

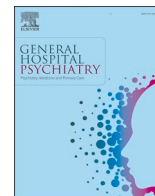


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## General Hospital Psychiatry

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Letter to the editor

## Challenges facing China's mental health services in the context of COVID-19

Dear Editor,

As psychiatrists, we found it thought-provoking to read, "The Stress and Resilience Town Hall: A systems response to support the health workforce during COVID-19 and beyond" [1]. The paper reminds us that we must continue to rethink the challenges faced by mental health services in China. There are key areas that must be worked on to improve and integrate mental health services in China.

First, one challenge is the lack of mental health personnel and the lack of training for primary care doctors in providing psychotropic drugs. There are currently 27,733 psychiatrists (2.02 per 100,000 people), 57,591 psychiatric nurses, and 2936 mental health service institutions with about 433,000 psychiatric beds (31.5 per 100,000 people) in China today [2]. In contrast, the ratio of psychiatrists in Japan is 20.1 per 100,000 people. Even more worrying is that the staff shortage has become more serious as professionals have been infected, isolated, or transferred to other areas of the health system. Research shows that among Chinese psychiatrists, 51% have a bachelor's degree in medicine, 29% have a technical school degree and 14% have no degree at all [3]. In addition, most of these people are located in urban psychiatric hospitals, making it difficult for at least half of the 1.44 billion Chinese people living in rural areas to get services. Moreover, the lack of qualified community mental health professionals in many urban areas remains a major barrier. It is worth noting that China's population is aging rapidly. Due to the one-child policy, the proportion of "empty nest families" in China is expected to increase to 90% by 2030 [4]. Changes in family structure may have a significant impact on the mental health of the elderly and their access to care.

Second, even in high-income countries like the United States, mental illness and its treatment are still a heavy burden. Some global initiatives reaffirm that integrating mental health services and primary care is one of the best ways to improve healthcare [5]. For example, the United States is making progress in improving patient-centered care by integrating physical and mental health services in the primary care setting [6]. America's comprehensive care programmes include several elements: patient self-management, availability of mental health professionals, clinical monitoring, and standardized follow-up care [7]. China has shown a strong commitment to mental health reform, but challenges remain in narrowing treatment gaps for both common and serious mental illnesses. For common mental disorders, contact rate (i.e., patients having contact with any mental health care provider) is low, as is the provision of mental health services (such as evidence-based intervention) [8]. There are also huge differences in mental health coverage between urban and rural areas and across regions. To improve the accessibility of medical services, some studies suggest that mental health services should be incorporated into China's general care system, especially in the field of primary health care [9], but this remains an unfulfilled desire of the government. The remaining obstacles include

lack of financial resources, the stigma of seeking mental health services, and a scattered hospital-centered mental health care service system [9].

Third, due to the differences in the political, cultural, and economic backgrounds of different countries, there is no consensus about the best public health strategy for managing COVID-19 [10]. In the context of a decreasing its fatality rate, the growing vaccination rate, and the significant economic impact of mass lockdowns, both Europe and the United States have proposed to relax restrictions. In contrast, China has adopted a dynamic zero-COVID policy in which restrictive measures are initiated and maintained until there are no new cases of COVID-19 in a particular location. In this policy, if necessary, strict isolation and management measures are implemented, which may increase the risk of mental health problems. For example, patients may not be able to receive face-to-face psychological consultation due to strict hospital policies of no admission if negative COVID-19 test results cannot be provided. Recently, the WHO chief questioned the sustainability of the zero-COVID policy in the face of the potential increase in transmission of Omicron and other variants. However, it is not certain how the virus will evolve at present, so the appropriateness of any specific policy for managing the epidemic may only be clear afterwards. Ideally, a flexible and data-oriented approach can be adopted to adapt to the different economic, cultural and political backgrounds of the affected countries and regions, as well as the changes of the virus itself.

In short, whether China can successfully accomplish mental health reform depends on whether it can successfully meet a series of challenges.

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**Yu Xiao:** Conceptualization, Writing – original draft. **Ting-ting Chen:** Writing – review & editing. **Na Du:** Formal analysis, Investigation.

## Declaration of Competing Interest

The authors declare that they have no competing interests.

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