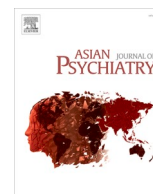




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Letter to the Editor

Mental health services in China: Challenges in the context of COVID-19

ARTICLE INFO

Keywords

Mental health service
Challenge
COVID-19
China



Dear Editor,

As psychiatrists, we found it thought-provoking to read, "Mental health services in Syria: Challenges and opportunities" (Shoib et al., 2022). With the raging of the COVID-19 pandemic, the tremendous damage it has caused to the whole world is becoming apparent (Tandon, 2020). To control the spread of this contagion, quarantines and lockdowns are common all over the world (Tandon, 2021). The world economy has fallen into the worst recession of our time. China, where COVID-19 originated, officially reported a total of 87,000 confirmed cases and 4600 COVID-19 related deaths. However, a recent report shows that there were over 500,000 cases in Wuhan alone (Tandon, 2021). These messages remind us that we must continue to rethink the challenges faced by China's mental health services in the context of COVID-19. In addition, we also explore how to deal with these challenges through further reform of mental health services.

First of all, due to China's compulsory isolation procedure, COVID-19 patients, close contacts and even front-line health workers are all high-risk groups for mental health problems. In response, the Ministry of Health has set up crisis psychological intervention groups in many psychiatric hospitals across the country. However, this has brought greater pressure to the already insufficient mental health resources in China (Xiao et al., 2022). The number of psychiatrists rose from 18,842 in 2009 to 36,610 in 2018; however, the number of hospital beds per psychiatrist only increased from 10.1 in 2009 to 13.8 in 2018 (Fang et al., 2020). In addition, during the COVID-19 epidemic, the deployment of expert teams and the mental health emergency response may further exhaust the mental health services of psychiatric hospitals.

Second, compared with patients in other medical institutions, inpatients with mental illness in China may be more susceptible to COVID-19. Unlike patients in general hospitals who usually receive nursing care in beds, psychiatric inpatients usually take part in group activities to maintain their social functions. Moreover, patients in psychiatric hospitals are usually confined to crowded living environment, and they share public bathrooms and tableware. Because of their poor self-care ability and disordered mental state, they may not be able to take measures to protect themselves from infection (Muruganandam et al., 2020). It is worth noting that the side effects of psychotropic drugs and the unhealthy lifestyle related to mental illness may make patients more

vulnerable to COVID-19 and its complications.

Third, before the outbreak of COVID-19, most Chinese psychiatrists had not received professional training in the prevention and treatment of infectious diseases. In addition, in the past decade, many schools have shortened the internship period in internal medicine of medical students majoring in psychiatry in order to expand their training in mental health (Zhang et al., 2021). All these factors may limit their clinical ability to control the potential spread of COVID-19 virus in mental health services. Furthermore, the lack of community-based mental health services leads to patients' over-reliance on large psychiatric hospitals. As a response, it is essential to provide adequate protective equipment and medical supplies, educate health professionals and patients about the risks of COVID-19, and restrict relatives from visiting hospitals to reduce the possibility of disease transmission. Besides, it is recommended that all people wash their hands regularly and take their temperature at least once a day to closely monitor any suspected infection symptoms. In order to minimize the risk of nosocomial infection, isolation wards should be established and the hospitalization rate should be reduced by strengthening the outpatient treatment plan (Cui et al., 2020). Moreover, activities involving group interaction should be avoided in public areas.

Fourth, the consequences of compulsory isolation to curb the spread of the virus highlight the challenge of providing psychiatric care for chronic patients with severe mental illness in the community (Cui et al., 2020). For stable patients with severe psychiatric disorders living in the community, the use of telemedicine, telephone and other online services should be promoted to meet the needs of continuous monitoring and treatment. These strategies could be used to monitor patients' mental state, provide drug management, provide psychological education to family members, and ensure the prevention and control of epidemics. In addition, the frequency and time of face-to-face consultation should be reduced appropriately. If face-to-face evaluation is inevitable, staff should keep social distance and observe other self-protection measures.

As Tandon mentioned, this pandemic has exposed our weaknesses in public health preparation and structure of our healthcare systems (Tandon, 2020). As the world slowly reopens its economy and gradually gets rid of the blockade, people clearly realize that COVID-19 continues to attack us. At best, we are just approaching the end of the first quarter

<https://doi.org/10.1016/j.ajp.2022.103348>

Received 16 October 2022; Received in revised form 27 October 2022; Accepted 10 November 2022

Available online 24 November 2022

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of this war against the virus (Tandon, 2020). We must keep in mind that a global pandemic requires a global solution and global cooperation. Importantly, other countries can consider learning from China's experience and lessons, and adjusting their strategies according to their own conditions.

CRediT authorship contribution statement

YX: Conceptualization, Writing – original draft. **ND:** Writing – review & editing. **Y-gL:** Formal analysis, Investigation. All authors have approved the final manuscript.

Funding

The authors received no grant from any funding agency in the public, commercial or not-for-profit sectors.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

The authors appreciate the editor and the reviewers for their insightful and helpful comments and remarks.

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