



**Strengthening capacity of mental health service  
addressing mood disorder  
in primary health care**

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# China Country Context

- Area is 9.597 million sq. km.
- Population is 1.30756 billion in 2005
  - 43% in urban, 57% in rural
  - under the age of 15 years is 20.3%
  - above the age of 65 years is 7.7%
- Life expectancy at birth in 2004
  - 69.6 years for males, 72.7 years for females
- Healthy life expectancy at birth in 2004
  - 63 years for males, 65 years for females



# Mental Health Resources in China

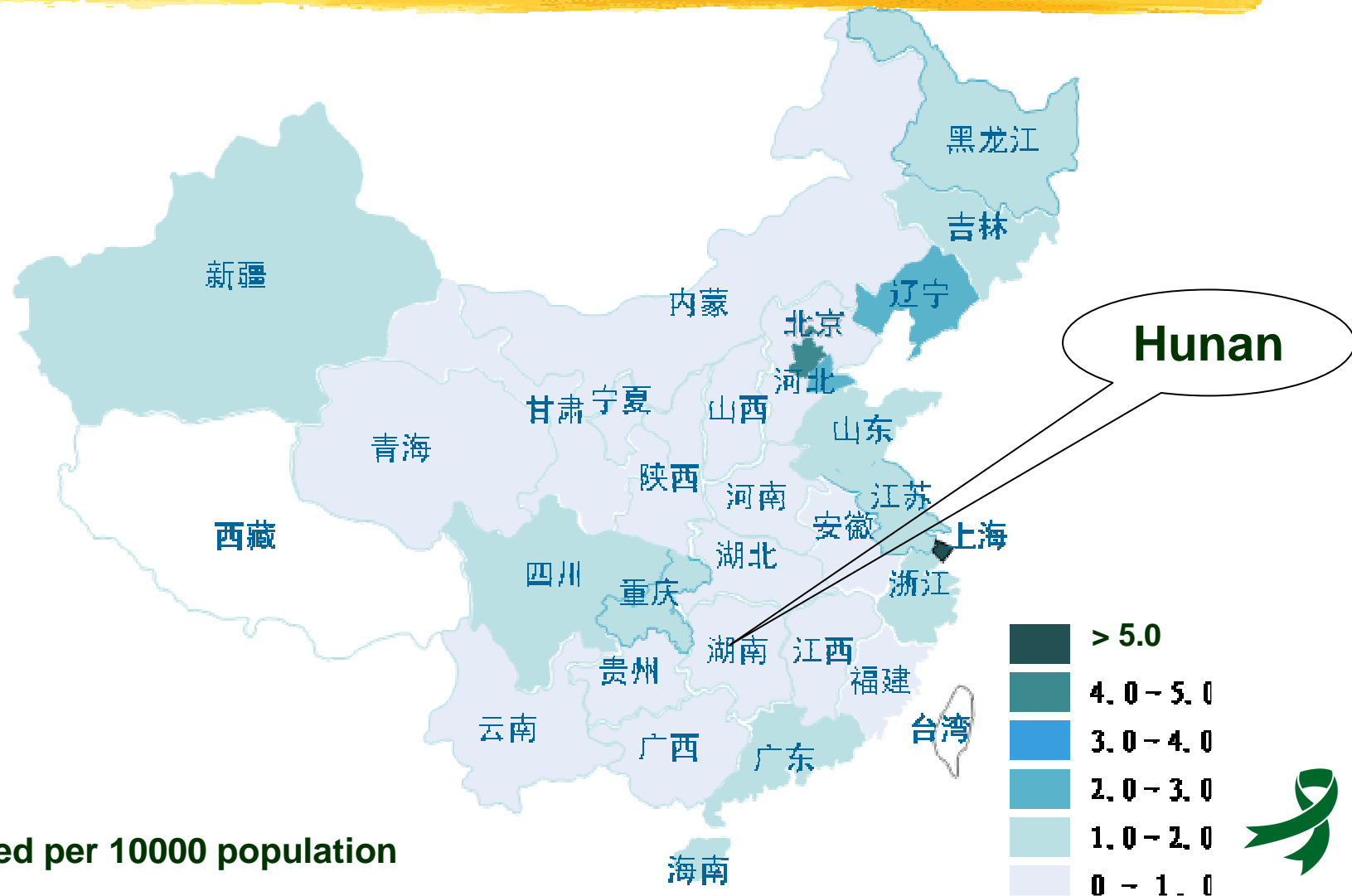
	Psychiatric Hospital		Psychotic Unit in G. H.		Total
	Number	%	Number	%	
Facilities	645	57.4	479	42.6	1124
Beds	123643	84.9	21907	15.1	145550

