The Challenge and Opportunity to Mental Health Under the Health Care Reform in China

Shanghai Municipal Health Bureau
Xiao Zeping
Outline

- China Health Care Reform
  - Background
  - Framework and Policy
- China Mental Health Care
  - Resource and Problem
  - Challenge and Opportunity
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Developments in the field of China’s society is lagging behind in economic growth.

Five issues of the public’s most concern

- Health reform: 74%
- Equity in education: 61%
- Social security: 53%
- Income distribution: 68%
- Anti-corruption: 66%

(Data source: the online survey of Xinhua News Agency, 2005)
China's total health expenditure reached 1.9921 trillion yuan in 2010, 5.01% of GDP.

(Data source: China's total health costs report, 2011)
Health expenditure in China since 1978

Data from China National Health Accounts, Chinese Ministry of Health

The Lancet 2008; 372:1846-1853
Terms and Conditions
Expanding enrolment in health insurance schemes in China

Data from China National Health Accounts, Chinese Ministry of Health

The Lancet 2008; 372:1846-1853
Terms and Conditions
Share of inpatient costs paid out-of-pocket

Data from China National Health Accounts, Chinese Ministry of Health.

The Lancet 2008; 372:1846-1853
Terms and Conditions
Distribution of health spending

Data from China National Health Accounts, Chinese Ministry of Health

Main Problem of Health Care system before the reform

- Growing public criticism of soaring medical fees,
- Lack of access to affordable medical services,
- Poor doctor-patient relationship
- Low medical insurance coverage

compelled the government to launch the new round of reforms
BEIJING, Jan. 21 (Xinhua) -- China's State Council, or Cabinet, passed a long awaited medical reform plan which promised to spend 850 billion yuan (123 billion U.S. dollars) by 2011 to provide universal medical service to the country's 1.3 billion population.

The plan was studied and passed at Wednesday's executive meeting of the State Council chaired by Premier Wen Jiabao.

- The plan promised to spend 850 billion RMB by 2011 to provide universal medical service.
- Measures will be taken to provide basic medical security to all Chinese.
Overall framework and ideas of the reform

Eight supports
- Management system
- Operating mechanism
- Funding mechanism
- Price mechanism
- Regulatory mechanism
- Technology and personnel security mechanisms
- Information system
- The legal system

Four systems
- Public health service system
- Health Care system
- Medical insurance system
- Essential Drug supply system

One target
Establish and improve the basic health system, achieve universal access to basic health services.
Set up a central leadership mechanism for medical reform

the leading group of medical reform in State Council

Leader: Li Keqiang, Vice Premier

Office of the leading group of medical reform in State Council

ABBR., Ministry of Finance, Ministry of Health, Ministry of Human Resources and Social Security, Ministry of Education, Ministry of Civil Affairs

……19 ministries

the leading group of medical reform of each province

the leading group of medical reform of each city(district)
A wide **medical insurance** cover will be provided for more than 90% of Chinese people.

- This initiative includes basic medical insurance for urban employees and for residents of cities, the new rural cooperative Medicare scheme for farmers, and the Medicaid system for urban and rural poor people. The funding level will also be raised for urban residents and farmers, with governmental allocation increased to CNY120 per head in 2010 (already >200 per head in 2011).

A **national essential drug system**

- will be established to meet the basic need for treatment and prevention of diseases and to ensure safety, quality, and supply. All drugs on the list will get a high reimbursement rate by the distinct medical insurance systems.

The **medical care and public health service system** will be improved at grassroots level.

- In rural areas, emphasis will be on infrastructure and human-resource development of the three-tier network at county, town, and village levels. In urban areas, community medicine centres (stations) will be reinforced. This move will not only substantially reduce workload in overcrowded city hospitals but also allow the “health-gatekeeper” system—ie, family doctors and nurses providing services at community medicine level—to be enhanced for disease prevention and health promotion.

To promote the **basic public health service**.

- establishment of health archives for all citizens; provision of screening for major diseases for elderly people, women, and children; management of chronic non-communicable diseases; and health education. Furthermore, major projects will be launched, including an expanded programme of immunisation for 15 vaccine-preventable diseases (eg, against hepatitis B virus for children younger than 15 years), prevention and control for major infectious diseases (HIV/AIDS and tuberculosis) and geochemical endemic diseases, and delivery in hospital for all pregnant women.

