MENTAL HEALTH ADMINISTRATION IN CHINA AND THE SOVIET UNION

by

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INTRODUCTION:

In June of this year, 1983, fourteen professional mental health administrators (plus four family members) toured hospitals and mental hospitals in the People's Republic of China and the Union of Soviet Socialist Republics. The tour was an around-the-world tour sponsored by People to People for members of the Association of Mental Health Administrators. The tour group left San Francisco on May 30, 1983, and toured four cities in China and two in Russia and returned via Helsinki, Finland, to New York City on June 19, 1983.

The purpose of the tour was to observe and to learn about the health, mental health, and alcohol and drug abuse delivery systems in China and the Soviet Union. The purpose of this paper is to relate the author's perceptions of the mental health and health related delivery systems and the administration of these systems in these countries.

One can not pretend to be knowledgeable about the mental health systems in these two countries from a rather limited visit. Knowledge of the mental health systems in China and the Soviet Union was enhanced by an extensive literature search and readings prior to the trip. The hospital tours were designed so as not to be repetitive with different topics being addressed. The tour group compiled and submitted a list of questions in advance to the hospital administrator at each facility visited. The members on the tour also met as a group after each hospital visit to recapitulate and clarify what the group heard and understood. The tour group kept an official journal of each visit.

The author kept detailed notes from each visit that were recapitulated into a daily journal. Despite this detailed preparation, note taking, and recapitulation, considerable difficulty was experienced in understanding mental health systems in these two countries because of interpretation problems, the limited amount of time in the interview and on the tour and the relatively small number of facilities visited.

PEOPLE'S REPUBLIC OF CHINA:

The hospitals visited in China were as follows:
1. Shanghai Psychiatric Institute, Shanghai
2. A commune hospital serving 38,000 persons, Shanghai suburbs
3. Souhou Hospital, Souhou
4. Nanjing Psychiatric Hospital, Nanjing
5. Institute of Mental Health, Beijing Medical College, Beijing

In addition to the above five official visits by the tour group, the author made an additional visit as a patient to the Capital Hospital for Foreigners in Beijing.

The mental health delivery system in China consists of three levels of care those levels being first, the neighborhood; second, the district; third, municipal.

Initial contact with the patient is at the neighborhood level. The neighborhood care may be through outpatient clinics or community hospitals and is often provided by the "barefoot doctor." The barefoot doctors in China are "similar to our paramedical personnel." They provide treatment at the community level, the home, in the fields, or in the factory. The barefoot doctors also work closely with the neighborhood committee to encourage good health and mental health as a collective or social responsibility.

This sense of collective or social responsibility on the part of the Chinese is particularly evident in the health and mental health arena whereby patients continue to receive their wages or salary during their period of hospitalization. Their jobs are held open for their return. The factory manager becomes actively involved in encouraging the early return of the employee to a productive role in the factory and the minimization of debilitating health and mental health problems.

This sense of social responsibility and group pressure is also reflected in alcoholism or the lack of alcoholism in China. The Chinese mental health professionals contend that there is little or no alcoholism problem in China. The reason given is that group pressure or social responsibility upon the individual prohibits alcoholism. Mental health professionals at the Shanghai Psychiatric Institute stated that people in China "do not drink alone."

Health care and mental health care is free to the individual patient. When the hospital administrator was queried about the source of funding for the hospital
the answer was from the government through medical care or labor insurance. At any rate, it seems the employee does not have to pay for medical care and the funds for operating the hospital are allocated by governmental sources.

The government also determines staffing patterns for each mental hospital. The hospitals seemed very well staffed by clinical professionals in comparison with American hospitals. For example, the Shanghai Psychiatric Institute had 880 patients and 800 employees which included 118 psychiatrists and 300 nurses, lab technicians and others involved in direct patient care. Nanjing Psychiatric Institute had 400 beds, 300 psychiatric, and had 110 doctors of whom 70 were psychiatrists, more than 300 in nursing service, 5 social workers and 1 teacher.

Partial explanation for the relatively large number of psychiatrists is that psychiatrists are performing many activities normally done by other clinical professionals in America. For example, psychiatrists do make visits to the home and must be performing some of the activities normally done by social workers in America. Also, there are relatively few psychologists in the mental health system, for example the Shanghai Psychiatric Institute had two psychologists and Nanjing Psychiatric Institute had none, so psychiatrists are doing some of the work done in America by psychologists.

Articles about mental health in China indicate that the most commonly used diagnosis is schizophrenia. The main mental hospital in Shanghai, China, reported in 1972 that 83.7 percent of its inpatient admissions were diagnosed as schizophrenic. The director of the Shanghai Psychiatric Institute indicated that 50 to 60 percent of the current inpatients were schizophrenic. Nanjing Psychiatric Hospital indicated that 70 to 80 percent of the inpatients were schizophrenic.

Outpatient activities seemed heavy in both the Shanghai and Nanjing psychiatric hospitals. Shanghai indicated 500 outpatients and Nanjing indicated 300 to 500 outpatients. Outpatient activity as well as inpatient activity was heavily oriented around occupational therapy. Patients in several different areas were observed doing occupational therapy activities such as sewing, weaving, constructing articles out of cotton and other material.

A variety of therapeutic procedures are used including medication with drugs commonly used in America as well as the traditional Chinese medicines. Little evidence of psychotherapy was found although the Nanjing Psychiatric Institute indicated they had used it between 1952 and 1968.

Traditional Chinese medicine including acupuncture and cupping was used in both general hospitals and psychiatric hospitals. In addition to the traditional acupuncture needles, acupuncture techniques were also used with the application of herbs on the end of an acupuncture needle that the doctor would ignite to provide heat to a particular point. Electrical stimulus through the needles was also provided in various forms. The Institute of Mental Health, Beijing Medical College, was using laser beams on an experimental basis and electroacupuncture for depression and schizophrenia.

Cupping involves the use of heat on the bottom of a wooden cup or glass and inverting the cup on the spot of soreness of a patient. It was demonstrated many times in the Souhou Hospital on the lower back of patients.

It was difficult to tell much about the treatment program from such a short visit but the patients, particularly in Nanjing Psychiatric Hospital, appeared well tended for by clinical staff. The patients on the ward in Shanghai Psychiatrist Institute appeared more docile and, as one tour member termed it, "almost like actors hired for the occasion." One surprise to our sensibilities was the fact administrators in Chinese hospitals permitted pictures of patients in both general and psychiatric hospitals. In all five hospitals in China, the physicians and nursing staff seemed to be sensitive and caring individuals.

The ideological concept of collectivism in China was reflected in the health arena in a caring for the patient at the community level i.e., the family, the factory, the commune, the neighborhood. In mental health it is reflected by visits by psychiatrists to the factory and the home in educational and preventive measures as well as after care activities. In China, the young person is tested upon graduation from school and is assigned a job for life. Everybody works — both male and female — so anything that removes a person from a community costs the community in loss of personal services as well as the salary for that individual. There is every incentive to get the individual back into the community and the work place in a productive role as soon as possible.

Every psychiatric facility seemed to be involved in some degree of mental health research although, as in this country, most of the research is concentrated in psychiatric institutes that are part of a medical college. A wide range of mental health research in western medicine and traditional Chinese medicine was being done at the Institute of Mental Health, Beijing Medical College. This institute has been involved with the World Health Organization as a research and training center for mental health since February 1982. The institute is involved in teaching, research and service activities. It has a staff of 160 including over 20 psychiatrists and over 50 nurses.

The nine research laboratories and units of the Beijing Institute of Mental Health are involved in such things as