Some people may need it, but not me, not now:

Seeking professional help for mental health problems in urban China

Juan Chen

Department of Applied Social Sciences, The Hong Kong Polytechnic University

Corresponding Author

Juan Chen, Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong. Email: ssjuanc@polyu.edu.hk.

Author Biography

Juan Chen, PhD, MSW, is an associate professor in Department of Applied Social Sciences, The Hong Kong Polytechnic University. Dr. Juan Chen's research focuses on migration and urbanization, health and mental health, and help-seeking and service use in the United States, China, and Hong Kong. Her work has appeared in *Social Service Review, Social Science & Medicine, Journal of Community Psychology, China Quarterly, Habitat International, Cities,* and *Administration and Policy in Mental Health and Mental Health Services Research*. Her current project investigates the impact of local government policies and practices on the in situ urbanization process in China, which affects the general wellbeing of formerly rural residents as well as their integration into the various facets of urban life.

Acknowledgements

The research was funded by the General Research Fund of the Research Grants Council of Hong Kong (PolyU5411/12H). The author is grateful for the collaboration of the Research Center for Contemporary China (RCCC) at Peking University during the implementation of the project. The author greatly appreciates all the respondents who participated in the research and the journal editors and reviewers for their thoughtful and detailed comments on the manuscript.

Some people may need it, but not me, not now:

Seeking professional help for mental health problems in urban China

Abstract

In recent years, various levels of the Chinese government have undertaken the task of developing new models of community-based mental health services. Greater availability and higher quality will not result in substantial improvements if those suffering from mental illnesses do not use the services. This article examines not only people's cultural perception of mental health and help seeking but also their practical concerns and preferences about mental health service provision in urban China. The study analyzes qualitative data from in-depth interviews with 50 respondents who belong to the most psychologically distressed subgroup (with the Kessler Psychological Distress Scale (K10) score ≥ 25) identified in a household survey in Beijing. While stigma about mental illness and help seeking is real and well described, most interviewees are also not aware of the availability of professional mental health services. They believe that professional services target the upper-middle and upper classes, and are outside the sphere of their daily life and socio-economic status. The interviewees do not welcome the prospect of a mental health clinic or treatment center in their neighborhood due to concerns about stigma and confidentiality; instead, they support the creation of mental health referral services and promotion programs within the community or on the Internet. The findings suggest that the development of community-based mental health services in mainland China should take into account not only the cultural constraints that make people reluctant to seek professional help but also the structural inadequacies that deter potential user groups from accessing such services.

Keywords

China, mental health, help seeking, professional service, barrier, mixed methods

Introduction

The issue of mental health is receiving growing attention in mainland China in the past two decades as people experience increasing social and economic stress. According to the World Health Organization (WHO) World Mental Health Survey conducted in 2001-2002, the estimated prevalence of mental disorders was 9.1% in Beijing and 4.3% in Shanghai (WHO World Mental Health Survey Consortium, 2004). In 2004-2005, Phillips et al. (2009) found that the adjusted one-month prevalence of any mental disorder was 17.5%, that of mood disorders was 6.1%, and that of anxiety disorders was 5.6%. More recently, the statistics released by China's National Center for Mental Health in 2009 reveal that more than 100 million Chinese (that is, one in every 13) suffer from a mental illness (Yuen, 2013).

Despite the increasing attention to mental illness, very few mainland Chinese seek professional help when they experience emotional or mental problems. Based on the 2001-2002 WHO World Mental Health Survey, Shen et al. (2006) estimated that 96.6% of people with any form of mental illness and 80.2% of those suffering from moderate to severe disorders received no treatment in the previous 12 months even in Beijing and Shanghai where both general healthcare resources and mental health services are highly concentrated. Wong and Li (2014) further report that 173 million adults in mainland China have a mental disorder but 91.3% have never received any type of professional help. Those who did seek professional help experienced long delays between the onset of mental illness and psychiatric treatment (Boey 1998), and about

three-quarters consulted an average of 3.4 caregivers before finally seeing a mental health professional (Zhang et al., 2013).

Barriers to seeking professional help for mental health problems

What are the barriers that prevent mainland Chinese from accessing professional services when they experience emotional or mental problems? The cultural barriers that deter the Chinese population in Hong Kong and overseas from seeking professional help have received a great deal of scholarly attention (Abe-Kim et al., 2007; Chen et al., 2009; Ho et al., 2008; Kung, 2004; Mo & Mak, 2009; Spencer & Chen, 2004; Spencer et al., 2010). A number of studies have also examined the impact of culture on help-seeking behaviors among residents in mainland China. Boey (1998) found that the stigma associated with psychiatric illness and a distrust of psychiatric services were the major deterrents to treatment. Shen et al. (2006) argue that stigma, poor mental health literacy, and low estimations of need all contribute to the underuse of mental health services. Wong and Li (2014) examined the impact of knowledge of mental illness, perception of the causes of mental illness, and the influence of an individual's informal network on help-seeking attitudes. Their findings (based on a household survey in Shanghai) indicate that people who endorsed the psycho-social view of mental illness (that is, mental illness is considered to be caused by psycho-social factors, such as stress, family conflict, and traumatic experience) were more inclined to seek professional help; however, the correct self-diagnosis of depression and the perceived helpfulness of close friends had a significant negative effect on predicted professional help seeking. Gong and Furnham (2014) suggest that it is not only people's limited knowledge of mental illness but also their erroneous assumption that they are possessed of sufficient

knowledge to self-diagnose that prevents them from seeking professional help. This overconfidence may be even more harmful than ignorance.

