

Translated and annotated version of the 2015-2020 National Mental Health Work Plan of the People's Republic of China

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The following document is a translation of the 2015-2020 National Mental Health Work Plan of the People's Republic of China which was issued by the General Office of China's State Council on June 4, 2015. The original Chinese version of the document is available at the official government website: http://www.gov.cn/zhengce/content/2015-06/18/content_9860.htm. The translators have added annotations at the end of the document that provide background information to help contextualize content that may be unclear to readers unfamiliar with China and explain their decisions when translating terms that can have multiple interpretations.

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National Mental Health Work Plan of China (2015-2020)^[1]

National Health and Family Planning Commission^[2,3]

Central Commission for Comprehensive Management of Public Security^[4]

National Development and Reform Commission^[2,5]

Ministry of Education^[2]

Ministry of Public Security^[2]

Ministry of Civil Affairs^[2,6]

Ministry of Justice^[2]

Ministry of Finance^[2]

Ministry of Human Resources and Social Security^[2]

China Disabled Persons' Federation^[7]

Mental health is a major public health and social issue that affects economic and social development. Strengthening mental health work is a significant component of deepening the reforms of the medical and health system and an important element in the protection and promotion of the public's physical and psychological well-being. It is also an essential requirement for comprehensively advancing the rule of law in the country, for innovating civil administration, and for promoting social harmony and stability. Mental health work is of great significance for building a healthy China, a law-governed China, and a safe China. This plan has been developed to thoroughly implement the *Mental Health Law of the People's Republic of China*^[8] and the *Opinions of the Central Committee of the Communist Party of China and the State Council on Deepening the Health Care System Reform*,^[9] to strengthen the prevention, treatment, and rehabilitation of mental illness; and to promote the comprehensive development of mental health work.

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A. Background

The Party and the government pay close attention to mental health work and have taken a series of political measures to promote the development of the mental health sector. This was particularly the case during the 12th Five-Year Plan (2010-2015).^[10] mental health work has been an important activity for safeguarding and improving community welfare and for strengthening and innovating civil administration and was listed in the overall plan of national economic and social development. With the attention and support of the Central Committee of the Communist Party of China and the State Council, related departments have strengthened their collaboration to implement *The Mental Health Law of the People's Republic of China*.^[8] this includes the coordination and implementation of the *Construction and Development Plan for the Mental Health Preventative Care System*;^[11,12] the allocation of funds to upgrade and expand specialty mental health facilities;^[13,14] improving the treatment conditions for patients^[15] with mental disorders; supporting local administrations to develop management services for patients with severe mental disorders under the umbrella of the Basic Public Health Services Project^[16] and the Major Public Health Service Project,^[17] including coverage of severe mental illnesses under the Urban and Rural Resident Insurance for Critical Illnesses, the Major Disease Security system, and the Medical Aid for Urban and Rural Residents system;^[18] arranging involuntary treatment based on relevant laws and regulations for mentally ill patients who are found to be not criminally liable for serious crimes;^[19] and actively providing care and treatment for psychiatric patients who are retired veterans, vagrants and beggars, or who are identified as being among the "3 withouts" (i.e., without the ability to work, without a source of income, and without legal guardians to depend upon, or with legal guardians who are unable to fulfill such obligations). Local authorities conscientiously followed the promulgated requirements of the Central Committee of the Communist Party of China and the State Council to fulfill governmental responsibilities, to upgrade the social security system, to strengthen administrative procedures, and to thoroughly develop the management and treatment system for severe mental disorders. Substantial achievements include the gradual establishment of a coordinating network for mental health work among government leaders and departments at all levels of the government^[20] and the basic creation of a national mental health preventive care^[12] system and service network. By the end of 2014, 4.3 million patients with severe mental disorders had been registered, among whom 73.2% had received follow-up visits and recommendation about rehabilitation from primary healthcare facilities.^[21]

Rapid economic and social development is associated with a significant increase in the pace of life and in the number of psychological stressors. Common mental disorders such as anxiety and depression and psycho-behavioral problems^[22] are increasing year by year; psychologically stressful events^[23] and criminal or civil cases of 'incidents or troubles'^[24] caused by individuals with mental illnesses occur from time to time; and interventions for specific populations such as those with dementia or autism^[25] urgently need to be strengthened. Mental health work in China still faces great challenges.

At present our mental health service resources are inadequate and unevenly distributed. Nationally there are a total of 1650 specialized mental health facilities, 228,000 psychiatric beds, and over 20,000 psychiatrists;^[26] most of these resources are concentrated at the provincial or municipal levels.^[27] A community-based rehabilitation system for mental disorders has not yet been established. In some regions, the identification, follow-up and management work for patients with severe mental disorders is still insufficient:^[21] it is difficult to ensure that guardians assume their legal responsibilities, some poor patients do not have access to effective treatment or support, and it is difficult for patients who have been adjudicated to receive compulsory treatment or who have been responsible for 'incidents or troubles'^[24] to obtain treatment. The public's knowledge about anxiety, depression and other common mental disorders and about psycho-behavioral problems^[22] is limited; social biases and stigma towards mental illnesses is prevalent so most people would rather conceal their illness, and only a few seek evidence-based treatments. Overall, the current capacity and quality of our country's mental health services lag far behind the community's demands for health care and the national needs for economic construction and social administration. The *WHO's Mental Health Action Plan 2013-2020*^[28] pointed out that psycho-behavioral problems^[29] would continue to increase globally; therefore, all governments should pay close attention to such issues.

B. General requirements

1. Ideological guidance

Guiding principles for this work plan include Deng Xiaoping Theory, the 'Three Represents', and the Scientific Outlook on Development.^[30] The plan must thoroughly follow the spirit of the 18th National Congress of the Chinese Communist Party (CPC) and the 2nd, 3rd, and 4th Plenary Sessions of the 18th Central Committee of the CPC while earnestly implementing the *Mental Health Law of the People's Republic of China* according to the requirements of the Central Committee of the CPC and the State Council. In order to optimize service systems,

prioritize the treatment and management of patients, and safeguard social harmony, the work plan must integrate all types of resources, improve work procedures, make efforts to upgrade the capacity and quality of services, perfect the system for providing treatment and aid to patients, protect the legal rights of patients, safeguard the physical and mental well-being of the public, and promote the comprehensive development of the mental health sector.

2. Overall target

By 2020 establish a universal integrated service and management network for mental health led and organized by the government and cooperatively administrated by governmental departments with the active participation of community organizations and the proactive fulfillment of the responsibilities of families and employers.^[31] Expand and develop a mental health service system of prevention, treatment, and rehabilitation that corresponds with the national level of socio-economic development and that basically meets the demands of the public. Strengthen the system that guarantees treatment and support for persons with mental illnesses, and substantially reduce the number of serious cases of 'incidents or troubles'^[24] caused by persons with mental illnesses. Build a social milieu of understanding, acceptance, and caring for individuals with mental illnesses; raise community awareness of the importance of mental health; promote the psychological well-being^[32] of the public; and enhance the harmonious development of the society.