(Source: China MOH, 2006)

56% facilities and 78% beds are located in cities



# Ratio of psychiatric bed by population at provinces level in China



Ratio: 1 bed per 10000 population



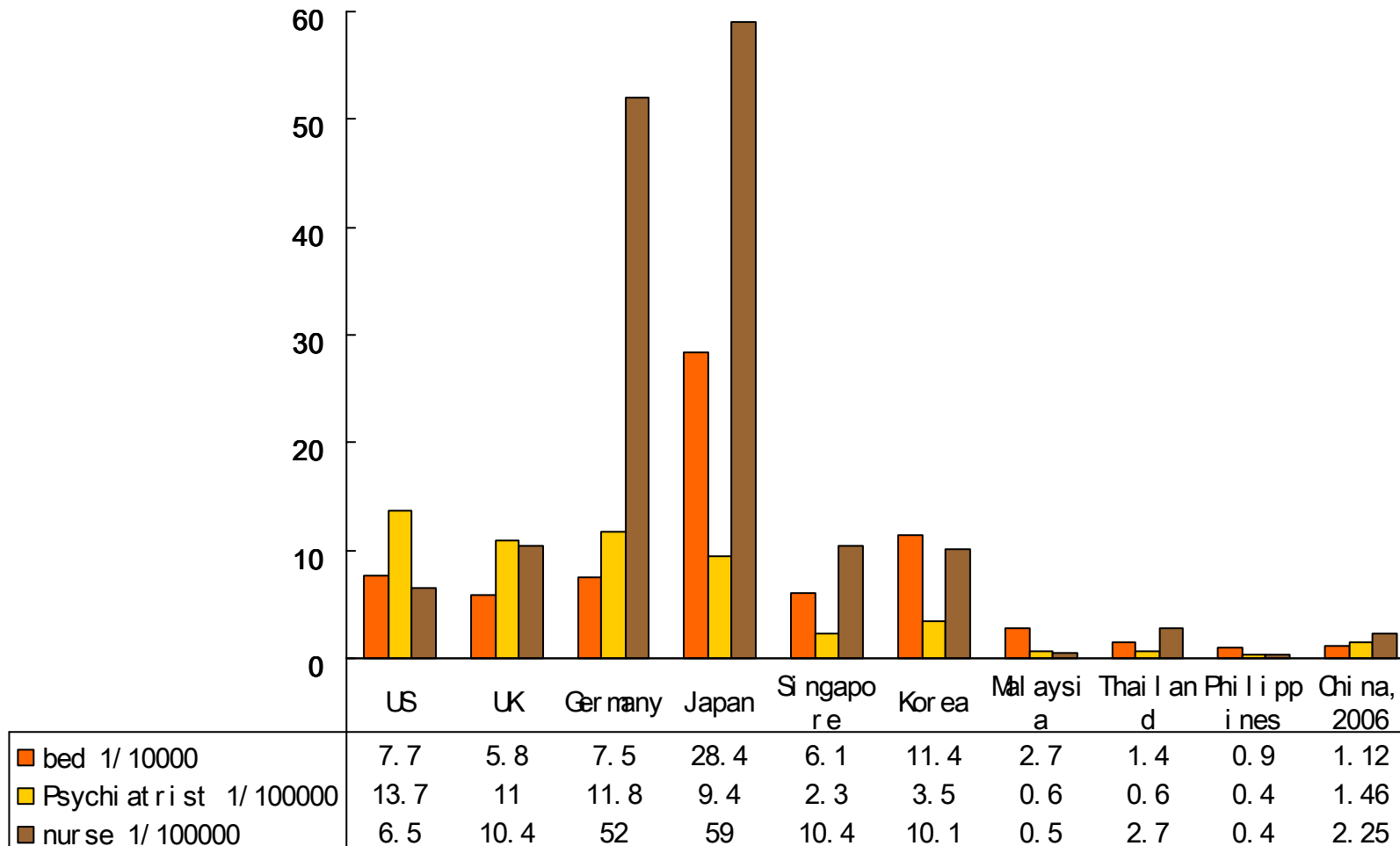
# Mental Health Resources

	Mean in China#, 2006	World*	
		Mean	Median
<b>Psychiatric Bed (1/10,000)</b>	<b>1.12</b>	<b>4.36</b>	<b>1.6</b>
<b>Psychiatrists (1/100,000)</b>	<b>1.46</b>	<b>4.15</b>	<b>1.2</b>
<b>Psychiatric N. (1/100,000)</b>	<b>2.25</b>	<b>12.97</b>	<b>2.0</b>
<b>Psychologists working in mental health</b>	<b>NA</b>	<b>7.35</b>	<b>0.6</b>
<b>Social workers working in mental health</b>	<b>NA</b>	<b>11.58</b>	<b>0.4</b>