Structural barriers also account for the underuse of professional mental health services among Chinese living in Hong Kong or abroad (Ho et al., 2008; Kung, 2004; Mo & Mak, 2009). Very few studies, however, address the structural barriers pertaining to service provision that people encounter when seeking professional help in mainland China. Shen et al. (2006) note that cultural barriers are not the sole reason for the under-treatment of mental illness; limited and unequally distributed healthcare resources also play a part. Chen (2012) too recognizes that it is not just cultural attitudes, such as a reluctance to admit need, a lack of trust in professional competence, and embarrassment (loss of face) or stigma, but also concerns about service accessibility and affordability, which deter people from seeking professional help for mental health problems. The 2009 Beijing household survey confirms that the general population's tendency to seek help informally stems primarily from a refusal to recognize the need for professional help; whereas the subgroup representing the most psychologically distressed is usually deterred by concerns about affordability (Chen, 2012).

The recent development of mental health services in mainland China

Resources for mental health services have been scarce in mainland China (Gao et al., 2010). The country's mental health policy was not formulated until 1987. Because the Chinese medical system does not deal with mental health and physical health separately, psychological problems are usually treated in general healthcare clinics. During the 1990s, the healthcare system was decentralized and privatized. The reduction of government funding to hospitals also contributed to the commercialization of mental health services. The community-based mental health system

thus was largely eliminated (Pearson, 1995; Phillips, 1998). Apart from specialist consultations, professional mental health service provision is primarily hospital-based. Given the disproportionate concentration of healthcare resources in large cities (Liu et al., 2011), the current state of affairs leaves people in smaller cities, towns, and rural areas at an enormous disadvantage (Park et al., 2005; Yip, 2005a).

In October 2012, the Standing Committee of the National People's Congress of China endorsed the national mental health law, which came into effect on May 1, 2013. One of the main goals of the law is to expand access to mental health services by shifting the focus of services from specialized psychiatric hospitals in urban centers to general hospitals and community health clinics in both urban and rural communities (Phillips, 2013). Various levels of government have developed new models of inpatient and community-based psychiatric services, including the 686 Program (named after the RMB 6.86 million of funding granted by the central government in 2004), which aims to develop a system that includes monitoring, intervention, prevention, and rehabilitation management of individuals with a psychosis diagnosis. Regional governments have also introduced other initiatives to develop patient-centered community-based psychiatric services (Liu et al., 2011; Wong et al., 2014; Xiang et al., 2012).

The present study

Greater availability and higher quality of mental health services, however, will not result in substantial improvements if affected individuals do not use them. Studies of factors that influence mental health help seeking that aim to increase service use are as important as the development of better treatments or expansion of services (Phillips, 2013). Why is there strong resistance to seeking professional help for emotional or mental problems among the mainland

Chinese residents? What services are available within, or are accessible outside, their communities? What are the cultural and structural barriers that people perceive when they attempt to access professional services? What kinds of services do people actually need and prefer when experiencing emotional or mental health problems? While cultural factors have been well articulated in a number of studies concerning mental health help seeking in mainland China, structural factors pertaining to mental health service provision are inadequately addressed. In this research, we focus on not only Chinese people's cultural perception of mental health and help seeking but also their practical concerns and preferences about service provision.

The few existing studies of mental health help seeking in China rely primarily on household surveys to collect data and analyze the issues (Chen, 2012; Shen et al., 2006; Wong & Li, 2014). Surveys can reveal patterns of help-seeking behaviors among the general population; in-depth interviews are necessary to achieve a more detailed understanding of the help-seeking process, particularly among those who suffer from relatively severe psychological distress. Qualitative inquiries are essential for capturing the complexity and subtlety of help-seeking behaviors and service preferences that standardized survey instruments cannot disclose among potential user groups and in specific social and cultural context (Corin, 1995). This study analyzes qualitative data from in-depth interviews with 50 respondents who belong to the most psychologically distressed subgroup identified in a household survey in Beijing. An examination of the help-seeking behaviors of this small subset of the population will further our understanding of how structural and cultural barriers influence people's perception of professional mental health services; how these barriers can be effectively addressed; and, most importantly, how to design interventions that will succeed in the mainland Chinese context.