3. Specific targets (by 2020)

- (1) The collective management and coordination mechanism for mental health should be further improved. A three-level coordination mechanism for mental health work at the national, provincial, and prefectural levels that is led by the government and managed by administrative departments should be widely established. In 70% of the rural townships and urban sub-districts^[20] collective management teams for mental health should be formed, involving the departments of Comprehensive Management of Public Security, Health and Family Planning, Civil Affairs, Judicial Administration, the Disabled Federation, and the Commission on Aging.^[33]
- (2) The administrative system and network of mental health services should be perfected. Specialized mental health facilities^[34] should be strengthened at the provincial, municipal, and county levels; counties (cities, districts) that are not within the catchment area of municipal level facilities but have a large population should establish specialized mental health facilities according to the demand; other counties (cities, districts) not within the catchment area of a municipal facility should establish psychiatric departments in at least one eligible general hospital. The participation of non-public forces^[35] in service provision should be explored and encouraged through governmental purchase of services.
- (3) The shortage of mental health professionals should be mitigated. The number of licensed (assistant) psychiatrists^[36] should be increased to 40,000. In the eastern regions, there should be at least 3.8 certified (assistant) psychiatrists for every 100,000 persons; in the central and western regions, there should be at least 2.8 certified (assistant) psychiatrists for every 100,000 persons.^[26,37] In most of the primary healthcare facilities there should be full-time or part-time mental health preventive care personnel.^[12] Services provided by psychotherapists^[38] and social workers^[39] should basically meet the demand for such services. Social organizations and volunteers should be broadly engaged in the mental health work.
- (4) The treatment, aid, and management of severe mental illnesses^[40] should be effectively implemented. The total number of patients with severe mental disorders should be known, over 80% of registered patients with severe mental disorders should be supervised, and over 80% of the individuals with schizophrenia should be treated. All eligible individuals with severe illnesses living in poverty should receive medical aid. Civil and criminal cases of 'incidents or troubles'^[24] caused by the mentally ill, particularly murders, should be substantially decreased; those who cause 'incidents and troubles' should, according to appropriate legal regulations, promptly receive compulsory treatment or inpatient treatment.
- (5) The capacity to prevent and treat common mental disorders and psycho-behavioral problems^[22] should be significantly enhanced. There should be a general improvement in public's knowledge about common mental disorders such as depression and in the willingness to actively seek treatment for such conditions. The ability of healthcare facilities to identify depression should be considerably boosted and their treatment rate for depression should increase by 50% above its current level. The preventive care^[12] for depression and other common mental disorders should be widely promulgated in all regions; to provide timely, evidence-based psychological aid when needed in emergencies, every province (or autonomous region, municipality) should open at least one hotline for psychological aid,^[41] and all provinces (autonomous regions, municipalities) as well as 70% of cities (prefectures, autonomous prefectures, leagues) should establish a crisis intervention team.

- (6) The work of psychiatric rehabilitation should begin to take shape. Work towards establishing a community-based rehabilitation system for the mentally ill that involves the collaborative participation of specialized mental health facilities, community rehabilitation centers, social organizations, and families. Over 70% of the counties (cities, districts) should open public community-based rehabilitation facilities for the mentally ill or commission social organizations to provide rehabilitation services via the governmental purchase of services or other mechanisms. In these counties (cities, districts) that provide psychiatric rehabilitation services, over 50% of the individuals with mental illnesses living in the community should receive the services.
- (7) The social milieu for mental health work should be considerably improved. There should be widespread publicity about mental health and psychological hygiene in hospitals, schools, communities, enterprises, institutions, and different types of incarceration facilities. The level of awareness about psychological well-being^[32] among community members in urban and rural areas should reach 70 and 50%, respectively. Colleges and universities should have psychological counseling centers and psychological crisis intervention centers staffed with specialized full-time teachers; elementary, intermediate, and high schools should have psychological counseling offices staffed with full-time or part-time teachers. Awareness about the basic principles of psychological well-being^[32] among students should reach 80%.

C. Strategies and measures

1. Comprehensively advance the treatment and aid for individuals with severe mental disorders

Reinforce the patient surveillance system. At all administrative levels, the department of Health and Family Planning, the department of Comprehensive Management, the department of Civil Affairs, the department of Judicial Administration, the Disabled Federation, and other agencies should use multiple strategies to strengthen their cooperation to comprehensively identify, register, and report the illness episodes of individuals with severe mental illnesses as part of their routine daily work.^[21,42] Village and neighborhood committees should actively identify those suspected of having mental illness in their jurisdiction and assist in treatment seeking if requested by the family. Healthcare facilities that are eligible to diagnose and treat psychiatric disorders should implement the management system for reporting the onset of severe mental illnesses and report patients with confirmed diagnoses of severe mental disorders according to the protocol. Primary healthcare facilities should promptly register identified patients with confirmed diagnoses of severe mental disorders who live in their jurisdiction and enter their information on the National Informatics Management System for Severe Mental Illnesses.^[43]

Implement service management for patients. Local authorities should follow the principle of “treat as many as possible of those who need treatment, manage as many as possible of those who need to be managed, and admit as many as possible of those who need to be admitted” and actively implement a service model based on “treating severe illnesses in hospitals and managing rehabilitation in communities”. For individuals with acute or unstable mental illnesses, primary healthcare facilities should promptly refer them to specialized mental health facilities to receive standardized care; after their conditions have stabilized these individuals should return to their villages (neighborhoods) and receive maintenance treatment with basic psychiatric medications. The Comprehensive Management departments at all administrative levels should coordinate the related departments at the corresponding level to facilitate the establishment of collective management teams for mental health at the township or subdistrict levels and mobilize community organizations and patients’ families to participate in the home-based management of patients. Following regulations in the National Basic Public Health Service Standards,^[44] primary healthcare facilities should establish individual health records for patients with severe mental disorders living in their jurisdiction and provide follow-up case management, risk assessment, medication supervision, and other services. For patients with unstable conditions, primary physicians, policemen, civil affairs personnel, administrators from the local comprehensive management office, community grid managers,^[45] the local representative of the disabled persons association, and other administrators should work together to follow their conditions and swiftly respond to incipient emergencies, assisting the patients and their families in dealing with difficulties in getting treatment and in their livelihood. All levels of government and related departments should study how to establish management mechanisms to admit and treat persons with mental illness who cause ‘incidents or troubles’;^[24] develop an expedited channel for admitting and treating patients with severe mental illnesses who have caused or are at risk of causing ‘incidents and troubles’; establish a “green channel” for emergency medical care; and clearly define the source of funding and other social security measures. Using funds from the Major Public Health Service Project,^[17] the central government will continue providing fiscal support for local authorities to manage and treat severe mental illnesses.

