

Editors' Introduction

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Western readers are largely unaware of the efforts that China is making to develop a model of care for the psychiatrically ill that is sustainable within the available resources and appropriate to the sociocultural characteristics of the country. There are several reasons why Western professionals should be better informed about the work in China. China has one-fifth of the world's population and, presumably, one-fifth of the world's mentally ill; international reports on mental health that disregard China are not likely to be representative. China has avoided large-scale institutionalisation of the mentally ill (less than 2% of Chinese schizophrenic patients are hospitalised at any one time); the innovative, community-based treatment programmes in China may stimulate new approaches to the deinstitutionalisation of Western patients. And several lines of research (such as the International Pilot Study of Schizophrenia) suggest that mental illnesses are less likely to become chronically disabling in developing countries; so China – a country that has a 'developed' urban population and an 'underdeveloped' rural population – is an ideal setting to assess the effect of sociocultural factors on the onset, course, and outcome of mental disorders.

Why a supplement on psychiatric rehabilitation? There are large differences in the connotations of psychiatric rehabilitation between China and the West. Since the founding of modern China, Chinese psychiatry has focused almost exclusively on biological factors, partly because of the influence of Russian psychiatry and partly because it was politically unwise for psychiatrists to emphasise the role of social factors in the development of mental illnesses because this may have been construed as criticism of the state. In the past decade, however, gradual liberalisation has made it more acceptable to discuss these issues, so Chinese psychiatrists are showing a growing awareness of and interest in the importance of psychosocial factors in the assessment and treatment of mental disorders. For reasons that are largely specific to China (not the least of which is that Deng Xiaoping's disabled son, Deng Pufang, has been a strong proponent of the rehabilitation of persons with all types

of disabilities), the clarion call of this new movement has been 'Psychiatric Rehabilitation'. All novel, non-organic treatment approaches for the mentally ill have fallen under this rubric – be they institution-based or community-based, for schizophrenic patients or for other types of patients, for adults or for children. Thus psychiatric rehabilitation is a high-status activity that is in the vanguard of Chinese clinical psychiatry: psychiatric hospitals throughout the country are rushing to open up rehabilitation wards; a variety of community-based rehabilitation services are evolving; and psychiatric journals often have articles on different types of rehabilitation. Given that the vast majority of recipients of mental health services in China are individuals with schizophrenia, most of this work is, like in the West, focused on services that aim to improve the psychosocial functioning of chronic schizophrenic patients.

The 12 papers that form the core of this supplement were selected from 96 papers submitted for a national paper competition held to determine the delegates from the People's Republic of China for an international conference, 'Psychiatric Rehabilitation: the Asian Experience', held in December 1991 in Hong Kong. The conference was organised by the Richmond Fellowship of Hong Kong and the Social Science Research Centre of the University of Hong Kong. Dr Phillips (a Western-trained psychiatrist who has worked in the People's Republic of China for nine years) and Dr Wang (a Chinese psychiatrist trained in research methodology) selected the best papers and asked the authors to make necessary revisions and, in some cases, to add information on the background of psychiatric services in their communities that would be of interest to Western readers. Dr Phillips then translated the papers for presentation at the meeting; additional revisions were made to the papers after the meeting. Most of the papers are methodologically sound research on the new types of service that are evolving in China; some are reports on innovative and successful community-based programmes that, given their potential applicability to other developing countries, deserve wider international exposure. These papers thus represent some of the best work

currently being done in China in the area of psychiatric rehabilitation.

The papers revolve around a single theme: psychosocial interventions for long-term schizophrenic patients. They are grouped according to the type of intervention: in-patient interventions, interventions in urban communities, and interventions in rural communities. To place the articles in an

international context, Dr Pearson (a psychiatric social worker who has lived in Hong Kong for 13 years and has extensive experience in the People's Republic of China) and Dr Phillips have written introductions to the three groups of papers. Two introductory chapters and one concluding chapter situate the papers in the Chinese setting for Western readers.

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