Methods

The study reported in this article belongs to a larger-scale research project that examines the help-seeking behaviors of urban residents in mainland China when experiencing emotional or mental problems. The project employed a mixed methods research design, which comprised a household survey in Beijing with a representative sample of 2,558 respondents and 50 in-depth interviews with the most psychologically distressed subgroup identified among the survey respondents.

Household survey in Beijing

The household survey in Beijing was completed in collaboration with the Research Center for Contemporary China (RCCC) at Peking University between July and October 2013. The target population consisted of permanent residents and migrants, aged 18 or older, residing in the urban center (within the 6th Ring Road) of Beijing, regardless their officially registered *hukou* (household registration) status. We employed spatial probability sampling technology instead of the traditional sampling frame to capture the migrant population (Landry & Shen, 2005). A total of 4,530 household addresses were sampled and 2,558 interviews were completed—a response rate of 56.5%. The average length of the survey interviews was 41.8 minutes. Survey weights were developed to adjust for unequal probabilities of selection. Post-stratification weights were calculated based on the age and gender distribution of the population of Beijing reported in the 2010 Chinese Population Census.

Mental health was assessed using the Kessler Psychological Distress Scale (K10), a ten-item questionnaire that measures psychological distress in the previous four weeks (Kessler et al., 2003). The validity of this measure has been tested for Chinese people residing in mainland

China (Chen, 2011, 2012). The Cronbach's α for the K10 was 0.93 for the study sample. The scores on the 10 items were added up and the total scores ranged from 10 to 49. The descriptive statistics of the K10 scores for the whole community sample are reported in Table 1.

[TABLE 1 ABOUT HERE]

According to the K10 scores, the mean level of psychological distress of the weighted whole community sample was 15.42, which is not very high according to the categorization used by specialists in mental health services (10–19: no significant feelings of distress; 20–24: mild levels of distress; 25–29: moderate levels of distress; 30–50: severe levels of distress). The majority of the community sample (75.41%) showed signs of good mental health (with scores under 20). A much smaller group (12.75%) scored between 20 and 24, only 4.98% scored between 25 and 29, and 4.36% scored 30 or above. Because the sample size of those respondents with a K10 score of 25 or above, which indicates moderate to severe levels of distress, was relatively small (n = 235), it was difficult to perform complex statistical analyses or make meaningful inferences. Nonetheless, this subgroup may have different help-seeking patterns and significant predictors because of their special circumstances and greater demands for services. Such patterns are important to recognize in order to best treat those in most need.

In-depth interviews with the most psychologically distressed subgroup

In addition to the household survey, we conducted separate in-depth interviews with the most psychologically distressed subgroup to further explore its members' motivations in seeking or refusing to seek help through professional means. Based on the K10 scores obtained from the household survey, we focused on those respondents with a K10 score equal to or above 25. In order to achieve a better representation of the various migrant and resident groups (i.e., Beijing

urban *hukou* residents, rural-to-urban migrants, and urban-to-urban migrants), we randomly selected half of the Beijing urban *hukou* residents who qualified, and included all of the rural-to-urban and urban-to-urban migrants who qualified. We contacted all these respondents in March and April 2014, roughly six months after the household survey, and invited them to participate in an in-depth interview. Those respondents who provided their phone numbers in the household survey were first contacted by phone. The others were visited at their home address directly. Over a two-month period, we completed 50 in-depth interviews with respondents who scored 25 or above on the K10 Psychological Distress Scale. Eighteen of the interviewees are Beijing urban *hukou* residents, 15 are urban-to-urban migrants, and 17 are rural-to-urban migrants. Table 2 presents the socio-demographic characteristics of the in-depth interview sample by migration and *hukou* status retrieved from the survey.

[TABLE 2 ABOUT HERE]

The author, together with two project staffs at RCCC and three field supervisors who worked on the household survey, discussed the sampling procedure and developed the interview protocol in Chinese (Mandarin) according to the research questions that we aim to address in this study. During the in-depth interviews, we asked semi-structured open-ended questions that concentrated on the interviewees' help-seeking behaviors; their reasons for seeking or not seeking help through professional, informal, or alternative means; their attitudes regarding professional service provision; and the kinds of social services and informal supports they find helpful. Interviewees were encouraged to elaborate when answering the questions. The English translation of the interview outline is attached in the Appendix.

The three survey field supervisors, who were very familiar with the local communities and had established initial connections with the survey respondents, contacted the selected

respondents and conducted the in-depth interviews. Most of the interviews were carried out face-to-face at the respondents' home or in the public space of their residential neighbourhood; three took place face-to-face at the respondents' workplace; only three were conducted via phone by one of the interviewers who had met the respondents during the 2013 survey. Since we already retrieved the socio-demographic characteristics from the survey and the in-depth interviews focused only on questions related to mental health and help seeking, they lasted around 20 minutes on average. All participants were compensated for the time they spent for the research. To ensure the rigor in qualitative research, the author listened to the audio record and provided immediate feedbacks after the three interviewers each conducted their first interview. As more in-depth interviews were arranged and conducted, the author checked the quality of each completed case and discussed any issues or potential problems with the three interviewers.