Implement medical aid policies. Local authorities should successfully link and combine multiple insurance systems to gradually improve the level of healthcare security for persons with mental illnesses: the Basic Healthcare Insurance, the Critical Illness Insurance Program for Urban and Rural Residents, Medical Aid, and Medical Emergency Aid. Individuals with mental illness living in poverty who are eligible should, according to the relevant regulations, be helped to receive Basic Healthcare Insurance and receive additional aid to cover basic medical expenses that they cannot afford. Unpaid medical expenses for the emergency treatment of individuals whose identity is unclear and for individuals whose identity is known but who are unable to pay these expenses should be covered according to relevant regulations: first considerations for payment should be liable persons and different types of insurance such as Industrial Injury Insurance or Basic Medical Insurance; then the Medical Aid Foundation, the Social Aid Foundation for Road Traffic Accidents and similar foundations should be considered; when the aforementioned channels are not available or are not sufficient, the Medical Emergency Aid Foundation can provide a subsidy.^[18] For individuals referred to institutions outside of their service area due to the absence of specialized mental health facilities in their local area, the proportion of medical reimbursement should follow the reimbursement standard in their local community. To effectively provide social aid for individuals with mental illnesses living in poverty, the departments of Civil Affairs, Health and Family Planning, Human Resources and Social Security, and Finance should study how to adjust the social aid system so it matches the specific needs of diagnosing and treating individuals with mental illnesses. For individuals who are eligible to receive minimum subsistence supplements, Civil Affairs departments at all administrative levels should immediately enroll them in the Minimum Subsistence Security System; for individuals who are not eligible for minimum subsistence supplements but have substantial difficulties and for those who still struggle after receiving minimum subsistence supplements, measures such as providing Temporary Aid should be adopted to help them overcome their difficulties in maintaining their basic livelihood.

Improve rehabilitation services. Local communities should gradually establish a community-based rehabilitation service system for all types of mental disorders. They should vigorously promote a comprehensive, community-based, open model of rehabilitation for individuals with mental illnesses and mental disabilities that effectively links medical rehabilitation and social rehabilitation and that strengthens the technical support provided from specialized mental health institutions to community-based rehabilitation facilities. Study how to formulate policies and opinions that will foster the rapid advancement of mental health rehabilitation services and upgrade the standards for the provision and management of rehabilitation services. Strengthen and guarantee the provision of rehabilitation services to individuals with mental disorders among special groups, such as veterans, the destitute, persons with low incomes, and the incarcerated. As the country's capacity to provide social welfare services increases, gradually expand the scope of Basic Healthcare Insurance to cover qualified treatment-based rehabilitation services for mental illnesses. Build demonstration projects of community-based rehabilitation facilities for the mentally ill; promote the expansion of community-based rehabilitation facilities; and use governmental purchases of services to encourage and guide the use of non-public resources^[35] to provide community-based rehabilitation services for the mentally ill. Help patients with mental illnesses return to society.

2. Gradually develop preventive care^[12] for common mental disorders^[46]

All types of healthcare facilities at all levels should train health workers about the identification and management of mental illnesses, and colleges and universities should strengthen the training of related knowledge and techniques to workers in their counseling clinics and to staff who work with students; individuals seeking medical advice or help at these institutions who potentially have mental illnesses should be promptly given advice about how to get treatment or be directly referred to an appropriate institution. Specialized mental health facilities should establish consultation and referral mechanisms and help other healthcare facilities correctly recognize and rapidly refer individuals suspected of having mental illnesses. To enhance the rates of successful treatment of mental illnesses, specialized mental health facilities should provide rational, scientific, and standardized diagnosis and treatment services that are based on established classification systems of mental disorders^[47] and on standardized practice guidelines. Local authorities should make tackling common mental disorders such as depression, autism, and dementia a key objective in their work plans. Close attention should be paid to the psycho-behavioral problems^[22] of women, children, elders, and people with specific occupations. Preventive care^[12] models appropriate for each community's pattern of common mental disorders should be developed, and communities with sufficient resources should be encouraged to provide follow-up services for patients with depression. Bringing Traditional Chinese Medicine (TCM) into full play, the capacity of psychiatry-like clinical departments in TCM facilities should be strengthened, and TCM professionals should be encouraged to participate in the preventive care^[12] and research of common mental disorders and psycho-behavioral problems.^[22]

3. Actively work on promoting psychological well-being^[32]

Following the legal regulations, local authorities should incorporate psychological support into the emergency response plans of all levels of the government. Based on currently available psychiatrists, psychotherapists, social workers, and nurses, a psychological crisis intervention team that can rapidly assemble to provide psychological support in the case of emergencies should be established at each level and regularly provided with training and practice. Encourage and support social organizations to provide standardized information about providing psychological support and supervise their orderly participation in the provision of psychological support in the case of disasters. To provide non-profit services to improve the psychological well-being of the public, cities with the necessary resources should rely on the 12320 hotline^[48] and specialized mental health facilities to establish psychological support hotlines and internet platforms. Specialized mental health facilities should have staff that can provide psychotherapy and professional mental health services to persons with mental illnesses and other high-risk individuals. General hospitals and other specialized hospitals should provide guidance about psychological well-being to their patients, and primary healthcare facilities should provide education about psychological well-being to residents living in their jurisdictions. All types of schools at all levels should set up facilities with full-time staff for providing education about psychological well-being, establish a mechanism for undertaking the work of providing education about psychological well-being to students, and formulate emergency response plans for on-campus emergencies. Institutions of higher education and specialized mental health facilities should create stable coordinating mechanisms for the management of psychological emergencies and set up demonstration centers for providing training about psychological well-being. Employers should include information about psychological well-being^[32] in orientation and on-the-job training and create a working environment that is conducive to employees' physical and psychological well-being. Prisons, jails, detention centers, compulsory drug rehabilitation centers, and similar institutions should improve the psychological counseling and support services for their inmates.

4. Make efforts to upgrade mental health service capacity

Strengthen the capacities of facilities. During the 13th Five-Year Plan,^[49] related central departments will focus on supporting local authorities to improve their capacity to provide primary mental health services. Local authorities should fully employ current resources to greatly strengthen the service capacities of specialized mental health facilities and community-based rehabilitation centers for the mentally ill at the county level. The department of Health and Family Planning at all levels should commission specialized mental health facilities at the corresponding level to undertake responsibility for the technical management and supervision of mental health work, including treatment, prevention, medical rehabilitation, health education, data collection, training, and technical supervision. In regions where there is no specialized mental health facility available, the Health and Family Planning department should commission a specialized mental health facility at a higher administrative level or in an adjacent region to undertake the role of technical supervision and designate the local Center for Disease Control at the corresponding administrative level to be in charge of managing the relevant professional work. For-profit specialized mental health facilities and community rehabilitation centers should be encouraged, and governmental purchase of their services should enhance their contribution to the prevention, treatment, and management of mental illnesses. In provinces (autonomous regions, municipalities) where compulsory treatment centers have not yet been established, local governments should designate at least one specialized mental health facility to fulfill the function of providing compulsory medical treatment and provide necessary guarantees to ensure the normal functioning of the service.

