Family Medicine and Community Health
ORIGINAL RESEARCH

The current status of community mental health services in three northern areas of China

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Abstract

Objective: This study investigated and discussed the current status of community mental health service in three northern areas of China (Beijing, Harbin, and Karamay) in an effort to improve the community mental health services in China.

Methods: In this study 176 residents from communities of the three northern areas of China were involved and divided into 18 groups. The study was conducted according to a self-prepared structured interview outline.

Results: The analysis was conducted based on the following four perspectives: 1. community residents' understanding of the mental health problems and how they treated psychiatric patients; 2. community residents' access to and application of mental health information; 3. community residents' attitude to accept mental health services and the factors influencing community residents to seek help from mental health services; and 4. community residents' attitude and willingness to participate in the activities of community mental health services.

Conclusion: Based on the investigation and analysis regarding the current status of the community mental health services in three northern areas of China, it is concluded that the residents do not have s clear and complete understanding of mental health. The characteristics of mental health services had a regional correlation. Currently, the mental health services do not work effectively, and the residents are somewhat passive in obtaining information about mental health. Community mental health services should be offered according to different individual needs of the residents and the actual situations of each region.

Keywords: Community mental health services, Group interviews, Current status of services, Service resources, Service modes, Service demands

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Introduction

Along with the socialization of mental health services, psychological counseling and treatment are increasingly extended and popularized from the medical field to the urban communities and enterprises. It is thus necessary to conduct an investigation regarding the current status of China's urban community mental health services, the available resources of the community for mental health services, and the needs and opinions of community residents regarding psychological counseling and treatment. This study was part of the science and technology supporting plan on a discussion of the intervention mode of community mental health

propaganda and education for prevention and treatment of mental diseases, as proposed by the Ministry of Science and Technology. The study aimed to investigate China's northern area community residents' needs for and application of mental health services. This study adopted focus group interview technology [1, 2] to carry out group interviews with the community residents in the three typical northern cities (Harbin, Beijing, and Karamay) to learn and compare the current status and characteristics of mental health services in northern cities.

Subjects and methods

In consideration of regional representation and balance, the study subjects were selected from three northern cities in China (Beijing, Harbin, and Karamay), totaling 176 persons in 18 groups, including 86 men and 90 women 13–65 years of age. The authors received consent from all participants.

Focus group interview method

Interview outline and content: This study adopted a self-prepared structured outline, which included the following: (1) community residents' understanding of mental health; (2) the available community resources and application of the mental health services; (3) whether or not the visitors have psychological disorders or problems and the general solution, if any; and (4) opinions and attitudes toward the patients with psychological disorders, establishing a community mental health service institute, and the willingness to participate in relevant community activities.

The focus group interview groups went to Beijing, Harbin, and Karamay and carried out three focus group interviews from 13–15 June 2011, 1–8 July 2011, and 12–13 July 2011, respectively. Each group was chaired by a trained professional, and all group members were numbered. Two assistants were responsible for keeping records for part of the group members, mainly recording their major opinions and non-verbal behaviors. The group members had been informed of the theme of the interview upon enrollment. The group interviews were semi-structured interviews, including semi-structured questions and group dynamics [3]. The interview lasted for 90 min, and the entire process was recorded by 2 audio recorders.

The interview materials were transcribed and analyzed in combination with the recording materials and live records. The first and third authors of the paper analyzed the materials against the general population in Harbin independently by means of qualitative data analysis. The results showed a conformity of 60% and a composite reliability coefficient [4] of 0.75, indicating that the conformity of the material analysis and classification was acceptable. Then, the two authors prepared a guidebook upon consensus after discussing the non-conformity. The first author analyzed the remaining materials independently.

Results

Community resident understanding of the psychological problems

Understanding mental health is based on five standards (normal intelligence, good mood, interpersonal harmony, environmental adaptability, and personal integrity) [5]. Generally, all the interview results were involved with these five standards, but with different levels of understanding. Greater than one-half of community residents in Beijing and Harbin had knowledge regarding two of the five standards, indicating that the interviewees had sound recognition of mental health. For example, some people said, "Mental health means that the person has normal intelligence, a balanced personality, good adaptability, and a behavior conforming to social ethics and morality" and "Mental health is normal intelligence, personal integrity, environmental adaptability, interpersonal harmony, and ability to think independently." While the interviewees in Karamay provided an overall opinion, indicating that recognition of mental disorders by the interviewees was at a lower level than that in the aforementioned two cities; the interviewees in Karamay mainly focused on traditional good mood. For example, some interviewees said, "Mental health means you have to face everything correctly no matter what it is;" "Everyone should have the correct attitude, know how to relax, release by talking to friends, as well as face and solve family conflicts;" and "Mental health is being generous and never preoccupied."