All in-depth interviews were audio recorded and transcribed in Chinese. During the stage of data collection, the author kept communicating with the three interviewers and identified the hypothetically significant themes as they emerged—mental health, help seeking, barrier, structure, culture, service need, service preference, etc. After completing the field work, N-Vivo, the qualitative research software, was used to manage and code the transcribed documents in Chinese using both conventional and directed coding approaches (Hsieh & Shannon, 2005). Such content analysis process allowed the researchers to focus on deriving the coding categories directly from the text data while having the flexibility to draw on existing theories and research findings. Finally, the author put together the coded data and derived the themes that reveal the help-seeking behaviors and attitudes of those respondents whose K10 scores in the household survey indicated moderate to severe levels of psychological distress. The final refined themes

and associated codes were translated into English and reviewed by another member on the research team in order to maintain qualitative rigor (Manning, 1997).

The research (both the household survey and the in-depth interviews) was approved by the internal review board of the author's home university. All the interviewees gave consent to join the study. No names or means of identification are revealed in order to protect the confidentiality of the research participants.

Findings

A common condition, rather than a mental illness

Although the interviewees were chosen based on their relatively high scores on the K10 psychological distress measure, the majority, regardless of their migration and *hukou* status, do not admit having a mental illness. They tend to lay the blame elsewhere: "I think in the current fast-paced society, some people do have mental problems; but for me, I think I am pretty healthy mentally. I am quite satisfied with myself" (Interview #50). The interviewees tended to normalize their experience of distress and consider it a common phenomenon: "Nowadays everybody has psychological problems; it is not a big deal" (Interview #21); "People always have emotional ups and downs: sometimes you feel happy, sometimes you feel distressed—this is normal" (Interview #43). One interviewee, a 27-year-old single male rural-to-urban migrant from Anhui who moved to Beijing six months ago, insisted,

> *You live in this world, there must be various kinds of issues that you need to deal with. It is not possible that you can live without any stresses. Everybody has his/her own stresses, every family has its stresses, and we have our own stresses as well.* (Interview #41)

The respondents tend not to label such stresses and distress as mental illnesses which are still quite stigmatized. The few interviewees who admitted that their mental status was not very good in the preceding year when they participated in the survey maintained, "It is a common problem. It is just that in the Chinese context nobody admits it as a mental illness" (Interview #21).

Socio-economic causes of psychological distress

The interviewees identified a number of social and economic stressors that contribute to their psychological distress, including relationships, children, elder care, health, and housing. Problems in these spheres were common to all respondents—Beijing urban *hukou* residents, rural-to-urban migrants, and urban-to-urban migrants. Other stressors were more closely associated with particular groups. For urban-to-urban migrants, the most commonly identified cause of distress was work. One 27-year-old male urban-to-urban migrant, who was a college graduate and had been working on a professional job for four years in Beijing, articulated:

> *It is mainly about work—sometimes it does not go very smoothly; sometimes I work overtime and do not get enough rest. I feel work occupies too much time. I do not have enough time left for myself and for rest. I feel very tired.* (Interview #19)

Another 27-year-old female urban-to-urban migrant, who held an associate degree and had been working in Beijing for five years, also concurred,

> *Sometimes at work, I feel I cannot fit into the environment. I am not experienced enough. After working for a whole day, I feel really tired. And then on the way back home, I have to fight to get a bit of space on a bus or in the subway. Then I feel really restless and easily irritated.* (Interview #20)

Low income is another factor that was repeatedly mentioned by both urban-to-urban and rural-to-urban migrants. As one urban-to-urban migrant baldly stated, "How do I feel? It is a feeling of no money!" (Interview #17). Another 46-year-old male rural-to-urban migrant who had been living in Beijing for 20 years attributed his poor mental health to his low income and the associated constraints on his life:

> *Mental health? Of course my mental status is not good. With a low income, I can get nothing I want. And there is no change in my life compared to ten years ago: I still cannot afford housing. For those of us at the bottom of society, it is hard to do something we would like to do or go somewhere we would like to go.* (Interview #36)

For young urban-to-urban migrants, low income also contributes to a sense of alienation in Beijing:

> *I feel quite lost after coming to Beijing. I do not have a sense of belonging.… Maybe my feeling of depression is related to my low income. The living cost increases, but the salary does not. … These are hard to change. I am striving in Beijing.* (Interview #28)

The issue of low income is particularly dire among middle-aged female rural-to-urban migrants without higher education or job skills:

> *I work really hard in Beijing but only earn little money. My kids still live in my hometown. I have to pay for their expenses. I want to bring them to Beijing but cannot afford it. … It is hard for us to find a job with a high income in Beijing.* (Interview #40)