Strengthen the workforce. Local authorities should establish and strengthen the professional mental health workforce with an appropriate balance of psychiatrists, nurses, and psychotherapists; they should also explore the development of a mental health service model that gradually expands to include rehabilitation therapists, social workers, and volunteers. To ensure the implementation of prevention services, specialized mental health facilities at all levels should employ public health personnel; the number of such individuals is based on the population in the jurisdiction and the workload the institution undertakes in the prevention and treatment of mental illnesses. Every primary healthcare institution should assign at least one full-time or part-time staff member to be in charge of managing services for patients with severe mental disorders. Education departments should strengthen the education and training of professions related to mental health include psychiatry, applied psychology, and social work; encourage regions and higher education institutions that have the capacity to provide medical bachelor's degrees specializing in psychiatry; and ensure that sufficient classroom hours are provided in psychiatry, medical psychology and related courses in the undergraduate medical curriculum. Health and Family Planning departments should strengthen and standardize training for inpatient psychiatric residents and psychiatric nurses; initiate specialty conversion training programs for physicians who changed specialty and are currently working in psychiatry without formal psychiatric training;

and develop psychiatric qualification training programs for licensed clinicians or general physicians in county level general hospitals and township level health centers (community health centers) so that they can practice in psychiatry. Train TCM clinicians in the prevention and treatment of mental illnesses, and encourage eligible mental health preventive care personnel at the primary level to acquire qualifications to practice psychiatry.^[36] Policies should be made to encourage psychology professionals to practice psychotherapy in healthcare facilities, and the Health and Family Planning Department and the Human Resources and Social Security Department should work together to finalize the evaluation procedures for conferring the professional job title of 'psychotherapist'. National policies related to salary for mental health workers should be implemented in order to improve the level of remuneration for these professionals and to stabilize the professional mental health workforce.

5. Gradually improve mental health information systems

Related departments should incorporate mental health data into the Informatics Project for the Whole People's Health Security.^[50] The Health and Family Planning departments at the provincial levels should make overall plans to construct regional mental health informatics systems and gradually connect them with the Residents Electronic Health Records, Electronic Medical Records, and Census databases.^[50] To provide evidence for policy making by relevant departments, institutions responsible for the technical supervision and management of mental health should carefully verify information on the severely mentally ill, analyze the data, and compile regular reports. Local authorities should gradually establish information sharing mechanisms related to individuals with severe mental disorders among all the related departments, including Health and Family Planning, Comprehensive Management, Public Security, Civil Affairs, Human Resources and Social Security, Juridical Administration, and the Disabled Person's Federation. The protection of patients' information and privacy should be emphasized and strengthened. A mental health surveillance system that includes basic information on mentally ill individuals and on mental health work should be established in accordance with relevant laws. Regions that are able to do so, should conduct epidemiological surveys of mental disorders every five years.

6. Expand the effort to increase publicity and education about mental health

Local authorities should prioritize the publicity and education about mental health. Through extensive use of conventional and new media channels, publicity departments should widely disseminate key messages about mental health: "mental illness is preventable and treatable", "seek treatment early for psychological problems", "care for patients with mental disorders without discrimination", and "physical and mental health are equally important". Typical cases of patients who overcame the disease and returned to society can be used to guide the public towards a correct understanding of mental disorders and psycho-behavioral problems^[22] and to promote an appropriate attitude about patients with mental disorders. To reduce the negative effects of publicity, the method of reporting civil or criminal cases of 'incidents or troubles'^[24] should be standardized, and use of the term "mental patient" should be avoided in reports prior to formal evaluation of the individual. The Education Department, the Judicial Administration Department, the Trade Union, the Communist Youth League, the Women's Federation, the Aging Association, and other organizations^[51] should develop mental health promotion strategies which include educational activities about psychological well-being^[26] targeted for specific groups including students, rural women, left-behind children,^[52] occupational subgroups,^[53] individuals who are incarcerated, and the elderly. The Health and Family Planning Department at all administrative levels should direct healthcare facilities to develop multifaceted mental health promotion activities with the goal of promoting public awareness about psychological well-being, about mental health services, and about methods for improving emotional self-regulation.

D. Enforcement

1. Strengthen governmental leadership

Local authorities should vigorously and thoroughly implement *the Mental Health Law of the People's Republic of China*, incorporate mental health work into the local version of the overall national plan for economic and social development, and formulate annual work plans and strategies for implementation. Establish and optimize a mechanism for undertaking mental health work that is supervised by the government and coordinated by the relevant departments. Fully utilize the integrated services management platform at the grassroots' level, coordinate planning, and consolidate resources to make tangible improvements in the development of the local mental health service system. Mental health work should be considered an important component of the effort to extend the reforms of the overall healthcare system. The integrated plan should consider treatment and support of mentally ill individuals, training of specialized staff, and guaranteed functioning of specialized institutions; it should promote the continuous, healthy, and stable development of the mental health sector.

