insufficient Human Resources

- TOT mode is applied in trainings, so as to expand the scope of spreading knowledge
- Specialized facilities should be constantly attracted and absorbed, and comprehensive community team should be expanded continuously
- Family members can be trained into case manager
- **Core experience:** Staff should be trained by different categories, including specialists
- **Core lessons:** An excessive emphasis on the care provided by specialists for rural areas has a dissatisfactory effect. China is at present encouraging GPs at the level of county or below to expand their professional scope of mental health, but the effect still leaves something to be desired

By the end of 2013, 1695 medical institutions have joined the “686 Project”



Key Paradigm Shifts

- Concept on the management of comprehensive treatment of severe mental illness spreads to the whole nation
- Mental health care breaks from hospitals into communities
- Data collected from 42 sites showed that, from July to December of 2007, incidence of patients' violent behaviour had decreased markedly by more than 50%.
- Community mental health (CMH) care begins to be delivered by multidisciplinary teams
- More patients are willing to seek for help in communities
- Staff from primary health care expands the previously scarce service resources
- Advancing the recovery and social integration of psychotic patients

(Liu J, Ma H, He YL, Xie B, Xu YF, Tang HY, Li M, Hao W, Wang XD, Zhang MY, Ng CH, Goding M, Fraser J, Herrman H, Chiu HFK, Chan SS, Chiu E, Yu X. Mental health system in China: history, recent service reform and future challenges. World Psychiatry 2011.)

Rehabilitation 2008



“686” has covered throughout China since 2014

- Hospital-community continuous care system has been initially established
- 4.29 million patients have been registered in the Health Information system, including 3.41 million patients who have received community health care, 61.7% of whom are farmers
- Plenty of central and local policies have been implemented
- An almost fair mental health care, benefiting most for impoverished patients and families
- Respect and protection of human rights: Unlocking locked patients
- Human resources regarding mental health have been developed

Key Experience

- Forming a technical supporting team with long-term cooperation is preferable—eg. the cooperation between China and Australia
- Mutual respect should be ensured between cooperating partners (culture, religion)
- Psychiatrist should learn the following things before providing service for the community: management model of community patients, development and training of community service teams, connection between hospital and community, family support, community rehab, etc.
- **Core experience: Experience from other countries must be digested and adjusted according to the background of the learning country**

Lessons and Adjustments

- Do not simply complain the inefficiency of the government. We need to show them a comprehensive picture of mental health care in the language they understand
- Reform of mental health care may start from small projects, but evaluation process must be designed so as to demonstrate the achievement to investors
- The current mental health care in rural China can only be accomplished with the intergration of grass-root medical teams

Thank you
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