A few rural-to-urban migrants also mentioned the stress arising from their lack of Beijing *hukou* that would allow access to health care and public schools: "We are not from Beijing, we are migrants. First, the medical expenses are really high, we cannot afford them; second, we

cannot get reimbursed" (Interview #49). One 32-year-old male rural-to-urban migrant admitted that a great deal of the pressure he endured was due to his child's disability:

> *Happy or not happy? Mentally healthy or not healthy? These questions are not useful. … Can you ask something more important and concrete? … My child has some disability. We need to get some help from the government, the Red Cross, or the China Disabled Persons' Federation. We have lived in Beijing for many years. But my kid has not been able to get into a special school.* (Interview #39)

Nonetheless, some interviewees insisted that if their practical problems were solved, they would be fine: "My biggest issues are my child and housing. If someone can help me resolve these two issues, I will be fine" (Interview #12). The issue is not mental illness:

> *One is the job stress, the other is the low income—both are work-related. The workload keeps increasing, but there is no wage increase at all. … If I could receive a salary increase, I would be fine—this is the essence of all my problems.* (Interview #20)

Some people need professional help, but not me, not now

When asked whether they ever thought about seeking help from mental health professionals, interviewees from all three groups—Beijing urban *hukou* residents, rural-to-urban migrants, and urban-to-urban migrants—responded that such services were not necessary. Their problems would go away in time, and, in any event, they preferred to deal with their issues themselves: "I never thought of seeking professional help. I think I can resolve it by myself. I always rely on myself. I do not want others to help" (Interview #7). One 30-year-old male interviewee argued that mental health was not a high priority:

I think it is good to have some psychological counseling or mental health services, but it is not necessary. If we have the resources, it is better to do something else, like a community health center. For mental health, yes, it is important, but it is not that essential. (Interview #29)

Some interviewees believed that professional services existed primarily for rich people, not for them: "I have not reached that point yet. I think it is either for people who really have serious problems or for those who are super rich—like what we see on TV" (Interview #41). Many also believed that professional service would not tackle and resolve those underlying issues that cause the distress: "It is not going to be helpful. I may feel better after talking to them. But the issue is still there. It cannot be resolved" (Interview #1). This view was echoed by another 60-year-old female interviewee who was a local Beijing *hukou* resident:

It is not useful to seek help from them. They cannot resolve my problems. As I said, my biggest issues now are my child and housing. If they can help me resolve these two issues, I will be fine. But how can they help? They do not distribute housing. They cannot help my son to find a job. (Interview #12)

Some interviewees admitted that professional services could be helpful for others: "Nowadays it is often shown on TV. I think I can accept it. But I never think about seeing such professionals myself" (Interview #1). However, they distinguished themselves from other people with 'real' mental health problems, who would be better candidates for treatment:

This [mental problem] will not happen to me. … If you do not have psychological problems, you do not need to see the professionals… But I think it will be good to have such professional services. Some people are not like me. When they are alone for a long

time, they may not like to get in touch with others, they may have psychological problems. I think such people should consult professionals. (Interview #5)

Others did not entirely dismiss the possibility of seeking professional help if their situation deteriorated:

How should I say this? I think I have not reached the point that I need to seek professional help. But if someday, I really get depressed, I think I will go and seek professional help. (Interview #43)

Of the 50 interviewees, only one sought professional help from a psychologist. He himself was quite interested in psychology and mental health counseling, but he commented that the professional treatment he received was not very effective:

It is not that helpful. The professional just followed the templates. There is nothing tailor-made for each individual. Basically, she just did the tests and then asked some questions that were not relevant. And the questions were very concrete ones, so I knew what her intention was right away. (Interview #3)

Another interviewee mentioned that she once talked to a friend who was a professional psychologist and it was very helpful: "He could understand my psychological distress and provide some solutions, which was very good." Still, she insisted, "We talked as friends, not as doctor and client. That is the precondition that makes it helpful" (Interview #11).

Accessibility of professional services

Most interviewees, regardless of their migration and *hukou* status, had no experience of professional mental health services: "I don't know where they are. I've never seen such clinics or care centers around" (Interview #2). One interviewee who was a local Beijing *hukou* resident

even doubted their existence: “I saw it in movies in Hong Kong. Do we really have such thing in China?” (Interview #6). A few interviewees who considered seeking professional help for their emotional or mental issues did not do so because they assumed it would not be available in China:

> *Mental health professionals? I have thought about [seeking help from them], but I never made an effort to look for them, because I feel only other countries have such professionals. It is not popular in China; it is hard to find them in China.* (Interview #46)
>
> *I feel it is not very convenient. There is no professional service provided near either my workplace or my home. If there was, I might go and seek help there. Also, I need to work. I don’t think I would have enough time to line up and register.* (Interview #4)