The interviewees expressed their traditional recognition about mental disorders. Some of the interviewees thought that it was hard to understand and communicate with patients with mental disorders. During the discussion, most interviewees thought that the patients with mental disorders or psychiatric patients were "miserable;" few of the interviewees expressed that the psychiatric patients were "almost the same with

common people" or "only a little different." Most of the interviewees expressed that they were "willing to make contact with the patients if they are not offensive;" only a few interviewees said "it is unexpected." The interviewees who had children generally preferred that their children never contact the patients to avoid being scared or at any risk.

Community mental health service resources and application. The interviewees expressed that there were several channels to obtain mental health information, such as television, books, community bulletins, or other learning materials. Some of the residents of Karamay mentioned seminars, training, and community counseling stations, where psychological materials and knowledge was imparted. The residents of Beijing and Harbin considered that they could obtain some mental service information and knowledge through psychological websites, broadcast and television programs, and psychological counselors at school; the residents of Beijing also referred to regular mobile news and community leaflets.

Attitude and factors influencing mental health services

Regarding the attitude towards mental health services, most interviewees of Beijing and Harbin expressed that if they were suffering from emotional or psychological problems, they would like or might seek help from the psychological counseling department/guiding station in the community health service center. Only a small number of interviewees from Karamay expressed the same opinion, but most of the Karamay interviewees said they would solve the problems themselves.

Influential factors: Although some interviewees expressed they might seek help from the psychological counseling department/guiding station in the community health service center, it was still subject to some influence factors as showed in Table 1.

Regarding the attitude and willingness to attend the activities of community mental health services, all of the interviewees from the three Northern cities expressed that it was an inexorable trend that the mental health services was necessary under the stress of modern life and it would provide the residents with more convenience. For instance, someone said, "It is necessary to set up the community mental health services because it is not only convenient to the residents, but also can help people find out and treat disease in an early stage;" "The long period of stress will result in bad health status. Through community mental health services, potential patients can be identified and recorded." Most interviewees expressed that if time permitted, they were willing to participate voluntarily in community mental health services. In addition, interviewees also provided their own opinions about the implementation of community mental health services (Table 2).

Table 1. Factors influencing community mental health services

Classification	Factor	Description
Most concern	Expense	We have heard that the cost of psychological counseling is very high; we rely on basic living allowances and unable to afford it.
	Professional standards of mental health workers	I am suspicious about the community health services and quality of medical care; I am willing to trust the formal counseling department.
	Embarrassment	I am afraid to be seen by acquaintances, or be treated as abnormal, but can accept the fact psychologically.
	Understanding of the mental health services	I do not understand the approach, and am not familiar with the service station.
Moderate concern	Accessibility	It is not available in my community …
	Personal bias	I won't go. I don't have a disease, and it is not that serious.
Less concern	Time	It is not available in my community. I am busy with work, and have no time to see a physician.
	Habit	I believe in Islam, and have my own way to adjust. I can solve problems myself. I am not ready to accept the mental health services.

Table 2. Interviewee opinions on community mental health services

Classification	Target population Class-1	Target population Class-2	Target population Class-3
Most concern	Resident acceptance and support	Improve the level of professionalism; organize the advertising and seminars and other relevant activities; charge the fees after having an effect	Government attaches importance to it and provides human and material support, while the community cooperates to implement related policies and organize more advertising activities.
Moderate concern		Medical institution support	Society focuses and arranges the experts to provide services
Less concern			Set up a community clinic

Note: Target population Class-1 refers to all populations other than Class-2 and -3 in the community. Target population Class-2 refers to community mental health services personnel/potential services personnel, including medical staff in community health services center, social workers, instructors in community mental services center, psychological counselors at school, social psychological counseling personnel, and other personnel identified from community resources who were presently providing the community mental health services. Target population Class-3 refers to relevant community leaders and managers, including the leaders and managers of the Public Health Bureau, Education and Human Resource Department, Propaganda Department, Women's Federation, Radio, TV, and Media Departments, Youth Protection Office, Youth League Committee, and the community.

Discussion

No significant achievements have been demonstrated from domestic studies on community mental health services, most of which accepted adolescents and the elderly as subjects and adopted measurements or investigations and other positive methods without exploration of complex information. While the current study adopted the qualitative research method of focus group interviews and attempted to explain the community resident understanding and need for mental health services.

Current status of community mental health services

Community resident understanding of mental health services has traditionally been one-sided. The study results showed that the residents did not have a clear understanding of mental health services, and most of the residents were only familiar with certain aspects of mental health. The current study results differed from Hu [6]. The difference was mainly attributed to different measurement methods. In the Hu study [6], residents answered questions through recognition and inference, so the information obtained was based on what the residents understood, while the residents in the group interview expressed themselves through recall. Thus, what the residents expressed was familiar information; what they did not express may not be because they did not know, so the results were not discrepant.

