

Why Psychiatry Matters in China

Research >
China

The psychiatric profession in China has undergone vast changes over the past decade. Transformations in training, classifications, and institutional spaces characterize the post-Mao period and Deng reform era. Some longstanding issues, such as the stigma of mental illness and differences between rural and urban mental health care, remain. Yet, community programmes and ongoing professionalization and research have enabled practitioners to reach a broader constituency.

By Nancy N. Chen

This article addresses these shifts in the context of overall economic and social reform. How have people, places, and practices in the Chinese psychiatric community accommodated national reforms and global forms of care? While mainly addressing biomedical psychiatry rather than alternative or folk practices of psychiatry, I characterize general practices as opposed to the specialization of forensic psychiatry. Recent allegations concerning the abuse of criminals and political detainees in China within forensic psychiatry have raised the spectre of Soviet psychiatric abuse (Munro 2002). Such practices are currently being investigated by the World Psychiatry Association. My focus on general psychiatry offers a picture of contemporary programmes providing services to mentally ill clients and their families. It is crucial to examine the everyday experiences of those in this health care system in order to understand how the majority is treated and why it matters immensely to ordinary persons living in extraordinary times.

People

During the early 1990s, I conducted ethnographic research on mental health care in Chinese psychiatric institutions. Visiting three urban hospitals, one rural hospital, and one industrial clinic, I was allowed to observe and interview practitioners, family members, and patients as they sought mental health care services.

Professionalization of practitioners was a key component of training at the urban research unit where I was affiliated. Staff meetings and lectures were

weekly events in which all doctors and nurses were required to participate; the medical library had subscriptions to Chinese and foreign journals specializing in psychiatry and mental health. In addition, psychiatrists from other countries frequently visited to observe and carry out joint research projects.

Today, early models of mental health care exist concurrently with recently imported models of biomedicine, in which scientific research and psychotropic drugs are increasingly emphasized in treatment. Post-Mao reforms allowed Chinese psychiatrists to participate in exchange programmes abroad. By the time I started field research the first wave of senior cadres had been visiting the US and Europe for over a decade; early on in their career, in the 1980s, the most recent generation of scholars had left China to receive graduate degrees and postdoctoral training abroad. International health organizations such as the WHO have also opened collaborative centres for joint research and training. Thus different training periods and philosophies of mental health have led to distinct generations of psychiatrists. The oldest group, now mostly retired, trained during the 1950s in the Soviet Union. The second group first trained as general medical doctors during the Cultural Revolution in the mid to late 1960s, and only later specialized in psychiatry, with exposure to Western theories at mid career. The youngest group has recently been trained under the auspices of WHO financing or in Western research universities.

Places

The rural-urban difference in access to medical care, especially psychiatric

care, continues in the reform era. Larger research hospitals and the majority of professionals are mainly located in cities. It is important to note however that, by contrast to the early twentieth century when psychiatric hospitals were private, mental health wards are now public and state owned. The number of beds for mentally ill clients has also increased. In 1948 there were only 1,100 beds for 500 million people (a ratio of 0.22 beds per 10,000 people), with 50 to 70 trained physicians and even fewer nurses. By 1995 the number of beds significantly increased to 120,000-130,000 beds or about 1.1 beds per 10,000 people.

In larger psychiatric hospitals with several hundred inpatients, 80 to 90 per cent of the patient population consisted of chronic schizophrenic patients for whom family care was no longer viable. While the majority of patients were schizophrenic, there were also clinical cases of depression, neurological disorders, neurasthenia, and psychosomatic disorders. Regional differences in hospital stays between rural patients and urban patients also persist, due to work unit health packages and insurance in urban regions. To name an example, in terms of percentage there are more severe cases among mentally ill patients due to relatively late diagnosis in rural regions (Phillips, Lu, and Wang 1997). The number of beds is still quite low in comparison to other countries with smaller populations, and there is a heavy reliance on family and community managed care, especially for out-patient beds. Economic restructuring of hospital financing in the past decade has resulted in new structures being built in the urban areas.

Practices

Chinese psychiatrists have adopted international diagnostic categories and classifications such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association and the International Classification of Diseases (ICD-9) of the World Health Organization. The Chinese professional community has also engaged in active translation of the latest Western psychiatric articles and international classification categories into Chinese, categories in the Chinese Classification of Mental Disorders (CCDM) being crucial sites of cultural translation (Lee 1996).

Parallel to psychiatry in Western, post-industrial nations, there is an increased usage of psychopharmacology. During the mid to late 1990s, the pharmaceutical industry introduced new drugs to the Chinese market, and multinational as well as local firms have been active in making psychotropic drugs available and an integral part of consumer life. Such practices raise key questions about the dark side of globalization, which enable swift introduction of material goods and symbolic meanings that undermine local and alternative healing systems.

In recent years other means for families to seek advice and help outside of the psychiatric unit, with regard to mental health, have arisen. One noteworthy trend has been hotlines, which people can call anonymously for help, and the Chinese popular press and magazines have, in recent years, taken on stories that deal with social issues such as mental illness. Besides seeking a range of clinical practitioners, such as Traditional Chinese Medicine or biomedical, family members can write to newspapers or journals seeking advice, and a number of private mental health clinics have opened. In addition, outreach education programmes in mental health have been introduced to the school curriculum.

In sum, research in China has been of interest for its emphasis on family and community programmes. In an era of de-institutionalization and managed care, which characterizes psychiatric care in most post-industrial nations, sustainable alternative forms of mental health care are of great significance. <

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