2. Assign responsibilities to relevant departments

All relevant departments should conscientiously fulfill their responsibilities as specified in the *Mental Health Law of the People's Republic of China* and related policies, creating a collective workforce that ensures that the work actually gets implemented. The Comprehensive Management department should exploit its advantages in integrating management, expediting the resolution of essential but difficult problems that occur when undertaking mental health work. Comprehensive Management departments at all administrative levels should (a) strengthen their assessment procedures for inspecting the organization, coordination, and supervision of mental health work; (b) include the treatment and support of patients with serious mental illnesses in the assessment criteria when evaluating the social security component of the locality's Comprehensive Management (i.e., building a safe and socially stable community);^[54] (c) increase the intensity of their inspection and evaluation activities; and (d) diligently investigate and identify culpable individuals and departments when failure to emphasize mental health work, lack of supervision, or delayed treatment leads to the commission of serious civil or criminal 'incidents or troubles'^[24] by registered individuals with serious mental illnesses. To effectively strengthen the development of a mental health prevention and treatment network, the principle of "treat as many as possible of those who need treatment, manage as many as possible of those who need to be managed, and admit as many as possible of those who need to be admitted" should be adhered to by the departments of Development and Reform, Health and Family Planning, Public Security, Civil Affairs, and Judicial Administration. To further improve the service system for the preventive management and rehabilitation for severe mental disorders, the departments of Comprehensive Management, Health and Family Planning, Public Security, Civil Affairs, Judicial Administration, and the Disabled Persons' Federation should strengthen their cooperation. The departments of Development and Reform, Health and Family Planning, Human Resources and Social Security should promote research and provide direction about the creation of a price structure for medical services, including healthcare for mental illnesses. The Civil Affairs department should work with other departments such as the Disabled Person's Federation, the Development and Reform Department, the Health and Family Planning Department, and the Finance Department to consider the formulation of social security policies that will support the development of rehabilitation services for individuals with mental disorders, strengthen the regulation for rehabilitation facilities, and continuously upgrade the standardization and professionalization of rehabilitation services. The Disabled Persons' Federation at all administrative levels should (a) thoroughly implement corresponding regulations in the *Law of the People's Republic of China on the Protection of Disabled Persons*^[55] and the requirements about providing preventive care^[12] and rehabilitation to persons with mental disabilities listed in the Development Outline for Disabled Persons in China;^[56] (b) promote an open management model that helps people with mental disabilities participate in social activities; and (c) based on legal regulations, safeguard the legal rights and interests of persons with mental disabilities. The departments of Health and Family Planning, Human Resources and Social Security, and Industry and Commerce Administration^[2] should increase empirical research to assess administrative models for psychological counseling facilities and develop corresponding policies to expand and standardize these facilities.

3. Ensure financial input

Local authorities should list the mental health work expenses in the fiscal budget at each administrative level. To ensure that the funds needed from mental health work are available, the fiscal input should be increased based on what is needed to conduct the mental health work. To improve the efficiency of the use of funds, the assessment of the task completion and the examination of the employment of funds to complete the task should be strengthened. Local authorities should strongly promote the Basic Public Health Service Project, the work of the Management and Treatment of Severe Mental Disorders program, and the implementation of policies related to governmental investment in specialized mental health facilities. A diversified fund raising mechanism should be established; mechanisms for boosting non-profit investment and financing in mental health should be actively explored, and non-public^[35] (for-profit) investment in the provision of mental health services and community-based rehabilitation services should be encouraged.

4. Strengthen scientific research

All regions, all related departments, and research institutes should conduct basic and clinical research to meet the requirements for the development of mental health work; research should be focused on major illnesses such as schizophrenia, and on common mental disorders and psycho-behavioral problems^[20] in important population groups such as children, adolescents, and elders. The research and development priorities should be on techniques for the early diagnosis of mental disorders, on new psychiatric drugs, and on non-pharmacological treatment techniques such as psychotherapy. To provide scientific evidence for

mental health policy making and about the implementation of relevant laws, expand epidemiological surveys of mental disorders and conduct soft science research about mental health laws and policies. Promote studies that simultaneously consider the biological, psychological, and social factors related to mental disorders and psycho-behavioral problems,^[22] and encourage related studies in translational medicine. International communication should be strengthened in order to learn, adapt, and promote advanced scientific technology and successful experiences from international sources. Relevant research findings from China and from overseas should be rapidly applied in the practice of mental health work.

E. Supervision and Evaluation

The Health and Family Planning Commission should work with related departments to formulate an implementation strategy for this plan that divides responsibilities among departments and makes the departments collectively responsible for the implementation of the plan. Local authorities should supervise and evaluate the progress, quality, and effectiveness of the plan implementation. Implementing key tasks in this plan shall be listed as a major index of governmental supervision, and corresponding outcomes shall be included as key items in the performance evaluation of lower levels of government.^[57] In 2017 the Health and Family Planning Commission with related departments will conduct a mid-term evaluation about the implementation of this plan, and in 2020 it will evaluate the final outcome of the implementation of the plan.

Translator's notes and links to related documents

1. This is the second official national mental health work plan in China. The previous work plan (for 2002-2010) was issued by the Ministry of Health, Ministry of Civil Affairs, Ministry of Public Security, and The China Disabled Person's Federation. The Chinese version of this previous plan is available on the website of the Zhejiang Centers for Disease Control at: <http://www.cdc.zj.cn/bornwcm/Html/zcfg43/2009-03/05/8aac82101fcb0b45011fd43b61400e09.html>. To help support the implementation of the 2002-2010 work plan, in 2008 seventeen different government ministries, commissions, and organizations jointly issued a follow-up document entitled 'Directives for Development of the National Mental Health Work System (2008-2015)', which is available (in Chinese) at: <http://www.nhfpc.gov.cn/jkj/s5888/200805/81047a30f3c34141b12481de35930d78.shtml>.
2. The listed state organs are executive agencies under the State Council of the People's Republic of China. Each agency has departments at every level of government. The official structure of the State Council is listed at: http://www.gov.cn/guowuyuan/gwy_zzjg.htm, and a description in English can be found on Wikipedia at: https://en.wikipedia.org/wiki/State_Council_of_the_People%27s_Republic_of_China. (Links for the Wikipedia pages for each of the separate agencies are available on this page).
3. The National Health and Family Planning Commission (the main agency responsible for this work plan) was created in 2013 from the former Ministry of Health and the National Population and Family Planning Commission.
4. The Central Commission for Comprehensive Management of Public Security is a state organ under the Central Committee of the Communist Party of China. Its official website is <http://www.chinapeace.gov.cn/>, and a brief description in English is available on Wikipedia at: https://en.wikipedia.org/wiki/Central_Public_Security_Comprehensive_Management_Commission.
5. The National Development and Reform Commission is a macroeconomic management agency under the State Council. Its principal responsibilities include formulating, implementing, monitoring, and adjusting macroeconomic policies and national strategic plans for economic development. Its official website is <http://www.ndrc.gov.cn/>, and a description in English is available on Wikipedia at: https://en.wikipedia.org/wiki/National_Development_and_Reform_Commission#cite_note-
6. In China the organization of psychiatric services for individuals with severe mental illnesses are divided among the Health and Family Planning Commission, the Ministry of Public Security, and the Ministry of Civil Affairs. The three systems have different focuses and operate independently. The Ministry of Civil Affairs in China is responsible for social and administrative affairs in the country. This includes a very wide range of responsibilities, including the provision of all types of welfare services (e.g., orphanages, chronic-care psychiatric hospitals, and homes for the elderly) and financial support to the poor. Its official website is <http://www.mca.gov.cn/> and a description in English is available on Wikipedia at: https://en.wikipedia.org/wiki/Ministry_of_Civil_Affairs