To launch the **pilot reform of public hospitals**.

- This project includes substantial increases in public investment, restructuring of the hospital management system, and correction of the tendency for commercialisation.
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## Prevalence of Mental Disorders

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Mood disorders</td>
<td>6.1</td>
<td>7.3</td>
<td>7.52</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>5.6</td>
<td>5.3</td>
<td>3.91</td>
</tr>
<tr>
<td>Substance use disorders</td>
<td>5.9</td>
<td>2.0</td>
<td>5.45</td>
</tr>
<tr>
<td>Personality &amp; behavioral problems</td>
<td>NA</td>
<td>NA</td>
<td>4.22</td>
</tr>
<tr>
<td>Psychotic disorders</td>
<td>1.0</td>
<td>0.6</td>
<td>0.74</td>
</tr>
<tr>
<td>Organic disorders</td>
<td>0.3</td>
<td>2.3</td>
<td>0.12</td>
</tr>
<tr>
<td>Other mental disorders</td>
<td>0.3</td>
<td>1.4</td>
<td>1.81</td>
</tr>
<tr>
<td>Any disorders</td>
<td><strong>17.5</strong></td>
<td><strong>16.2</strong></td>
<td><strong>18.25</strong></td>
</tr>
</tbody>
</table>
## Development of mental health service in China

<table>
<thead>
<tr>
<th>Period</th>
<th>Characteristics</th>
<th>Main service forms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1950s-1970s</strong></td>
<td>confinement + prevention against deterioration</td>
<td>Inpatient treatment for psychotics</td>
</tr>
<tr>
<td><strong>1980s-1990s</strong></td>
<td>Medical-care + rehabilitation</td>
<td>outpatient/inpatient for common mental diseases, rehabilitation of psychotics</td>
</tr>
<tr>
<td><strong>2000s-2010s</strong></td>
<td>Medical care + public mental health service</td>
<td>outpatient/inpatient for common mental diseases, rehabilitation of psychotics, prevention &amp; intervention of psycho-behavioral problems</td>
</tr>
</tbody>
</table>
Increasing resources

**Number of mental hospital**
- 1957: 70
- 1986: 320
- 2010: 732

**Number of psychiatrists (1,000)**
- 1957: 0.4
- 1986: 5.6
- 2010: 20.36

**Number of beds (10,000)**
- 1957: 1.1
- 1986: 6.4
- 2010: 20.76
Human resources for mental health
(psychiatrists, psychologists, nurses, and social workers) per 100 000 population

Redrawn from WHO Mental Health Atlas, with permission of WHO.

The Lancet 2007; 370:878-889
Terms and Conditions
## Consists of mental health institutions & beds

<table>
<thead>
<tr>
<th>institutions</th>
<th>n</th>
<th>%</th>
<th>beds</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty hosp.</td>
<td>780</td>
<td>53.13</td>
<td>185792</td>
<td>88.24</td>
</tr>
<tr>
<td>Dep. Psychiatr. in general hosp.</td>
<td>541</td>
<td>36.86</td>
<td>13526</td>
<td>6.42</td>
</tr>
<tr>
<td>Rehabilitation institution</td>
<td>57</td>
<td>3.88</td>
<td>11234</td>
<td>5.34</td>
</tr>
<tr>
<td>Outpatient clinics</td>
<td>90</td>
<td>6.13</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Sum</td>
<td>1468</td>
<td>100.00</td>
<td>210552</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Ministry of Health, 2011*
## Comparison of human resources in mental health

