

# Gradual development of mental health policies sociology essay

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6. 1Challenges(1)Political Structuring ProblemsPolitical influence and Party infiltration pose the preponderant problem for the mental health policy in the People's Republic of China. Since the initiation of this policy, the two factors have been continuously guided the three periods of evolution of mental health policy and services till the present. During the first stage, under the impact of Russian political ideology, the Pavlovian theory began to be the dominant principle for those initiators of psychiatrics in the PRC, while the Western side theories, like Freudian, were regarded as the product of the evil capitalism and strongly opposed. In the second duration, especially during the Cultural Revolution, mental health was distorted into a political tool to lock up and punish those holding Anti-Maoist ideology, capitalists, and scholars, categorizing them diverged from the Maoism leadership and forcing them to be hospitalized or receive political education intensively. Political coercion led by the Red Guard at the end caused several destructive consequences to the Chinese society. Within the third period, with the trend of Open Door and Economic Reform, although either the anti-Western psychology attitude and the previous compulsive political education curtailed, and the country has realized the importance of planned and comprehensive mental health policy, the Chinese Communist Party, leveraged the credentials of better social stability, implicitly infiltrated the policy making and political structure of the mental health facilities as well as services, this can be reflected in the administrative structure and power of the hospitals, the benefits of the vested interests, and the promotion slogan of mental health services. Therefore, to some extent, while the central government giving the efforts to the mental health policy, the end of the

series of trials goes back to the goal for maintaining the social order and social stability so that the Chinese Communist Party could be eventually benefited. Apart from these, as discussed before, the "three men leading groups" (Ministry of Civil Affairs, Ministry of Public Health, Ministry of Public Security) has technically turned to "four men leading groups" (adding the China Disabled Person's Federation) according to the statement from the Legislation on the Protection of the Disabled (1991) since the beginning of 1990s. The coordination among them was rather inefficient and inattentive due to the absence of central authority to execute the certain power for the integration of mental health policies and provision of services by these various ministries. Consequently, the mental health systems and inpatient care in one region may be easily discontinued, while even for each ministry, the administration of its responsible psychiatric hospital could be at the national, provincial, municipal, county, or enterprise level (Phillips, 1994).

(2) Cultural Stigmatization In fact, before the initiation of official mental health policy since the establishment of People's Republic of China, the stigma towards people with mental illness was already existed. As a result of this deep-rooted stereotype, several widespread believes that magnify the aftermaths of mental illness emerged, some associated with folk proverbs: the belief that people with mental illness are frequently violent or destructive (jing shen bing ren jun can bao 精神病人均残暴); the belief that the illness comes from the immoral behavior by the individual, his families, or his ancestors which is hereditary (qian bei zuo lie hou bei shou 前辈子作孽后辈子受 or you qi fu bi you qi zi 有气福比有气子); the belief that the illness brings along some bad 'fate' caused by spirits and ghosts (gui shen fu ti 鬼神附体); and the belief that the illness itself

is contagious, and that would spread to the surrounding people as well. Just as Phillips (1998) stated that during his stay in Shashi psychiatric hospitals, some of the psychiatric nurses held the fear that they would indirectly "carry" the mental illness through the patient services. These long-existed cultural and social stigmas clearly ended in inefficient or to some extent distorted mental health policy compared that in the West. First, as both the stigma and in real occasions reveal that people with severe mental illness cause the disruption of social order and fail to abide by the principle of social harmony as promoted by the Chinese Communist Party; they are considered as serious transgressions of social norms in the Chinese worldview.

Accordingly, the Chinese government believes that the need to maintain order and control is one of the main priorities of its mental health policy (Pearson, 1996; Ran, 2002; Ran, 2005; On the one hand, it is concerned as acting along with the best for the patients; and on the other, it is a governmental response for social disorder. Reflecting in the Chinese mental health policy, the human rights of mental illness patients and the quality of mental health services for every person who needs the services are seriously impaired. Second, in terms of the providers of mental health services, the stigma also existed in many psychiatric professionals. Psychiatric graduates, as discussed in previous chapters, are reluctant to choose related jobs for mainly three reasons: low social status, which they would bear the rumors from the neighbors that they could carry the mental disorder soon when working for the group of people; low job salaries, due to the minor role of psychiatry in PRC especially comparing with other branches of medicine; and in fact their own fears of people with mental illness. This reluctance results in