Affordability of professional services

Even though most of the interviewees across the three migrant and resident groups had no experience of professional mental health services, many assumed it was unaffordable: “I think it would take a lot of time, and it wouldn’t be cheap” (Interview #19). They saw such services as reserved for the rich and out of reach for the working class: “The first thing I thought about was the cost. It must be very expensive, more expensive than seeing general doctors. We are just ordinary retired workers. We cannot afford it at all” (Interview #2). These assumptions are created and reinforced by television:

> *It belongs to high-end consumption. I don’t have any direct experience of it. I have an impression from watching TV. I think this is not what we, as working class people, could afford.* (Interview #43)

I guess it must be very expensive, because I've seen it on TV. The psychologist charges by the hour or even minute. There is an alarm clock there. Ding—when the time is up, the client will have to pay. I cannot accept this. It is like for every second, you will have to pay. … You have to pay by second! (Interview #41)

Concerns about future service provision

When asked about future service provision, most interviewees again, regardless of their migration and *hukou* status, did not welcome the idea of having a mental health facility nearby: "It is better not to have such a clinic or center in the neighborhood" (Interview #11). A neighborhood locale, they felt, would threaten confidentiality:

My understanding is that if someone is going to see a mental health professional, probably his/her problem is very serious. If it is just a simple issue, there is no need to see a psychologist or psychiatrist. And the psychologist or psychiatrist will not tell others. They will not disseminate any information. But, what if someday, they reveal the case to others? I worry about that. (Interview #41)

This concern stems from the interviewees' experience in the general healthcare system: "I am not satisfied with the privacy protection of the general healthcare system as a whole" (Interview 3); "Confidentiality is important. Don't make it like going to see a general doctor in the hospital—many people are around and watching, which is not good" (Interview #18).

Related to the issue of confidentiality is the embarrassment or stigma that is a major cultural barrier to professional help seeking among the Chinese population. One 22-year-old female interviewee described her experience:

I felt that at the beginning, it was just a trivial issue that I could not resolve by myself. Then I went to see a psychologist, we chatted, and she helped me think through it. And then my colleagues and friends found it out. 'Oh, she went to see a psychologist. She has got a mental disorder!' And eventually I would be described as a psychotic. (Interview #43)

Suggestions for future service development

Most interviewees across the three migrant and resident groups supported two initiatives to encourage professional mental health service provision. The first is better promotion work at the community level. There should be information on mental health readily available in the neighborhood:

I think the community should have such a reference list of the addresses of psychological counseling centers or mental health clinics. At least when we encounter problems, we know where to go. (Interview #2)

I think within the community, the neighborhood committee or other government agencies could do more promotion work about mental health, so that we can have a better understanding of our own mental health status. They can also outline some approaches for seeking help. I think this type of promotion should be broadened. It would be helpful for many people. (Interview #30)

The second initiative was the creation of on-line services:

There is something that can be done on the Internet. You provide some questions and answers for psychological counseling. For instance, if someone is not willing to communicate with others, he may stay at home alone. He can click on those questions on

the Internet and the answers will be provided. I think this may be good for someone who is not willing to contact others or chat with others. (Interview #5)

In addition to ensuring confidentiality, one 28-year-old male rural-to-urban migrant interviewee particularly mentioned that Internet counseling would allow users to take time to consider their answers:

Online forums or online instant communications, such as QQ, may be useful. Writing online would be better than talking to someone face to face or over the phone, because it would allow me to have more time to think about the wording so that I can describe the situation more clearly. (Interview #35)

Discussion

This study analyzes qualitative data from in-depth interviews with 50 respondents who belong to the most psychologically distressed subgroup identified in a household survey in the urban area of Beijing. The interviews focus on the respondents' perceptions of mental health and help seeking as well as their practical concerns and preferences about service provision. The findings reinforce the arguments made in existing studies concerning the conventional cultural interpretation of mental health and help seeking in China, such as a psycho-social interpretation of mental illness, a reluctance to admit need, a lack of trust in professional competence, and embarrassment (loss of face) or stigma (Chen, 2012; Kleinman, 1986; Kolstad & Gjesvik, 2014; Yip, 2005b; Wong & Li, 2014). The findings also provide timely and useful input for the further development of community-based mental health services in mainland China.

Perceptions of mental health and professional help seeking

Most of the interviewees in this study attribute their mental health problems to personal and social stress. These problems are viewed as common—misfortunes that could befall anyone—and not serious enough for professional treatment. Some respondents particularly the migrants without Beijing urban *hukou* attributed their mental distress to socio-economic conditions—job stress and low income—which are outside the scope of mental health care. Such normalization of the socio-economic causes of mental illness, on the one hand, reflects the growing knowledge and consciousness about the social and economic pressure and the associated psychological distress that people experience in today's China. The social determinants of mental health are accurately identified in this perspective, which shall be addressed beyond the mental health care system. On the other hand, the non-psychiatric labeling of distress can be regarded as a strategy employed by the respondents to avoid potential negative attitudes; though such strategy has also been identified as a cultural barrier that prevents people from seeking necessary help from professional services (Yang et al., 2012).