# MOH, China, 2006 \* WHO Mental Health Atlas, 2005



# Mental Health Resources



WHO Mental Health Atlas, 2005



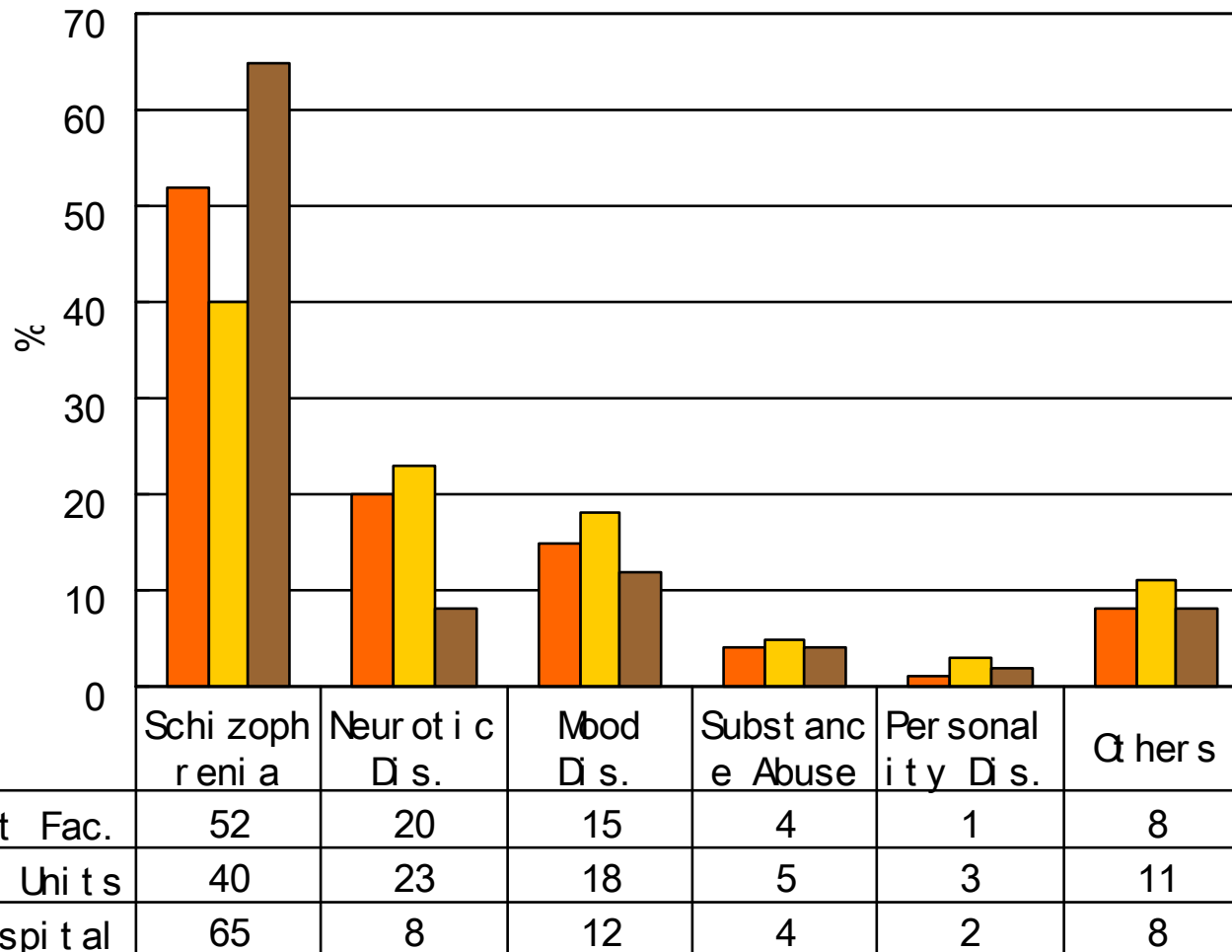
# Community Health Resource in China

- **Primary health care system developed well. up to 2007,**
  - **93% city's population covered by 5000+ community health centres and 18000+ community health clinics**
  - **3 level rural health service facilities service most of rural population**  
**county general hospital - township health centre - village clinic**
  - **New farmer health insurance covers 80 % rural population.**



# Gaps – Patients treated in mental health facilities by diagnosis in Hunan, China

Source:  
WHO-AIMS  
report on  
Hunan, China



# **Gaps – community mental health care in Hunan, China**

**WHO AIMS report on Hunan, China shows,**

- **Less than 10% of clinics of physician-based primary health care clinics make on average at least one referral to a mental health professional.**
- **About 20% primary health care doctors have interacted with a mental health professional at least once in the last year.**
- **Rural is lower than urban.**



# What China has done

- **National Strategy Plan for Mental Health (2002-2010)**
  - increase mental health service addressing on schizophrenia, depression and mental disorder in elderly.
- **From 2004, the Program for Treatment & Management of Serious Mental Illness ( 686 program) has been carried out,**
  - in 61 pilots located on 30 provinces.
  - cover 43 million population.