7. The China Disabled Person's Federation is a quasi-government organization with representative offices throughout the country that represents the interests of persons with all types of disabilities (including disabilities due to mental disorders), coordinates the provision of community-based services for persons with disabilities, and is commissioned by the Chinese government to supervise affairs relating to persons with disabilities. Deng Pufang, the disabled son of Deng Xiaoping, is the honorary chairman of the federation. Its official website is <http://www.cdpcf.org.cn/>, and a description in English is available on Wikipedia at: https://en.wikipedia.org/wiki/China_Disabled_Persons%27_Federation
8. The *Mental Health Law of the People's Republic of China* is China's first national mental health law. It was adopted at the twenty-ninth session of the Standing Committee of the Eleventh National People's Congress on October 26, 2012 and came into effect on May 1, 2013. The Chinese version of the law is available at the official government website: http://www.gov.cn/jrzq/2012-10/26/content_2252122.htm. An English translation with annotations was previously published in *Shanghai Archives of Psychiatry* and is available at: <http://dx.doi.org/10.3969/j.issn.1002-0829.2012.06.001>.
9. The *Opinions of the Communist Party of China Central Committee and the State Council on Deepening the Health Care System Reform* was issued by the Central Committee of the Communist Party of China and the State Council on April 6, 2009. The Chinese version of the document is available at the official government website: http://www.gov.cn/jrzq/2009-04/06/content_1278721.htm, and an official English translation is available at: http://www.china.org.cn/government/scio-press-conferences/2009-04/09/content_17575378.htm
10. The five-year plans in China are government blueprints for social and economic development targets. The first five-year plan was initiated in 1953. The full text of China's 12th Five-Year Plan (2011-2015) is available at: http://www.gov.cn/2011lh/content_1825838.htm, and an English translation prepared by the Delegation of the European Union in China is available at: <http://www.britishchamber.cn/content/chinas-twelfth-five-year-plan-2011-2015-full-english-version>
11. The *Construction and Development Plan for the Mental Health Preventative Care System* was issued by the National Development and Reform Commission,^[5] the Ministry of Health, and the Ministry of Civil Affairs in 2010. Specialty psychiatric facilities managed by the departments of Health, Civil Affairs, and Public Security are local coordinating institutions for this preventative care system. The plan allocated 15.412 billion Chinese yuan to support construction projects for psychiatric hospitals, 9.1 billion of which would be invested by the central government and 6.312 billion of which would be invested by local governments. The Chinese version of the plan can be downloaded at: <http://www.mca.gov.cn/article/zwgk/fvfg/shflhshsw/200901/20090100025874.shtml>
12. We use the term 'preventive care' to translate the Chinese term '防治'. In some circumstances the implication is mental health 'prevention and treatment services', but in most cases the phrase refers to the treatment of mentally ill individuals with the goal of preventing episodes of active illness (i.e., not focusing on the prevention of new cases of illness). In China, the 'mental health preventative care system/network' has a long history that dates back to the 1950s. The idea of providing preventative care for severe mental illnesses in China is similar to community case management. However, uniquely, the 'preventive' concept is closely linked to preventing disturbance in public security and maintaining social stability, which is a priority of the Chinese government. It's noteworthy that 'mental health preventive care professionals' ('精神卫生防治人员') often are primary care physicians with little or no training in mental health care. They provide community case management services to patients with severe mental illnesses who have previously been diagnosed and treated at specialty psychiatric institutions, but they do not diagnose mental disorders or prescribe medications for persons with mental disorders.
13. We use the term 'facilities' to translate the Chinese term '机构' when the term refers to hospitals, clinics, and other medical or public health settings that provide health services.
14. According to the Disease Control and Prevention Work Progress Report published by the National Health and Family Planning Commission in 2015, during the 12th Five-Year Plan (2010-2015) a total of 16.9 billion Chinese yuan were invested by central and local fiscal departments, 549 province/city level mental health professional facilities were modified and expanded, and 648 mental health facilities were equipped with basic medical equipment. The report is available at: <http://www.moh.gov.cn/jkj/s7915v/201504/d5f3f871e02e4d6e912def7ced719353.shtml> (in Chinese)
15. Throughout the Chinese text the term '精神障碍患者' is used to refer to individuals with mental illnesses. This has been translated as 'mentally ill patients' or 'patients with mental disorders' because the Chinese term '患者' is translated as 'patient'. However, in many cases the term in the Chinese text refers to all persons with mental illnesses, including those who have never received treatment and, thus, are not actually 'patients'.

16. As a component of the healthcare system reform, the Basic Public Health Services Project is an effort to equalize access to basic public health services by providing all residents with a free package of 41 basic public health services in 10 categories, including “health record, health education, preventive inoculation, healthcare for children under six, healthcare for pregnant and lying-in women, healthcare for elderly people, treatment for hypertension and patients with Type II diabetes, healthcare for patients with severe psychosis, reporting and handling of infectious diseases and public health emergencies, and healthcare supervision and coordination”. The content and targets of the project are issued yearly by the Health and Family Planning Commission in collaboration with other state organs. The announcement for 2015 is available at: <http://www.moh.gov.cn/jws/zcwj/201506/61340494c00e4ae4bca0ad8411a724a9.shtml> (in Chinese)
17. The Major Public Health Service Project is a fund set up by the central government to be distributed to local governments to deal with major public health issues. Usually applications are submitted by local governments and approved by the central government. Regulations for the administration of the fund is available at: http://www.gov.cn/gongbao/content/2005/content_63328.htm (in Chinese)
18. The three health insurance and social safety net items listed are components of the national social security scheme that are jointly provided by the Human Resources and Social Security system, the Health and Family Planning system, and the Civil Affairs system. Official documents related to different types of the medical insurance and aid services are available on the website of the Ministry of Human Resources and Social Security: <http://www.mohrss.gov.cn/gkml/index3.htm> (in Chinese)
19. The laws in China related to criminal responsibility of mentally ill individuals are reasonably well developed. In cases of serious crimes such as murder or arson, persons with serious mental illnesses at the time of the act are usually remanded to a forensic psychiatric facility rather than to jail or prison. The ‘Criminal Procedure Law of the People’s Republic of China’ released in 1979 (http://www.npc.gov.cn/huiyi/lfzt/xsssfsg/2011-08/23/content_1666668.htm [in English]) includes articles related to the evaluation of persons with possible mental disorders (Article 120) and the determination of the level of responsibility of persons with mental disorders (Article 176). According to these laws persons with mental disorders who are unable to control their behavior at the time of a criminal act are not considered criminally responsible. More details about the evaluation process, assessment of the level of responsibility, and subsequent management of such individuals are provided in the ‘Temporary Regulations for the Forensic Evaluation of Persons with Mental Disorders’ (<http://www.chinacourt.org/html/article/200206/12/4572.shtml> [in Chinese]) released by the Ministry of Justice and four other Ministries in 1989.
20. There are five levels of local authorities under the central government of People’s Republic of China: province, prefecture, county, township, and village. The administrative divisions of China are explained at http://www.gov.cn/test/2005-06/15/content_18253.htm, and an English description is provided on Wikipedia at: https://en.wikipedia.org/wiki/Administrative_divisions_of_China#Table
21. This refers to the ‘Central Government Support for the Local Management and Treatment of Severe Mental Illnesses’ program (previously known as the ‘686 project’). It is a national community mental health program that was initiated in 2004. The key components of the program include a database registering patients with mental illnesses, primary healthcare staff providing periodical follow-up to patients living in communities, and free medication delivered to patients living in poverty. An article published in *Shanghai Archives of Psychiatry* provides an overview of this project: <http://dx.doi.org/10.3969/j.issn.1002-0829.2012.03.007>
22. Psycho-behavioral problems, ‘心理行为问题’, were also mentioned in the previous 2002-2010 mental health plan,^[1] but no definition of the types of conditions that are included under this label are provided in this plan or in the previous plan.
23. The types of ‘psychologically stressful events’ (‘心理应激事件’) considered here are not specified, but they primarily refer to natural or man-made disasters such as earthquakes, floods, and fires.
24. In Chinese the term was ‘肇事肇祸’; it is used in the public security context to label social disturbances caused by persons with mental illnesses. ‘Causing incidents’ (肇事) is a violation of the *Public Security Administration Punishments Law of the People’s Republic of China* (available at: <http://www.mps.gov.cn/n16/n1282/n3493/n3763/n4168/434718.html>, in Chinese), while ‘causing troubles’ (肇祸) is a violation of the *Criminal Law of the People’s Republic of China* (available at: <http://www.mps.gov.cn/n16/n1282/n3493/n3763/n493954/494322.html>, in Chinese).
25. Depression and dementia were explicitly mentioned as priorities in the previous 2002-2010 work plan.^[1] Anxiety and autism are newly added in this current plan. None of the four conditions were mentioned in the *Mental Health Law of the People’s Republic of China*.^[8]