an acute shortage of mental health care professionals, as indicated by a population ratio of 1 per 100, 000 (Xiang, Ran, & Li, 1994), and psychiatric hospitals continuously lose professionals with higher levels of education, training, and expertise. Moreover, in fact, many governmental officials, party members or psychiatric hospital administrators do associate the above stigma towards mentally ill (Phillips, 1994; Phillips, 1998). Together with the historical tradition that it is the duty of the family to take care of their ill relatives, the Chinese government has been formulating several laws and regulations prescribing family obligations (Leung, 1997), leading the misunderstanding that it is only the family should take care of them. Accordingly, they neglect the factors that efficient mental health services do need the mental health policy to establish, support, investigate, and supervise. The government then considers transforming psychiatric facilities into " public health institutions" where staffs are regarded as " paracivil servants". This may make the discipline of psychiatry less attractive. The third consequence concerned with the receivers and targets of mental health policy. Widespread stigma towards mental illness turned to one of the main obstacles for the group of people to become an independent member of society. While there is a crucial problem of unemployment in China, especially in the state- ad collectively-owned enterprises (Leung, 1995), among them 67% are disabled and are not financially independent (Pearson & Phillips, 1994), they have to rely on their family support. Many of the mentally-ill are jobless, and thus without the channel for social welfare benefits, including health insurance, housing, subsidized schooling, and retirement benefits. When the Chinese communities express their

unwillingness to accept half-way houses or other residential services that provide minimal direct supervision of mental illness patients in the community, many of them become homeless. What is more, the rule of gaining "face" — others' perceptions of one's power and influence — as the credit for obtaining benefits from those who pursue profit or power is deeply ingrained in the Chinese culture and society (Hwang, 1987). However, under this principle, people with mental illness, who are not possible for reciprocating such favors, will be so or later socially isolated as other utilitarian people are unwilling to interact with them. This causes them more divergence from the society unless there is any socially or politically powerful figures who would like to defend them. At the present, with more exposure to and communication with the Western psychiatric and psychological ideas, the stigma of contagiousness and moral deficiency associated with mental illness may change. However, fears about their potential for violence and distrust of their ability to reciprocate in normal social exchange networks will remain. Unless these skeptical and categorical stereotypes within the Chinese people recede, the mental health policy in the PRC could not be fully efficient.

(3) Economic Restriction Funding became a major dilemma for the mental health policy in PRC, especially after the economic reform since 1978, leading to the trend of decentralization for funding matters. The central government allocates money to fund organizations, technical support groups, and training programs needed at the national level as discussed in the previous chapters. At the same time, since the 1980s, most of the funding, suggested by the Ministry of Public Health, is expected to be found locally. However, many fund-raising organizations, such as the Community Chest,

Rotary, and Round Table, charities that are familiar and popular sources of non-government funding for deserving projects in Western societies, are pretty rare in the PRC (Pearson, 1996). Therefore, most local governments or mental health facilities confronted a main obstacle that they could not find alternative funding to support their mental health services and system. As a result of this mental health policy, the rural areas will be largely suffered for lacking of enough funding for psychiatric hospitals and facilities, which under the Chinese psychiatric ideology of "hospital first" are considered as the dominant role of the mental health services (Ran, 2005). Thus, the distribution of available resources between the urban and the rural areas is highly unbalanced (Xiang et al., 1994). Economic restriction can be also reflected in the reducing or almost non-existed national health insurance system in which mental health treatment is guaranteed to all. Previously, for most of the urban citizens, the costs of hospitalization, including those in psychiatric hospitals, could be substantially covered by the health insurance or welfare that was provided through their workplace or danwei (Chow, 1991) such as the state-finance retirement benefits. In rural areas, peasants were supposed to be benefited from the communally financed insurance system. These were the two systems existed to support people in urban and rural areas. However, guided by the Party's ideology to promote more productivity and self-reliance, especially those words from Deng like "science and technology are the primary productive forces" (科学技术是第一生产力) or "Development is the fundamental principle" (发展是硬道理), the occupational reform was started in the 1980s, the communally financed insurance system in the rural areas and insurance systems in urban areas were curtailed

(Pearson, 1995). Currently, many mental illness or mental disorder patients have to face the full costs of hospital treatment while at the same time, the hospital fees are rising year by year (Pang & Kao, 1992). The restriction also rooted from the economic reform in 1978, before that, all mental health services were under the system of economic planning as it was considered within the context of an orderly socialist society with stable family life that was supported by the state (Yang, 1995). After the reform, the economic expansion stimulated the rapid expansion of health sector resources. However, this was not as beneficial as it should be, particularly in poor rural areas (Gu, Tang, & Cao, 1995), where the financial base of the working-brigade and the ability to provide sufficient health insurance or welfare safety net in villages were dissolved (G. Liu, Liu, & Meng, 1994). In urban areas, the enterprise reform also shrank or varied the health care benefit of its workers (Hu, Ong, Lin, & Li, 1999). At the same time, the government's commitment has been gradually minimized (Lee, 1993). Altogether, this economic reform largely towards privatization had great effect on the funding and welfare for both urban and rural areas.