  - Psychiatric hospital – community health care linked working mechanism and case manager were introduced.
- **Mental health promotion pilot program** focus on prevention behavior problems in community will be started in 2008.



# Proposal-title



**Strengthening capacity of mental health service  
addressing mood disorder  
in primary health care**



# Proposal-objectives

- 1. Increasing capacities of diagnosis and treatment of mood disorder among PHC doctors, esp. in rural**
- 2. Increasing rate of diagnosis and treatment of mood disorder in community level.**
- 3. Setting up work net between PHC doctors and mental health professionals.**
- 4. Developing training materials of diagnosis and treatment addressing mood disorder for PHC doctors.**



# Proposal-expected results

## At the mental health system level

- **Increase number of qualified PHC doctors in pilot.**
- 2. Increase of accessibility for patients with mood disorder both in community and township level.**
- 3. Increase % of physician-based primary health care clinics make on average at least one referral to a mental health professional in urban and rural.**
- 4. Increase % of primary health care doctors have interacted with a mental health professional at least once in the last year in urban and rural.**



# Proposal-expected results

## At users' level

- **Increasing treatment rate of mood disorder**
- 2. Reducing risks caused by mood disorder, such as suicide.**
- 3. Getting qualified, cost-effective and convenience mental health care.**





**Thanks**