26. The source of the listed statistics here is unclear. The numbers retrieved from the *Health Statistics Yearbook of China 2013* are as follows: in 2012, there were 728 mental hospitals, 28 psychiatric preventive care stations/centers, and about 34,000 registered physicians (or assistant physicians) who practiced psychiatry. The digital versions of the Health Statistics Yearbook of China since 2004 can be accessed at: <http://www.moh.gov.cn/zwgkzt/tjnj/list.shtml> (in Chinese). The numbers retrieved from the WHO *Mental Health Atlas 2011*, Country Profile of China are as follows: there were 780 mental hospitals, 199,318 psychiatric beds (13,526 in general hospitals and 185,792 in specialized psychiatric hospitals) and 20,718 psychiatrists (1.53 per 100,000 persons). The WHO country profile for China is available at: http://www.who.int/mental_health/evidence/atlas/profiles/chn_mh_profile.pdf?ua=1
27. 'Concentrated at the provincial or municipal levels' ('分布在省级和地市级') means that the services are primarily provided in the provincial capitals or in other urban areas.
28. The Mental Health Action Plan for 2013-2020 of the World Health Organization is available at: http://www.who.int/mental_health/publications/action_plan/en/.
29. The WHO *Mental Health Action Plan*^[28] does not use the term 'psycho-behavioral problems'. In the background section of this Chinese work plan 'psycho-behavioral problems' were distinguished from other types of mental disorders,^[22] but in this instance it appears that the authors intend the term to include all types of mental disorders and related behavioral problems, that is, the full range of conditions considered in the WHO *Mental Health Action Plan*.
30. Deng Xiaoping Theory, the 'Three Represents' proposed by former President Jiang Zemin, and the 'Scientific Outlook on Development' proposed by former President Hu Jintao, are principles incorporated into the ideological system promoted by the Chinese Communist Party. Brief English-language overviews of these theoretical principles are available at: <http://english.cpc.people.com.cn/206972/206981/8188424.html>; and https://en.wikipedia.org/wiki/Scientific_Outlook_on_Development
31. The *Mental Health Law of the People's Republic of China*^[8] provides details about the responsibilities of families and employers in the care and protection of persons with mental illnesses. Thirty years ago most urban workers were employed by government-based institutions (called 'work units') that were required to provide long-term financial support to workers who became mentally ill and even allowed parents to retire early and give their position to a mentally ill child who had never worked at the institution (so he or she could receive an income and social welfare benefits). But as the economic reforms progressed and industrial efficiency became increasingly important, the proportion of urban workers in government jobs dropped dramatically and the social welfare benefits provided to mentally ill urban employees at both government institutions and non-government institutions were dramatically reduced. Government welfare agencies and families are now expected to provide most of the financial support and welfare services needed by persons with serious mental disorders in both urban and rural communities.
32. We use the term 'psychological well-being' to translate the term '心理健康', which could also be translated as 'psychological health'. In the Chinese context, 'psychological well-being' and 'psychological health' are distinct from 'mental health' ('精神卫生'), which usually refers to the management of persons with severe mental illnesses such as schizophrenia.
33. Each state organ and organization that participated in the creation of this plan has departments and offices at lower administrative levels which provide different types of civil services. The governance of civil services in China is explained on Wikipedia at: https://en.wikipedia.org/wiki/Civil_Service_of_the_People%27s_Republic_of_China. Among the listed departments, 'Judicial Administration' is managed by the Ministry of Justice and the Commission on Aging is a quasi-governmental organization that is managed by the Ministry of Civil Affairs. A brief description of the National Office of Aging is available at: <http://www.mca.gov.cn/article/zwgk/jggk/jgzn/200712/20071200006546.shtml> (in Chinese).
34. In almost all cases 'specialized mental health facilities' (精神卫生专业机构) refers to psychiatric hospitals.
35. We use the terms 'non-public resources', 'non-public capital' and 'non-public forces' to translate the Chinese terms '社会资源', '社会资本', and '社会力量', respectively. '社会' literally means 'societal', but in these cases it refers to 'resources', 'capital', and 'forces' that are not provided by the government.
36. The examination and certification of physicians is organized by Health and Family Planning Commission and regulated by the *Law on Practicing Doctors of the People's Republic of China* (available at: http://www.gov.cn/banshi/2005-08/01/content_18970.htm, in Chinese).
37. The economic reforms initiated by Deng Xiaoping in 1978 magnified the gap in social and economic development between the relatively well-to-do eastern coastal regions of the country and the less well-to-do central and western regions. The lower targets for psychiatric manpower coverage in the central and western regions compared to those for the eastern regions recognize this reality.