Additionally, this study discovered that residents still have a traditional understanding of the psychiatric patients. The conservative estimate of the China Central Mental Health Center in 2007 showed that there were >100 million psychiatric patients in China, including approximately 1.6 million critically ill patients [7]. The existing medical institutes were not capable of accommodating such a large number of patients, and the facility shortage was more serious in some areas. For example, there were only 20 beds in the psychiatry department in Tibet in 2010 [8]. According to the domestic and international development trend and a large number of practices, it was beneficial for the psychiatric patients to adapt to normal life, restore social adaptability, and return to society if they received recovery services in the community where they reside. Thus, the rehabilitation services for mental illness shall focus on the community [7]. The current study showed that residents have a misunderstanding of psychiatric patients, which might affect the implementation of rehabilitation programs for mental illnesses. Fortunately, this could be changed through a short-term focus group discussion, which was also

a good method by which to provide community mental health services in the future.

Regional characteristics of mental health services. In Beijing, mental health services focus on the application of relevant technology, such as mobile newspapers, which typically demonstrate the progress of the era. In Karamay, it was shown that the residents' knowledge about mental health services was mainly derived from seminars and training, which was provided by the government; of note, mental health services in Karamay are regarded as a new initiative to ease the ethnic conflicts and maintain stability. A large number of psychological counseling stations were established to provide free services in the neighborhood committees and community, therefore the interviewees' elicited information and knowledge about the mental health services from the community mental health service institute, as well as advertising and education activities. While in Harbin, the residents made full use of the existing resources to acquire information regarding mental health services, such as the radio.

The non-significant effect of mental health services and the negative possibility of the residents' behavior. Although residents from the three cities listed many ways to obtain mental health information, their understanding of mental health services was still traditional and one-sided, indicating that mental health services did not function as expected. By comparing residents' access to relevant information in the three cities, it was shown that the mental health services in Harbin neither applied advanced media technology as in Beijing nor was supported by the government as in Karamay; however, the residents' understanding of mental health services was at the same level with the residents of Beijing, and higher than the residents of Karamay. In Harbin, the residents were probably passive in obtaining relevant information because unlike other ways to obtain relevant information, the radio is a popular method by which to obtain information about mental health services, and features a wide audience and range, low cost, no need for the audience to take more actions, and convenient access. If the quality of the information had no obvious differences, the cost and convenience to obtain the information (mobile newspaper and radio) would become a main influencing factor affecting the resident's understanding of mental health services. The type of media was irrelevant to the residents' attention regarding mental health services because all residents showed strong positivity and willingness to participate in mental health service activities.

Degree of acceptance and influencing factors for community mental health services. It was discovered that there were six primary factors affecting the acceptance of mental health services (expense, professional standards of mental health workers, sensitivity about reputation, understanding the level of mental health services, convenience, and prejudice), and two secondary factors (time and habit). With respect to expense, convenience, and time, the result was consistent with the investigation and research results of the mental health services specified by Jiang et al. [9]. The professional standards of the mental health workers was highly consistent with the results of the investigation [10] on the current status of community mental health services carried out by the research team from the perspective of community mental health service providers, and the research results of Jiang et al. [9]. The sensitivity about reputation, understanding the level of mental health services, personal prejudice, and habits were related to personal recognition and attention on mental health matters. The public was not willing to face their psychological problems directly [11], which also coincided with the investigation results of this study on the current status of mental health recognition.

Assumptions on China's community mental health service resources and methods. The problems related to the establishment of community mental health services can be clearly appreciated from the legislation history of the *Mental Health Act*. China's *Mental Health Act* was initially drafted in 1985, and has been amended >20 times, but it has still not been implemented throughout the country. Currently, only some developed regions have carried out trial implementation due to an insufficient focus from the government. The difference in regional economic development was another contributing factor. As required by the draft document, it was the responsibility of the governments at each level to treat and care for psychiatric patients; however, for undeveloped regions, it may impose a heavy burden [7]. Currently, the establishment of community mental health services has been carried out in many regions. For example, Karamay has adopted a Class-3 network management method [12] in combination with administrative intervention, based on the principle of "district government

mental work as the core, street mental working station as the platform, and the street institute personnel as the foundation." In Fujian Province, the community health center and township hospitals have set up psychiatric rehabilitation departments as part of the social welfare development program. The Health Department, Ministry of Civil affairs, Public Security Organ, Disable Federation Department, and other organizations have undertaken their responsibility for performance of their roles and duties [13]. In Hangzhou, the mental health organization network has been established by creating a three-level mental health guiding or working institute (city, county [district], and town [street]) [13]. This shows that the government leaders are beginning to pay attention to the mental health services. Due to the imbalance of economic and cultural development of different regions, the quality of community mental health services also differ [14]. This study discovered that residents' demand for mental health services is at a different level, so it is ab opportunity to carry out mental health services according to the specified location and time. Thus, in combination with the relevant study results, it is suggested that community mental health services be established in the mode of a pyramid (Fig. 1).

