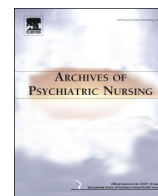




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Psychiatric and mental health nursing in China: Past, present and future

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ABSTRACT

The mental health service model and policy have undergone dramatic changes and are moving toward the establishment of integrated service network-based community mental health services in China. But there are still some issues, such as shortage of resources, a relatively low rate of psychiatric treatment, lack of the knowledge about mental health in the general population, and stigma associated with mental disorders. This paper summarizes the history of psychiatric and mental health nursing in China and analyzes the characteristics of the current situation. There are healthcare challenges for psychiatric and mental health nurses with the mental health services reform by government, and in this paper we discuss future trends and provide suggestions for development of the psychiatric nursing profession, and mental health services reform.

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INTRODUCTION

Whiteford et al. (2013) reported that the global burden of mental and substance use disorders increased by 37.6% from 1990 to 2010. The WHO World Mental Health Survey Consortium reported that 35.5% to 50.3% of people with serious mental illness (SMI) in developed countries and 76.3% to 85.4% in less-developed countries have never sought any professional treatment. In China, the costs of mental disorders in 2013 accounted for over 15% of the total health expenditure and 1.1% of gross domestic product (Xu, Wang, Anders, & Qiu, 2016). A study conducted in four provinces in China with a sample of 63,004 size showed that mental illness affected 17.5% of adults and that >173 million individuals suffer from mental illness; 24% of them were moderately or severely disabled by their illness; but only 8% of them had sought professional help (Phillips et al., 2009). The huge burden of mental disorders highlights the pressing need for improved mental health services. The psychiatric and mental health (PMH) nurse is an essential team member in health promotion, illness prevention, and rehabilitation in all mental health areas. This paper discusses the past, present and future of PMH nurses working in the mental health services field across China.

Past

The first officially documented institution administered for the mentally ill by government in China was in the Tang Dynasty (895 CE), where homeless widows, orphans and the mentally ill were cared for; this concept originated from the Beitian Bingfang, a type of charity facility administrated by monks (Lan, 1994). John Kerr, an American missionary, set up the first western style psychiatric hospital for the homeless mentally ill; it was established and funded in 1897 (Chen, 2015). There were 200 psychiatric beds in it, and it is now the Guangzhou Brain Hospital. The American psychiatrist A.H. Woods was invited to teach neuropsychiatry courses in Peking Union Medical College Hospital as an associate professor in 1922 and the first department of neuropsychiatry was established in 1928 (Chen, 2015). In the next 20 years, psychiatric hospitals were built very slowly in large cities.

After the People's Republic of China was founded in 1949, there was a rapid development of mental health services and psychiatric hospitals were gradually built in every province. In the 1950s, treatment of mental illness saw the inclusion of the use of psychotropic drugs such as chlorpromazine and lithium, insulin shock, electroconvulsive therapy (ECT), and psychiatric rehabilitation in the community. A striking feature of the mental health service model was the requirement of forced restriction of patients for long periods of time in hospital (Table 1). In the 1960s and 1970s, the mental health service almost stagnated during the Cultural Revolution (1966–1976), but worker rehabilitation centers for people with mental illness and caring networks were provided by neighborhood committees in Shanghai (Zhang & Yan, 1990), and the primary treatment model for people with mental illness was in a

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Table 1
Mental health facilities and resources in China, 1949–2010.

	1949	1961	1965	1978	2005	2008	2010	2012
Psychiatric hospitals	9	139	76	219	557	598	657	728
Psychiatric beds	1142	22,000	18,000	42,000	109,961	171,752	207,372	246,392
Psychiatric beds/10,000 population	–	–	–	2.30	0.84	1.29	1.55	1.82
Psychiatrists	100	1228	1404	3128	13,122	15,882	18,040	20,655
Psychiatrists/100,000 population	–	–	–	3.30	1.00	1.20	1.35	1.53
Psychiatric nurses	–	–	–	–	23,636	29,125	35,337	43,788
Psychiatric nurses/100,000 population	–	–	–	–	1.81	2.19	2.61	3.23
Median length of stay in psychiatric hospitals (days)	–	120	105	103	48	49	53.90	48.8
Median bed utilization ratio (%)	–	84.7	97.2	>91.0	85.2	90.9	96.4	97.4

“–” means there are no available statistics.

Sources: Liu, Chen, Xie, et al., 2013; Li, Sun, Zhang, et al., 2012; Ma, Yan, Ma, et al., 2012; Ministry of Health, 2006, 2009, 2011, 2013.

hospital-based care. In the 1980s and 1990s, the Ministry of Health, Civil Affairs and Public Security in China set up a three-tier network (city, district/county and street/town levels) to deal with psychosis. Treatment models, such as use of antipsychotics, work-rehabilitation centers and family-based therapy were extended (Liu, Ma, He, et al., 2011).