<table>
<thead>
<tr>
<th>Resources</th>
<th>US</th>
<th>UK</th>
<th>Germany</th>
<th>France</th>
<th>Japan</th>
<th>Korea</th>
<th>Singapore</th>
<th>Malaysia</th>
<th>Thailand</th>
<th>China</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beds (1/10000)</strong></td>
<td>7.7</td>
<td>5.8</td>
<td>7.5</td>
<td>12.0</td>
<td>28.4</td>
<td>13.8</td>
<td>6.1</td>
<td>2.7</td>
<td>1.4</td>
<td>1.57</td>
</tr>
<tr>
<td><strong>Psychiatrists (1/100000)</strong></td>
<td>13.7</td>
<td>11.0</td>
<td>11.8</td>
<td>22.0</td>
<td>9.4</td>
<td>3.5</td>
<td>2.3</td>
<td>0.6</td>
<td>0.6</td>
<td>1.53</td>
</tr>
<tr>
<td><strong>Nurses (1/100000)</strong></td>
<td>6.5</td>
<td>104.0</td>
<td>52.0</td>
<td>98.0</td>
<td>59.0</td>
<td>10.1</td>
<td>10.4</td>
<td>0.5</td>
<td>2.7</td>
<td>2.65</td>
</tr>
<tr>
<td><strong>Clinical Psychologists (1/100000)</strong></td>
<td>31.1</td>
<td>9.0</td>
<td>51.5</td>
<td>5.0</td>
<td>7.0</td>
<td>0.8</td>
<td>1.0</td>
<td>0.05</td>
<td>0.2</td>
<td>0.18</td>
</tr>
<tr>
<td><strong>Social workers (1/100000)</strong></td>
<td>35.3</td>
<td>58.0</td>
<td>477.0</td>
<td>-</td>
<td>15.7</td>
<td>2.6</td>
<td>3.0</td>
<td>0.2</td>
<td>0.6</td>
<td>-</td>
</tr>
</tbody>
</table>

*WHO, 2005
Ministry of Health, China, 2010*
Proportion of specified budget allocated for mental health out of total health budget in each country

Redrawn from WHO Mental Health Atlas, with permission of WHO.
Improper Structure of Psychiatric Hospital Income

Lower national government input before, but increasing after 2005

The Payment on Mental Health in China

LI Lin et al 2010
National Strategy on Mental Health Development

First step: Reconstruct of Mental Health Service System

- Change the Service Model from Special Psychiatry Hospital dominant to community base combining service system
- Integrate resources to serve the patient orientate(center) service system
- Improve the capability of Psychiatry hospital, increase the service efficiency and protect the patients right

Second step: Expand the field

- Combine to Health Promotion and Education
- Promote the whole population mental health
图二 全国精神疾病防治网络的机构组成及服务范围
### 图二 全国精神疾病防治网络的机构组成及服务范围

<table>
<thead>
<tr>
<th>卫生行政管理体系</th>
<th>精神卫生防治管理体系</th>
<th>精神卫生服务体系</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>卫生部</strong></td>
<td><strong>行政管理</strong></td>
<td></td>
</tr>
<tr>
<td><strong>省、自治区、直辖市卫生厅局</strong></td>
<td><strong>承担国家防治任务的精卫机构</strong></td>
<td><strong>同级其他精卫机构</strong></td>
</tr>
<tr>
<td><strong>地市级卫生局</strong></td>
<td><strong>业务指导</strong></td>
<td><strong>同级其他精卫机构</strong></td>
</tr>
<tr>
<td><strong>区县级卫生局</strong></td>
<td><strong>业务指导</strong></td>
<td><strong>同级其他精卫机构</strong></td>
</tr>
<tr>
<td><strong>街道办事处、乡镇政府</strong></td>
<td><strong>社区卫生服务中心、乡镇卫生院</strong></td>
<td><strong>同级其他精卫机构</strong></td>
</tr>
</tbody>
</table>

**常见疾病患者**

**重性疾病患者**

**慢性疾病患者**
States Council: Guide to Further Develop Mental Health Work. 2004


Ministry of Health: Regulation on National Basic Public Health Program – for Major Psychotic Disorders. 2011

Ministry of Health: Quality Improvement Standard for Tertiary Mental Hospitals. 2011

Main Tasks on Mental Health in the Future

- Launch National **Mental Health Law** earlier
- More government support: **policy and finance**
  - More budget from government or fiscal input
- Build up full range **human resources** on mental health
  - International level education system on *Psychiatrist, Clinical Psychologist (Psychotherapists), Social Workers, Nurses*…
- National wide Mental Health **Service Network**
  - Integrated *psychiatry* to **public health system / community care service / general hospital** care service
Thank you!