

## Foreword

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China's first model of community-based psychiatric rehabilitation evolved in the late 1950s when psychiatrists in Shanghai, Nanjing, Changsha, Beijing, and Chengdu conducted community mental health surveys, established home-case programmes, and set up community-based speciality clinics. In the late 1970s there was another phase of rapid development when many provinces and municipalities established organisational structures for the management of mental health programmes and developed a wide range of community-based services, including local psychiatric hospitals, out-patient clinics, sheltered workshops, guardianship networks, home-care programmes, family education programmes, and psychological counselling services. In urban areas the 'three-tier mental health services management network' – the so-called 'Shanghai model' – became the dominant model of community-based psychiatric rehabilitation, but other methods, such as the mental health service centre in the Zhengyang district of Shenyang City that focused on the occupational training and employment of the psychiatrically disabled, also proved effective. In the countryside, family-based mental health services were predominant; programmes in the Haidian suburban district of Beijing, the Yantai district of Shandong Province, and the Tieling district of Liaoning Province reported excellent results.

These successful models of community-based rehabilitation have not, however, been adequately elaborated or extensively promulgated. For example, even though there is an awareness of the importance of providing education and counselling for families of the psychiatrically disabled, the use of this type of intervention has only just started in a few locations. There are only a handful of residential intermediate-care facilities and day hospitals in the entire country, and the number of community-based sheltered workshops for the mentally disabled is far from adequate. In many urban centres, mental health services are limited to the treatment and supervision of the mentally ill and, thus, lack effective rehabilitation programmes. Many rural areas have no community-based mental health services whatsoever.

Another important aspect of psychiatric rehabilitation work in China is hospital-based rehabilitation for both acute and chronic in-patients. Given the limited availability of community-based programmes, it is important to provide rehabilitation services to acutely ill patients while they are in hospital (in China the average stay in hospital for acute psychiatric disorders is three months). Chronically institutionalised patients, many of whom have no family members able to take them back home, need rehabilitation to maximise their psychosocial functioning in the hospital. Starting in the 1950s, psychiatric hospitals around China employed, to a greater or lesser extent, a variety of rehabilitation-type interventions: work therapy, recreational therapy, and skills training. From the beginning of the 1980s a few hospitals have experimented with open-door treatment (previously all psychiatric wards in the country were locked) and expanded their rehabilitation services to include training in social skills, family life, various artistic skills, and employment skills. It is still too early to determine whether or not these new approaches will be widely accepted.

With the recent rapid development of psychiatric rehabilitation services in China, it became essential to have an academic group to sponsor exchanges between professionals who work in the area, and so in 1989 the China Disabled Persons' Federation established the Chinese Rehabilitation Research Association for Mentally Disabled. Over the past few years this academic group has promoted and co-ordinated academic exchanges in the field and, therefore, has helped create favourable conditions for the continued development of psychiatric rehabilitation in the country.

It is also our hope to encourage active exchange with Western colleagues working in the area of psychiatric rehabilitation, but most of the work done in China is unavailable in the West because it is not published in English. It is, therefore, with great pleasure that I recommend this supplement of the *British Journal of Psychiatry* on psychiatric rehabilitation in China. The selected papers –

including both descriptions of long-established models of rehabilitation and studies of the efficacy of the newer innovative programmes – provide a representative sample of the best work being done in China and, thus, open the door to Western readers who wish to discover how the rapid changes of China's reform era are affecting the evolution of psychiatric rehabilitation services.

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