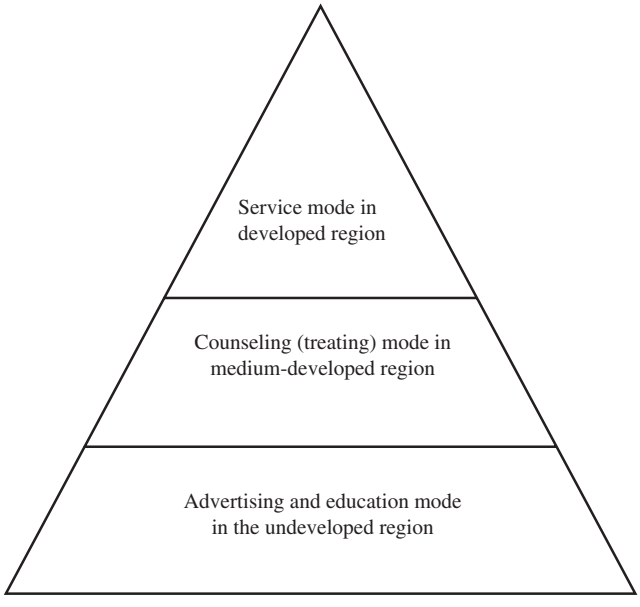

Fig. 1. Pyramid model for the establishment of community mental health services.

Layer 1: The propaganda and education mode shall be established nationwide by focusing on district government work relating to mental health, and establishing street community health service centers (stations) as platform and a foundation to improve residents' understanding of mental health. The study results showed that mental health education can significantly improve resident's mental health level [15]. It was found that by 31 October 2007, a total of 26,472 urban community health service institutes had been established in China, including 6,340 community health service centers, and 20,132 community health service stations. By 31 December 2006, the basic medical care implementation rate of community health services reached 100.0%, while the implementation rate of planned immunity, child health, maternal health, and health education seminars in the community health service center was 77.0%, 77.6%, 79.3%, and 86.7%, respectively [16]. Based on the above platform, the government can provide human, material, and community cooperation and conduct propaganda and education activities of mental health, so as to improve the residents' understanding of mental health. This study discovered that residents were passive in obtaining knowledge about mental health, but with a misunderstanding of mental health (e.g., mental illness). The misunderstanding can be changed through group discussion, and the universality of mental health knowledge shall depend on the residents to participating in the propaganda and education activities so as to make the activities more effective.

Layer 2: Establish a counseling (treating) mode in medium-developed regions by focusing on regional hospital psychological departments (centers), and establishing medical institutes as the platform to improve the rate of acceptance of counseling (treating) by the residents. The government encourages and support of profitable institutes to provide service in the community in addition to the regular experts' services. Newbrough, one of the American community psychology founders, believed that community psychology was an integrated functionalism [17]. Community mental workers with inadequate competence should grasp several professional skills instead of many low-level skills, while the profitable institutes should possess the very professional skills, such as education counseling, marriage and family counseling, and vocational guidance. These agencies should be encouraged and supported to provide their

services in the community regularly. This would provide an opportunity not only for such agencies to promote themselves, but also for the residents to acquire new ways and new experiences to meet their demands. The understanding and acceptance rate of mental health services will be increased gradually from one location to the whole region. In addition, the development of mental counseling industry in Dalian showed that the development of mental counseling industry was conducive to increase the acceptance level of the public against the mental counseling. When it is not practical for the local government to provide community mental health services, they can issue relevant policies to stimulate the development of the community mental industry [18].

Layer 3: Service mode shall be established in developed regions by focusing on the government mental working center, establishing a street mental working station as the platform, and depending on the neighborhood committee personnel [12], to improve residents' understanding of the mental health service. It has been reported that the developed countries have included the psychological treatment into the health care system, and the related expenses will be paid by the government [13]. Free community hospital management [19] has been implemented in Heilongjiang Province for the severe psychiatric patients since 29 January 29 2010; the community health service implemented in developed regions includes mental health services and setup of clinics. The mental health service subjects were covered under the principle of "low-level and wide coverage." This study also showed that many residents expressed that if time permits, they were willing to participate in the volunteer activities of community mental health counseling. When the mental health service mode was established, the community should make use of the existing resources and encourage residents to participate in the volunteer activities of mental health. This can not only decrease the workforce involved in the mental health service establishment, but also demonstrate the characteristic of mental health service, which is to "help people help themselves."

Conflict of interest

The authors declare no conflict of interest.

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