Most interviewees, regardless of their migration and *hukou* status, prefer to deal with their mental health problems themselves and never thought of seeking professional help. Given the increasing knowledge and consciousness about experience of distress, self-reliance or forbearance coping is still a significant and robust predictor for not using professional mental health services. Such coping strategy has been previously identified as a cultural barrier to help seeking in other social contexts but has not been well articulated in the case of mainland China (Chang, 2015; Ortega & Alegria, 2002; Wei et al., 2012). Our findings confirm that this is also the case in urban China. Nonetheless, some respondents in this study express an open attitude towards other people's seeking professional help if needed, consider it appropriate and necessary, and do not associate it with any stigmatized belief. Such finding may well indicate the growing

acceptance towards mental health treatment at the societal level, though it may still be difficult to apply the same rules to oneself.

Although most of the interviewees had no direct contact or actual experience with mental health professionals, their image of these people (particularly psychological counselors and psychotherapists) is quite stereotypical—a portrait derived from television shows and movies produced in Hong Kong and other developed countries. They view professional mental health services as something reserved for the upper-middle and upper classes, not ordinary people. They assume that these services would demand a great deal of time and money, which they can ill afford. The findings are interesting but not surprising given that our respondents include not only Beijing urban *hukou* residents but also rural-to-urban migrants and urban-to-urban migrants, whose socio-economic status represents the majority of the population. These findings also clearly reflect the current situation in mainland China: the lack of community-based mental health services, the scarcity of well-trained mental health professionals, the inadequate healthcare coverage for service use, and the unequal access to health care and services (Wong et al., 2014). These are the structural factors that obstruct easy access to professional mental health services for ordinary Chinese people. In addition to the cultural reluctance, such structural and practical barriers further prevent people from seeking the help they need and shall be tackled in the future development of community-based mental health services in mainland China.

Developing mental health services in mainland China

The current model being developed and promoted in urban China, particularly in Beijing as we observed during our field trips, is mental health services attached to general community health centers. The current target service users are mainly patients with severe mental illnesses

(schizophrenia and bipolar disorder) discharged from psychiatric hospitals or mental health treatment centers. The existing services focus on patients' mental health monitoring and rehabilitation. Mental health referral services and promotion programs targeting the general public or potential users at the community level are rarely provided. This explains why most of the respondents in our study are not aware of the mental health services attached to the general community health center even if they exist in their residential area. Meanwhile, even within Beijing, the healthcare resources are disproportionally concentrated in some districts and the levels of development are quite uneven; certain mental health rehabilitation services are only available to Beijing *hukou* residents. These further reduce the accessibility of professional mental health services to potential users, particularly the migrant groups.

When asked about what kinds of mental health related services they would like to have in their residential neighborhood or the nearby area, the interviewees in the study—both Beijing *hukou* holders and migrants—did not welcome the idea of having a mental health clinic or treatment center in their neighborhood. They did, however, endorse more mental health referral services and promotion programs at the community level. Online information dissemination and service provision also have the potential to target certain groups. Such service preferences reflect the embarrassment and stigma associated with seeking professional help for mental health problems, as well as the concern about inadequate safeguards to preserve confidentiality (Chen & Zhu, 2015). In addition to the actual development of mental health referral services and promotion programs at the community level, efforts should also be made to reduce the stigma associated with mental illness and service use. The endorsement of the first national mental health law is a major step in the protection of the human rights of people with mental disorders in China, but its effects have yet to be measured (Wong et al., 2014). To address the issue of

unequal access and lack of confidentiality, interventions should further be taken at the healthcare planning and service development level to ensure that all potential users—both local *hukou* holders and migrants—could navigate the mental health referral, treatment, and rehabilitation systems with ease and privacy is well protected and maintained throughout the systems.

There is clearly an urgent need for mental health service provision and well-trained mental health practitioners in China (Gao et al., 2010). Development of a community-based mental health service is at a crossroads (Tse et al., 2013). While stigma is still real and well described, people indeed are becoming more and more knowledgeable and conscious about the social and economic stresses and the associated psychological distress they are experiencing; some respondents even expressed open attitudes towards others' seeking professional help for mental health problems. It is also quite encouraging that many participants in the study described the wish for mental health promotion programs at the community level as well as online resources. Effective development of mental health services must take into account not only the cultural constraints that discourage mainland Chinese people from seeking professional help but also the structural inadequacies that make such help difficult for all socio-economic groups to access. Only social services that the participants deem appropriate to meet their needs are likely to succeed and sustain in and beyond the mainland China's context.