38. The *Mental Health Law of the People's Republic of China*^[8] states that psychotherapists can only work in health facilities and cannot diagnose mental disorders. However, the profession of 'psychotherapist' was only formally established in early 2015 with the establishment of a national examination and certification process administered by the Health and Family Planning Commission and the Ministry of Human Resources and Social Security. It is, therefore, doubtful that the provision of psychotherapeutic services will be sufficient to meet the public demand for such services by 2020. ('Psychological counselors', considered separately from psychotherapists in the law, are largely restricted to providing support services and mental health education to students and to the general public; they cannot provide psychotherapy and cannot diagnose mental illnesses.)
39. There is no separate professional designation of 'mental health social worker' or 'psychiatric social worker' in China. Very few of the limited number of trained social workers in the country work in mental health. This seriously limits the ability of clinical services to provide meaningful community outreach and, thus, the development of comprehensive community-based rehabilitation programs for individuals with serious mental illnesses.
40. A definition of 'severe mental illnesses' was provided in the *Mental Health Law of the People's Republic of China*:^[8] 'conditions considered severe mental disorders in this law are mental disorders characterized by severe symptoms that result in serious impairments in social adaptation or in other types of functioning, in impaired awareness of objective reality or of one's medical condition, or in an inability to deal with one's own affairs.'
41. In 2008 the Ministry of Health (now the Health and Family Planning Commission) issued the first announcement to establish psychological first-aid hotlines: <http://www.moh.gov.cn/mohbgt/pw10809/200808/37479.shtml> (in Chinese)
42. Registering patients with severe mental illnesses is the main task of the National Informatics Management System for Severe Mental Illnesses (initially called the '686 project') that is primarily run by the Health and Family Planning Commission. Before the initiation of the '686 Project' in 2004, the Ministry of Civil Affairs had been working with the Disabled Persons Federation to identify and enroll mentally disabled patients; this program now still works as a parallel system to the '686 Project'. This is the first policy document that requires the department of Comprehensive Management (综治) and the department of Judicial Administration (司法行政) to participate in the work of identifying, registering, and reporting individuals with severe mental illnesses.
43. The national informatics system registers six types of severe mental illnesses: schizophrenia, schizoaffective disorder, paranoid psychosis, bipolar disorder, epilepsy-induced mental disorder, and mental retardation with a co-morbid mental disorder. All patients identified through different pathways are initially diagnosed by a trained psychiatrist and, if the diagnosis of one of these severe mental disorders is confirmed, are entered in the information system. Conducting periodic follow-up to these registered patients is a component of the Basic Public Health Services Project. Policies related to this system are described at: <http://www.moh.gov.cn/jkj/s5888/201204/16ebc49bfe504f979eb31070fc3ac5bf.shtml> (in Chinese)
44. The National Basic Public Health Service Standard promulgates national standards for the provision of all types of public health services. The standards are regularly updated by the National Health and Family Planning Commission based on the government's capacity to fund public health. (<http://www.nhfpc.gov.cn/jws/s3577/201409/acaeb089ac44d7a87d38393ccec4a78.shtml> in Chinese)
45. Many urban neighborhoods in China are divided into 'grids' – collections of housing units – to facilitate management. The grid manager is typically someone living in the location who knows the residents within the grid reasonably well.
46. There is no clear demarcation of what is and is not included under the 'common mental disorders' rubric. In previous government documents it primarily referred to depressive disorders and anxiety disorders, but in this plan it appears that the conditions considered now also include autism and dementia.
47. It is unclear which classification system of mental disorders is referred to here. Three classification systems are used in China: the International Classification of Diseases (ICD) developed by the WHO, The Chinese Classification and Diagnostic Criteria of Mental Disorders (CCMD) developed by the Chinese Society of Psychiatry, and the Diagnostic and Statistical Manual of Mental Disorders (DSM) developed by the American Psychiatric Association. Chinese hospitals are required to report diagnoses using the ICD system, but most psychiatric clinicians use the CCMD system in clinical settings and the DSM system in research settings.
48. The 12320 hotline is a national health hotline established by the Ministry of Health (now the Health and Family Planning Commission) in 2005. It is a one-stop platform to provide a variety of health-related services. The official website of the hotline is: <http://www.12320.gov.cn/> (in Chinese)
49. China's 5-year plans are the main blueprints the government employs for the economic and social development of the country. The 13th Five-Year Plan runs from 2016 to 2020 (https://en.wikipedia.org/wiki/Five-year_plans_of_China).

50. The goal of the Informatics Project for the Whole People's Health Security is to establish a national electronic platform that contains the health information of everyone in the country. The main task of the Informatics Project is to build three databases: Residents Electronic Health Records, Electronic Medical Record, and the Census. The main policy document on the Informatics Project is available at: <http://www.nhfpc.gov.cn/guihuaxxs/s10741/201312/09bce5f480e84747aa130428ca7fc8ad.shtml> (in Chinese)
51. The Trade Union (called the 'All-China Federation of Industry and Commerce' at the national level), the Communist Youth League (called the 'All-China Youth Federation' at the national level), and the Woman's Federation (called the 'All-China Women's Federation' at the national level) are groups under the *Chinese People's Political Consultative Conference*. Their structures and roles are available at: https://en.wikipedia.org/wiki/Chinese_People%27s_Political_Consultative_Conference (in Chinese)
52. In China rapid urbanization and the large urban-rural development gap has forced millions of workers to migrate from rural areas to cities. Often the children of these migrant workers are left behind in rural areas under the care of relatives, usually grandparents.
53. Psychological well-being in occupational subgroups is not defined in this plan. It should be included within the field of occupational health, but mental health is not mentioned in the *Code of Occupational Disease Prevention of People's Republic of China* (available at: <http://www.nhfpc.gov.cn/zhjcj/s3576/201305/bcb8d4336e8f470e85a30859fd2bd95a.shtml>, in Chinese).
54. The Comprehensive Management of Public Security Commission was established in 1991 after a series of decisions to strengthen societal stability: http://www.npc.gov.cn/wxzl/wxzl/2000-12/05/content_4548.htm (in Chinese). The evaluation of Comprehensive Management is a part of the performance evaluation of all levels of the government.
55. The full text of the Law of the People's Republic of China on the Protection of Disabled Persons is available at: http://www.gov.cn/jrzg/2008-04/24/content_953439.htm (in Chinese)
56. The Development Outline for Disabled Persons in China was a part of the 12th five-year Plan. It is available at: http://www.cdpc.org.cn/ghjh/syfzgh/sew/201106/t20110609_77997.shtml (in Chinese)
57. Annual performance evaluations are conducted by each level of the government to assess the efficiency of subordinate governmental agencies directly under their supervision. The evaluations are based on a long and ever-changing list of performance criteria. These criteria and the results of their assessment are extremely important because they affect the level of funding local governments receive from higher levels of government and because they significantly affect the promotion prospects of the local leaders. Inclusion of these mental health indicators among annual performance criteria provides strong incentives for local leaders to actively work on implementing the national plan. However, the number of points given to this particular indicator is not specified, so its relative importance compared to other health-related performance indicators is unknown.