A third cross-sectional survey undertaken two months after the second has confirmed that the prescribing level remains low, although it appears that the non-benzodiazepine hypnotic Zopiclone is being increasingly prescribed. I suggest monitoring of this compound to avoid over-usage and potential patient dependency.

There are several shortcomings to this study. Firstly the in-patient population of the Edith Morgan Centre is a rapidly changing one and it might be that people not already taking benzodiazepine hypnotics had simply been admitted, replacing those who were. This seems unlikely, particularly as the psychotic population, who made up the majority of people receiving hypnotics, changes less quickly. Secondly, the overall figures concerned are small. Thirdly, between the first and second survey, activities were instituted, which although proposed by the audit meeting, were independent of it.

Conclusion

I suggest that audit is an effective process and that substantial improvements can be effected if the use of hypnotics is reviewed, discussed and attention paid to reducing the high levels of prescribing, which may exist in in-patient psychiatric units. I would recommend regular audit of prescribing and further, larger studies to demonstrate its apparent effectiveness.

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Letter from . . .

Chengdu (*China*)

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In this personal review we discuss the contemporary issues in Chinese psychiatry, the main themes in recent Chinese literature, and current psychiatric practice in China.

Contemporary issues in Chinese psychiatry

Western psychiatry was first introduced into China at the end of the 19th century, mainly by missionaries and charities.

It is commonly acknowledged that modern Chinese psychiatry began in 1906 when the first Chinese psychiatric hospital was established. However, by 1950, it is estimated that there were only about ten psychiatric hospitals and 1100 psychiatric beds in the whole country[1,2]. At that time the total population was about 500 million. Although by the end of the 1980s there were about 7000 psychiatrists and 80,000 psychiatric beds, this provision was far less than that in developed countries, in terms of the total population served[3]. From 1980 to 1984 an epidemiological

TABLE I
The prevalence of mental disorder in 12 regions of China and their distributions in urban and rural areas (1982)[4]

Disease	*Prevalence*		*Urban*		*Rural*	
	case	*‰*	*case*	*‰*	*case*	*‰*
Schizophrenia	181	4.75	116	6.06**	65	3.42**
Mental retardation	110	2.88	39	2.04**	71	3.73**
Affective psychosis	14	0.37	6	0.31	8	0.42
Reactive psychosis	3	0.08	1	0.05	2	0.11
Cerebrovascular diseases associated with psychotic disturbance	17	0.45	13	0.68*	4	0.21*
Epileptic psychosis	16	0.42	6	0.31*	10	0.53*
Drug dependence	15	0.39	7	0.37	8	0.42
Paranoid psychosis	11	0.29	6	0.31	5	0.26
Senile dementia	11	0.29	4	0.21	7	0.37
Craniocerebral lesion associated with psychotic disorder	8	0.21	6	0.31	2	0.11
Alcohol dependence	6	0.16	4	0.21	2	0.11
Personality disorder	5	0.13	5	0.26	0	
Schizo-affective psychosis	2	0.05	0		2	0.11
Physical diseases associated with psychotic disorder	1	0.03	0		1	0.05
Alcoholic psychosis	1	0.03	0		1	0.05
Intracranial infectious psychotic disorder	1	0.03	1	0.05	0	
Total	402	10.54	214	11.19	188	9.88

*$P<0.05$, **$P<0.01$.
Total of 38,136 people aged 15 or over were studied which included 19,116 in urban and 19,020 in rural areas.

investigation of mental health was organised in China under the supervision of the World Health Organisation. In this investigation some advanced foreign methodologies were employed and a sample of 12,000 households with a population of 51,982 in 12 regions of the whole country were studied. The main issues identified by this investigation are shown in Table I.

From Table I it can be seen that the general prevalence of all types of mental disorder was 10.54‰. The prevalence of schizophrenia was the highest (4.75‰). The prevalences of schizophrenia (6.06‰) and cerebrovascular diseases associated with psychotic disturbance (0.68‰) were much higher in urban areas than those in rural areas (3.42‰ and 0.21‰, respectively), but the prevalence of mental retardation in rural areas (3.73‰) was higher than that in urban areas (2.04‰). Compared with some Western countries, the prevalence of affective psychosis is considerably lower. The possible explanations are: (1) the difference in understanding and applying diagnostic standards, Chinese psychiatrists are more strict on diagnosing affective psychosis. (2) The different attitudes towards the disease by patients and their families. Some depressions are not regarded as abnormal and the sufferers are not required to see their psychiatrists. (3) The differences in socio-cultural background. Generally speaking, people in China have different attitudes to and ways of dealing with stress and have better family support systems than in Western countries. The influence of socio-cultural factors on mental health can also be seen from the low prevalence of drug and alcohol dependence. However, these figures also clearly show there is a big gap between the needs and the available facilities for mental health care.

The main themes in recent Chinese literature

When China opened her door in the late 1970s, Chinese scholars suddenly had real opportunities for contact with the outside world and to learn from economically and scientifically advanced countries. Soon they realised how far their modern science and technology were behind the West and they felt very strongly that they must learn from Western countries. This feeling can also be seen in the field of psychiatry.

