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China's new approaches to an old problem

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Many countries have grappled with the problem of how to increase the rate of treatment for people with mental disorders when the disorder itself impairs patients' desire or capacity to voluntarily seek or accept treatment. Two particular issues are the most debated.

The first issue is arriving at a culturally acceptable balance between two opposing approaches: the 'concerned paternalism' approach that restricts patients' self-determination and leaves decisions about whether or not to treat and the manner of treatment up to well-informed clinicians versus the 'rights' driven approach that aims to maximize patient autonomy by preserving patients' right to make all decisions about treatment even if they remain unwell. There is no consensus on this issue so the relevant legislation and practices vary tremendously; in many developed countries the approach is quite different in different regions within the same country.

The second issue regards the form of compulsory treatment that should be available. Different jurisdictions specify different regulations about where involuntary treatment should be provided, about the criteria for deciding who should be required to accept treatment, about who should make the decision about whether or not an individual requires treatment, about how long the treatment should last, and so forth.

China's proposed mental health law considers these and other issues that are internationally recognized as core components of modern mental health legislation. For example, the law includes an effective appeal mechanism if individuals or their guardians wish to reverse a recommendation for involuntary treatment and specification of the training requirements, skills, and obligations of those who provide services to the mentally ill.

The proposed law also has some unique features. The interest in prevention and the broad scope envisaged in the proposed law—including improving access and treatment to all persons needing treatment or rehabilitation—is very ambitious. The clear objective of standardizing the evaluation and treatment process, especially if this is based on evidence-based practices, goes further than equivalent mental health legislation elsewhere. (In other countries some of these quality issues are dealt with by other policies.) The extent to which the new Act can realize its goal of preventing mental illnesses and the chronic deterioration associated with severe mental illness remains to be seen but the very fact that this goal is included in the legislation bespeaks an optimism about a better future and a willingness to commit governmental resources to work towards this future.

The inclusion of clauses aimed at clarifying the relative roles of the government, health care institutions, social welfare agencies, communities, work places, schools and families in the management of mentally ill individuals is a unique contribution with considerable face validity. It appears to be specifically attuned to China's social-cultural environment, but it is certainly an approach that could be adapted in other locations. For example, the important coordinating role assigned to primary care is a provision of the law that will be followed with intense interest by the many countries that have long agonised on how best to meaningfully integrate mental health services into networks of primary care.

China has now spent more than two decades developing its model of a national mental health law. That a version of the law is finally close to being operationalized is a clear indication of the community's recognition of the importance of addressing the needs of individuals with mental health problems. Chinese mental health professionals and other professionals involved in the process should feel proud that after such a long gestation period the comprehensive mental health law that is emerging takes so seriously service access, standards, and the needs and rights of both the community and the patient. Experience from other countries shows that there will be many bumps and turns on the road forward, but as the law gets ratified and promulgated over the coming decade China's unique approaches to these complex problems should generate innovative models that can be adapted for use in other countries.

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中国解决精神卫生老问题的新举措

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由于疾病本身的影响，精神障碍患者主动寻求或接受治疗的意愿和能力受到损害。许多国家都在致力于提高此类患者的治疗率。其中，以下两个问题颇受争论。

第一个争论的焦点是如何在“家长式权威”和“病人权利为主”这两种截然不同的方法之间达到文化上可接受的平衡。所谓“家长式权威”即限制病人的自主权，而将是否接受治疗以及采用何种方式的决定权交由专业知识丰富的临床医生；“病人权利为主”则旨在最大限度地尊重病人的自主权，即使他们处于疾病状态也依然保留其对治疗相关问题的所有决定权。关于这一争论，目前尚未达成统一意见，相关的法律及临床实践仍千差万别。在许多发达国家，即便是同一国家的不同地区，其处理办法也不一样。

第二个焦点问题是强制治疗的形式。不同国家/地区的法律对于强制治疗的具体规定也有所不同，如：强制治疗的实施机构、强制治疗的判定标准、强制治疗的决定主体、强制治疗的时间等。

中国的精神卫生法草案充分考虑了以上问题及其他国际公认的现代精神卫生法的核心内容。例如，该草案针对病人及其监护人反对强制治疗的建议，制定了一个有效的上诉机制；该草案还对精神卫生服务提供者的培训要求、技能和义务做出了明确规定。

该草案也有一些特色。它在精神疾病的预防及其它更广泛的领域雄心勃勃，比如改善所有需要接受治疗和康复的对象的服务可及性和治疗。该法案还明确规定要规范评估和治疗程序，尤其是要求建立在循证医学的基础之上，这是其它精神卫生法所没有涉及的（在其它国家，此类质量控制问题一般是由其他法规所考虑的）。该法案到底能够多大程度地实现预防精神疾病及其慢性衰退的目标仍不得而知，但是，将这一目标纳入法案表明了对美好未来和愿意调动政府资源来共同开创未来的一种乐观态度。

该法案另一具有相当表面效度的特殊贡献在于它明确规定了政府、卫生服务机构、社会福利机构、社区、工作单位、学校和家庭在精神病人的管理中的职责。这一做法似乎符合中国特殊的社会文化背景，但是也一定适用于其它的地区。例如，该法案规定初级卫生保健将在精神卫生工作中发挥重要的协调作用，这一做法将会受到其他很多国家饶有兴趣的效仿，因为这些国家一直在为如何将精神卫生服务有效地纳入初级卫生保健网络而烦恼。

中国的精神卫生法从起草至今已有 20 余年，而最终就要颁布实施，表明了社会已经认识到解决精神病人需求的重要性。这部经过长时间酝酿的、即将出台的综合性精神卫生法对于服务的可及性、服务标准、以及社会和病人的需求及权利给予了足够的重视，参与制定过程的中国的精神卫生专家和其它领域的专家应该为此感到骄傲。其它国家的经验表明，未来的发展道路上仍然会有许多的曲折和坎坷，但是随着这部法案的颁布，在未来的 10 年里中国解决这些复杂问题的独特方式将能够创造出新的模式，并且为其它国家所采纳。