



## There is a long way to go: A nationwide survey of professional training for mental health practitioners in China

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### ABSTRACT

**Objective:** This nationwide survey of professional training for mental health practitioners (i.e., psychiatrists, psychiatric nurses, clinical psychologists, and the counselors working in industry, prisons, and schools) investigated sociodemographic characteristics, training experiences, and training perceptions of mental health service providers in China.

**Methods:** Participants included service providers recruited from hospitals, universities, high/middle schools, private mental health service organizations and counseling centers operated by government, prisons or corporations from 25 provinces and four cities directly under the Central Government in China. In order to obtain a broad and representative sample, stratified multi-stage sampling procedures were utilized. From a total of 2000 questionnaire packets distributed via regular mail, the final sample comprised of 1391 respondents (525 men, 866 women).

**Results:** About 70% of the sample had a bachelor's level education or lower degree, only 36.4% majored in psychology, and nearly 60% were employed part time. Fewer than half of participants were certified and nearly 40% reported no affiliation with any 'professional' association. Training and continuing education programs were reported to be primarily short term and theory-based with limited assessment and follow-up. A high proportion of respondents reported having received no supervision or opportunities for case conferences or consultations. With respect to perceptions of and satisfaction with training, many agreed that training had been very helpful to their work but quality of supervision and the capability of supervisors were common issues of concern.

**Conclusions:** In light of these findings, three general recommendations were made to improve the quality of training among mental health service providers in China. First, increased input from professional organizations of various disciplines involving mental health service provision is needed to guide training and shape policy. Second, universities and colleges should have a more vital role in developing accredited professional training programs. Finally, on-the-job supervision and continuing education should be mandated within discipline-specific training programs.

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### 1. Introduction

During the past 35 years, China has made a remarkable transformation from a highly centralized, planned economy towards one that is more market-oriented. This

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process has led to changes in all aspects of society, including mental health services. Little is known, however, about the impact of recently introduced policies on the training of mental health professionals or their perceptions of training.

Historically, at the turn of the 20th century mental health services in China had been influenced by Western missionaries [1]. Small asylums with capacities of 20–40 patients were gradually established in Beijing, Shenyang and Suzhou. By 1926, an estimated 3,120,000 Chinese persons were said to suffer from mental illness but fewer than 500 psychiatrists and only eight psychiatric hospitals provided mental health services on the entire mainland [2–4]. Strictly speaking, mental health services were recognized by neither Chinese professionals nor the government [5].

After the formation of the People's Republic of China in 1949, mental health services improved gradually until the Cultural Revolution wherein nearly every aspect of the manufacturing-based society, including mental health services was disrupted. Mental illness and other forms of deviance were cast as problems of misdirected political thinking to be addressed through re-education, rather than mental health care. The reform of political thought was considered to be the appropriate treatment and all professional activities of psychologists and psychiatrists were suspended between 1966 and 1978. Along with other intellectual and professional groups, mental health practitioners were banished to work in the countryside [4].

Between 1978 and 1986, political and economic reforms promoted the revitalization of Chinese psychiatry and its re-engagement with Western scientific communities [6]. With the “opening-and-reform” policies initiated in the 1980s, China has officially re-entered the global fray, experimenting with Western ideas, markets, and institutions, including Western-style counseling and psychotherapy. National professional meetings and international exchanges were initiated, clinical research resumed, and new periodicals and professional journals were founded [6,7]. Since 1987, mental health services in China have flourished as indicated by the establishment of mental health clinics in most major cities, and widely available psychological counseling and psychotherapy services in many urban hospitals.

However, resources for mental health services remain relatively scarce in China. In a worldwide survey, Jacob et al. reported China, a country having little current mental health legislation, has 1.99 psychiatric nurses, 1.29 psychiatrists, and 10.60 “mental health” beds per 100,000 persons compared to Japan which 59.0 psychiatric nurses, 9.4 psychiatrists, and 284.0 “mental health” beds per 100,000 persons [8]. Saxena et al. reported an average of 1.1–5.0 mental health professionals (psychiatrists, psychologists, nurses, social workers) per 100,000 in China, compared with 25.1–600.0 per 100,000 in Japan and Korea [9]. A Beijing-based study reported a mere 108 mental health counselors to serve approximately 700,000 students in its various universities during 2006 [10]. One implication of the understaffing reflected in these studies is that substantial numbers of mental health problems remain undetected and untreated in China.

During the 1990s, the Chinese Psychological Society (CPS) and Chinese Association for Mental Health (CAMH)

collaborated in developing professional standards in psychotherapy and counseling [11]. Training requirements were established, including curricula for clinical practice, position descriptions and responsibilities for practitioners in the field, codes of ethics, practice protocols for crisis intervention, fee schedules, and recommendations for organizing clinics. Nonetheless, concerns were raised about the development of mental health services in China. For an example, in a survey of practitioners, Qian and Chen [12] found that 84.8% of respondents had a baccalaureate or graduate degree, typically in medicine or psychology. However, most practitioners had little formal training in psychotherapy. Seventy-five percent of the sample reported less than 6 months of training in psychotherapy. Only 8.2% had more than 2 years of training.

Such findings have been an impetus for concerted efforts to organize training programs throughout China. The national and provincial chapters of the CPS and CAMH have been active in fostering improvements in professional performance and in supporting the establishment of training centers and study programs. In most large cities professional groups have been established to meet and discuss cases via peer consultation, sharing of therapeutic experiences, and the provision of collegial support [7].

In 2002, the China Ministry of Labour and Social Security (CMLSS) promulgated the *Occupational Standards for Psychological Counselors* (OSPC) and *Mental Health Counseling Training Program* (MHCTP) [13]. This policy was developed to facilitate increases in the standardization of qualifications for mental health professionals and provide opportunities for more candidates to enter mental health services. As highlighted in Table 1 [14], the MHCTP has three levels of qualification for the designation of “psychological counselor”. Notably, academic degree requirements for admission are as low as secondary technical school (equivalent to senior middle school in the United Kingdom), and applicant specializations are not restricted [6]. Candidates have several options in meeting eligibility requirements for each level and are certified at a particular level after they pass qualifying written and practice examinations in addition to completing other training requirements at that level.

One implication of this policy is that mental health services in China are provided by a wide variety of professionals including medical doctors, nurses, psychological counselors, therapists, teachers and social workers. Wang [15] has recently argued that low training standards for mental health practice in China have resulted in an avalanche of psychological counselors who have varied specializations and little or no formal degree training in a mental health discipline. On a related note, Shi found that most practitioners in a sample of 14 mental health service institutions were physicians (e.g., psychiatrists, neurologists, general practitioners) or individuals with university-level training in psychology or education. However, many non-specialists continue to work in prisons, government and departments of human resources or formal degree training in disciplines bearing little relation to those providing appropriate foundations for mental health practice (e.g., Master of Public Administration or Master of

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