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The front gate of West China University of Medical Sciences.

1. The importing and setting up of classifications and diagnostic standards for psychiatric disorders

There was no classification or diagnostic standard for psychiatric disease published officially until 1981, although in 1958 at the First National Conference for Mental Health Care a draft of psychiatric diseases classification was discussed and agreed by the delegations. This draft was highly influenced by Russian textbooks of psychiatry. However, because this draft was not officially published, its influence on doctors' practice in China was minimal. In the 1960s, ICD-8, DSM-II and then ICD-9, DSM-III, DSM-III-R etc were introduced into China. Chinese psychiatrists started to realise the importance of psychiatric disease classification in their practice, research and international academic exchange. Since then a number of intensive studies on this subject have been carried out. After some years of research and repeated trials, three diagnostic standards for schizophrenia, manic-depressive psychosis, and neurosis were set up separately in 1981, 1984 and 1985. In 1981 the Chinese Academy of Psychiatry formally published its first *Classification of Psychiatric Disease*[5]. In 1984 and 1989 these diagnostic standards and classifications were reviewed and now a new systematic classification and diagnostic standard for psychiatric diseases is about to be published.

2. Clinical research

A notable development and change in the field of research is that most researchers and psychiatrists are very much concerned about their research methodologies, such as sampling, selecting study and control groups, double blind trial, etc. Also they are very willing to learn and to use influential structured interviews and diagnostic schedules such as DIS/DSM-III, PSE/CATEGO, SADS/RDC and rating scales such as BPRS, HAMD, HAMA, BRMS, BDI, SDS, CESD, SCL-90, SDSS, etc.

In the last decade, many Chinese psychiatrists focused their research on the mechanism, causes, and factors of psychiatric diseases and their treatment, especially of schizophrenia and affective psychoses. They have been trying to study these diseases in the biological, hereditary, biochemical, immunological, neuroendosecretory, neuroelectrophysiological and pharmacological areas. Although there have not been any breakthrough discoveries, the nature of the

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disease seems to be more clearly understood. Clearly there is still quite a long way to go.

Studies on children

Since the implementation of birth control and one-child-family policies in the 1970s, the traditional Chinese social structure and family size have been changed. Chinese psychiatrists have to face some entirely new issues such as personality development and behavioural and mental health problems of children from single-child families. At the beginning, the research emphasis was on single issues and the method employed was mainly biological. However, in recent years the focus has shifted to those comprehensive subjects, and multidisciplinary methodologies are used. Socio-cultural and psychological aspects of child mental health problems have been important and many studies have been carried out in these areas: socio-psychological analysis of mental health problems among pre-school children; follow-up studies on mental health among children from one-child families; researches on family life and childhood behavioural problems; the relationship of the educational method and the mental health of children, etc.

Studies on the elderly population

The increasing elderly population and the changing structure of traditional Chinese extended families has meant that mental health care for the elderly is becoming problematic. It used to be the family's responsibility to look after the elderly, but now in one-child families each young couple has to look after four parents and their own child. Problems such as geriatric disease, psychological stress, loneliness, depression and so on have to be faced and studied more intensively. In the meantime alternative mental health care for the elderly has to be found.

Another area which has drawn our attention is the alcoholic drinking pattern and its health-related problems in the whole country especially in some minority nationality regions. Although alcohol-related problems have never been a real issue in China, people are challenged to find out the real reasons behind it and to prevent it because of the economic reforms and changing life styles.

Current psychiatric practice in China

The commonly used drugs for schizophrenia are still the phenothiazines such as perphenazine and chlorpromazine. Haloporidol is also used. Sulpiride is a widely welcomed drug by both doctors and patients because there are fewer side effects on the extrapyramidal system and less sedative side effect. Clozapine is an alternative choice for treating some difficult cases of schizophrenia though it reduces the white-cell count.

Haloperidol or chlorpromazine are likely to be chosen for manic patients. Lithium is also widely used. Carbamazepine is a welcomed drug but because of the limited quantity imported and the high price it is not used for long-term treatment. Tricyclic antidepressants are commonly used for depression. A few psychiatrists sometimes use MAOIs. For both schizophrenic and affective psychosis ECT is still an effective treatment. The benzodiazepines are commonly used to treat neurosis.

Because of the shortage of doctors and facilities, the majority of patients, especially chronic patients, have to be cared for in their families. In many remote areas this problem is much more severe. An obvious weak point of psychiatric practice in China is less concern for psychological causes, factors in the aetiology and treatment for mental disorders. This is because the field of medicine has always been dominated by the old biological model, psychotherapy and psychodiagnosis have not only been neglected but also been criticised for a long time. With the changing attitude towards the new socio-psycho-biological model and the better understanding of socio-cultural and psychological factors on mental diseases, more and more psychiatrists are concerned with those Western approaches towards mental health. Psychotherapy, behavioural therapy, biological feedback therapy etc. are being adopted by Chinese psychiatrists. But this is only the beginning. However, it is encouraging that since the 'open-door' policy and the increasingly international academic exchanges, Chinese psychiatrists have opened their eyes and are willing to learn from outside.

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