

Mental health after China's prolonged lockdowns

On June 1, Shanghai reopened after a 2-month lockdown to curb COVID-19. On June 6, Beijing also eased COVID-19 restrictions by allowing restaurant dining and the gradual reopening of schools from June 13 in most districts. Although many countries instituted various forms of lockdown over the past 2 years, China's have often been the most stringent and frequent. Control policies, including school closures and stay-at-home orders, combined with the stress of the pandemic itself, will have exacerbated the already fragile mental health of many Chinese people. According to the first national survey on psychological distress in the COVID-19 epidemic in China from 2020, 35% of respondents experienced distress, including anxiety and depression. School closures were associated with adverse mental health symptoms and behaviours among children and adolescents. Amid the relief of lifting restrictions, there is also widespread anxiety over adapting to routine life and fear that transmission of the virus will rebound. This scenario is cause enough for concern, but it plays out against the wider backdrop of mental disorders in China, which remain largely unaddressed.

Mental health in China has gained attention among the public and academia only in the past 20 years. The first national survey of mental disorders in China, from 2013–15, showed that the lifetime prevalence of mental health conditions in adults is 16.6%. Considering China's population, the clinical need is huge. Yet access to treatment is extremely poor. Only 9.5% of people with depressive disorders received treatment, and very rarely (0.5%) was treatment adequate. Mental health services are concentrated in large specialty hospitals rather than community and primary health care, encouraging the long-established pattern in China of going straight to large hospitals for specialist treatment, rather than first seeing a general practitioner. This centralised system of care is not adequate to meet China's mental health-care needs. Transitioning from a hospital-centric system to one that is more integrated, anchored in primary health care, and enabled by the newest technology and data (as recommended in a review of quality of primary health care in China by Xi Li and colleagues) is essential.

Mental health has long been neglected in China, partly because of a deep-rooted cultural stigma. Discussing

mental health remains taboo among many communities. Confucianism emphasises the achievement of personal and social harmony. People with mental disorders are often perceived as unable to fulfil this ideal. Families of patients worry about how a disclosure of mental illness might damage their reputation. The fear of being stigmatised and socially isolated will undoubtedly disincentivise people with mental disorders from seeking care. The Chinese Government has introduced a mental health law, as well as the 686 programme, aimed at strengthening the mental health-care workforce, raising awareness, and integrating mental health-care services. If patients are unable to voice how they feel openly and frankly, they will be left invisible and untreated.

Culturally sensitive, stigma reduction interventions and national campaigns are clearly needed to break down barriers to accessing services. What else? *The Lancet* has convened a Commission of Chinese and international researchers, led by Michael Phillips from Shanghai Mental Health Center and Shuiyuan Xiao from Xiangya School of Public Health, to identify the key challenges that need to be addressed in China's next 5-year plan for mental health, consider how China's rapid economic, social, and technological changes affect mental health and mental health care, and discuss the growing role of China in the global mental health movement. It is due to report its findings in 2023.

In the meantime, removing barriers to the accessibility and acceptability of mental health services is imperative. Digital tools, such as internet-delivered cognitive behavioural therapy programmes, have been proven to be as effective as face-to-face treatment in Australia. Expanding electronic mental health resources could help overcome the limitations in workforce and services, provide treatment for patients discreetly, and enable access to care even under pandemic restrictions.

The Chinese Government has vigorously defended its dynamic zero COVID-19 strategy. But China's lockdowns have had a huge human cost. This cost will continue to be paid in the future, with the shadow of mental ill-health adversely affecting China's culture and economy for years to come. The Chinese Government must act immediately if it is to heal the wound its extreme policies have inflicted on the Chinese people.

■ *The Lancet*



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For the national survey on psychological distress among Chinese people in the COVID-19 pandemic see *General Psychiatry* 2020; **33**: e100213

For the results of the national survey of mental disorders in China see *Articles Lancet Psychiatry* 2019; **6**: 211–24 and *Lancet Psychiatry* 2021; **8**: 981–90

For the review of quality of primary health care in China see *Review Lancet* 2020; **395**: 1802–12

For more on internet-delivered cognitive behavioural therapy programmes see <https://thiswayup.org.au/programs/mindfulness-enhanced-cbt-program/>