In 2002, the first National Mental Health Plan (2002–2010) was signed by the Ministries of Health, Public Security and Civil Affairs and the China Disabled Persons' Federation. Targets and guidelines were established to achieve the following goals: a) establish a government-led mental health services system that collaborated with several sectors; b) facilitate implementation of mental health legislation; c) heighten awareness of mental health in the general population; d) enhance mental health services to reduce burden and disability; and e) develop more mental health services and increase the capacity of current psychiatric hospitals (Liu et al., 2011; Ministries of Health, Public Security, Civil Affairs and CDPF, 2002).

In 2004, the National Continuing Management and Intervention Program for Psychoses (686 Program), after its initial funding of CNY 6.86 million, was implemented in China and was consistent with policy recommendations issued by the WHO and supported by other recognized international organizations (Ma, Liu, He, et al., 2011). The aim of this program was to consolidate the reform and to found a patient-centered and recovery-oriented public health services model through the key provisions of continuum of care based on community, accessibility and equality of treatment for people with mental illness.

The Chinese Psychiatric-Mental Health Nursing Association was founded in 1990. The Nurse Ordinance that provided the legal basis to protect the legitimate rights and interests of registered nurses was implemented in 2008. In addition, the National Mental Health Law that protects legal rights of people with mental disorders was formally promulgated in 2013. With mental health services reform developing rapidly and making significant progress, that put higher requirements on psychiatric and mental health nurses in China.

Present

Resources and workforce of PMH nurses

Most mental health professionals in China are psychiatrists or psychiatric nurses, and there is a paucity of clinical psychologists and social workers and virtually no occupational therapists (Liu et al., 2011). According to the 2010 Statistical Report on Development of Medical Services of China, the total number of mental health professionals per 100,000 population in 2010 was 5.16, including 1.54 physicians, 2.65 nurses, and 0.97 other types of mental health professionals in 2010 (Liu et al., 2013). There were 2,048,000 registered nurses (RNs) working in all kinds of medical institutions in 2010 (Ministry of Health, 2011), and RNs working in mental health facilities only accounted for 1.73% (35,337) of all RNs in the country. However, in the USA the number of licensed RNs was estimated at 4.1 million, and 4% (164,000) of these RNs were working in psychiatric/mental health or substance abuse settings, with half of them practicing in the community, and about half in inpatient settings in the USA (Budden, Zhong, Moulton, & Cimiotti,

2013). Compared with the 12.97 PMH nurses per 100,000 population in average global workforces in 2004 (WHO, 2011), mental health human resources in China are quite limited. Table 2 shows characteristics for PMH nurses.

Education and licensing

In China, nursing education is divided into technical secondary schools, college undergraduates, and postgraduates in master's and doctoral programs. The vast majority of schools put psychiatric nursing into a clinical nursing education curriculum, such as Medical Nursing, Surgical Nursing, Pediatric Nursing, Obstetrics and Gynecology Nursing, or Community Nursing (Li & Li, 2010). After finishing school requirements, all levels of nursing graduates need to participate in and pass the National Qualification Examination for Nurse Practitioners jointly organized by the Chinese Ministry of Personnel and the Ministry of Health, get the nurse practical certification, and work in a variety of nursing practices, such as medical, surgery nursing practice and so on, including psychiatric nursing practices. Mental health facilities will provide the training in psychiatric nursing knowledge and skills for those nursing students who choose to work there (Wang, 2008). Since 2011, psychiatric nursing content has been part of the National Qualification Examination for Nurse Practitioners, and the proportion of psychiatric nursing questions in the examination will increase year by year. The government of China has been devoted to developing higher education in

Table 2
Characteristics of PMH registered nurses in China in 2010 ($n = 35,337$).

	N	%
Gender		
Female	30,842	87.3
Male	4495	12.7
Nurse age groups	N	%
18–25	4670	13.3
25–44	22,398	63.3
>45	8269	23.4
Education status		
Postgraduate degree	17	0.05
Bachelor's degree	3756	10.63
Technical college	15,496	43.85
High school and below	16,068	45.47
Years of work experience		
<5 years	7795	22.06
5–9 years	5447	15.41
10–19 years	8367	23.68
20–29 years	9002	25.47
≥30 years	4726	13.37
Professional level		
Senior nurse	32	0.09
Associate-level nurse	837	2.37
Intermediate-level nurse	8486	24.01
Assistant-level nurse	11,013	31.17
Entry-level nurse	13,690	38.74
Nurse not yet classified	1279	3.62

Sources: Ministry of Health (2011); Liu et al., 2013.

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