Study limitations and future research

A few limitations of the study must be noted as we conclude. First, we used the Kessler Psychological Distress Scale (K10) as the screening instrument for psychological distress in the study. Although the scales were designed to be sensitive around the threshold for the clinically significant range of the distribution of non-specific distress and perform quite well to

discriminate cases of serious mental illness from non-cases, the screening does not necessarily constitute a clinical diagnosis (Kessler, et al., 2003). Therefore, we cannot assume that all respondents in our study are reluctant to seek help for a clinical disorder. Some of them may be accurate in concluding that they do not need any mental health professional help. Many talked about distress from social issues, from housing to finance to being a migrant, which accurately reflects the lack of social assistance, affordable housing for the low-income and migrants in Beijing, as well as other issues that are not in the domain of mental health professionals, particularly psychiatrists and psychologists in clinics. In addition to mental health service provision, these issues need to be tackled through the development of social work services, migrant support programs, and other social policy solutions.

Second, after all interviews were completed and transcribed and the major themes were identified, the final coding of the transcripts was handled by the author one person because of the constraint on manpower capacity. In addition, the transcripts were developed in Chinese. The final refined themes and associated codes were translated into English. There was no back-translation involved. Although another member on the research team helped review the final refined themes and associated codes quoted in the manuscript to ensure qualitative rigor, it would be ideal if the final coding could be conducted by two persons simultaneously and translation and back-translation could be carried out during the data analysis process to enhance reliability.

Third, this study reports findings based on the qualitative interviews that belong to a larger-scale research project examining the mental health help-seeking behaviors of urban Chinese. The project employed a mixed methods research design, which also comprised a household survey in Beijing. Thus, the in-depth interview questions were developed based on the

initial survey results and the exploratory nature of qualitative research was constrained to some extent. On the other hand, only through the household survey, we were able to identify the most psychologically distressed subgroup and then approach them for an in-depth interview. The survey also provides information about the respondents' socio-demographic and other background characteristics which we used to select a balanced sample among the different migrant and resident groups. Nonetheless, future studies concerning this potential mental health help-seeking group could be conducted through other recruitment strategies and involve more exploratory questions and approaches.

Despite the limitations noted above, this study provides a provocative and informative glimpse into mental health and help seeking in the mainland China's context. The findings based on in-depth interviews with respondents who belong to the most psychologically distressed subgroup identified through a household survey underscore both people's cultural perception of mental health and help seeking and their practical concerns and preferences about professional mental health service provision. The implications are critical to the policy decisions and practice interventions that aim to reduce existing barriers to mental health service use and achieve sustainable improvement in community-based mental health service provision in urban China.

References

Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., . . . Alegría, M. (2007). Use of Mental Health–Related Services among Immigrant and U.S.-Born Asian Americans: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97*(1), 91-98.

Adams, J., & Hannum, E. (2005). Children's Social Welfare in China 1989–1997. *The China Quarterly, 181*, 100–122.

Boey, K. W. (1998). Help-seeking Pattern of Psychiatric Outpatients in Urban China. *International Journal of Psychiatric Nursing Research, 4*(1), 433-443.

Chang, J. (2015). The Interplay Between Collectivism and Social Support Processes Among Asian and Latino American College Students. *Asian American Journal of Psychology, 6*(1), 4–14.

Chen, A. W., Kazanjian, A., & Wong, H. (2009). Why Do Chinese Canadians Not Consult Mental Health Services: Health Status, Language or Culture? *Transcultural Psychiatry, 46*(4), 623-641.

Chen, J. (2011). Internal Migration and Health: Re-examining the Healthy Migrant Phenomenon in China. *Social Science and Medicine, 72*(8), 1294-1301.

Chen, J. (2012). Seeking Help for Psychological Distress in Urban China. *Journal of Community Psychology, 40*(3), 319-341.

Chen, J., & Zhu, S. (2015). Online Information Searches and Help Seeking for Mental Health Problems in Urban China. *Administration and Policy in Mental Health and Mental Health Services Research*, DOI: 10.1007/s10488-10015-10657-10486.

Corin, E. (1995). The Cultural Frame: Context and Meaning in the Construction of Health. In

Amick, B. C. III, Levine, S., Tarlov, A. R., & Walsh, D. C. (Eds.), Society and Health, Oxford University Press, pp. 272–304.

Gao, X., Jackson, T., Chen, H., Liu, Y., Wang, R., Qian, M., & Huang, X. (2010). There Is a Long Way to Go: A Nationwide Survey of Professional Training for Mental Health Practitioners in China. *Health Policy, 95*(1), 74-81.

Gong, A. T., & Furnham, A. (2014). Mental Health Literacy: Public Knowledge and Beliefs about Mental Disorders in Mainland China. *PsyCh Journal, 2014*(3), 144-158.

Ho, K. P., Hunt, C., & Li, S. L. (2008). Patterns of Help-seeking Behavior for Anxiety Disorders among the Chinese Speaking Australian Community. *Social Psychiatry and Psychiatric Epidemiology, 43*(11), 872-877.

Hsieh, H. F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research, 15*(9), 1277–1287.

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., . . . Zaslavsky, A. M. (2003). Screening for Serious Mental Illness in the General Population. *Archives of General Psychiatry, 60*(2), 184-189.

Kleinman, A. (1986). *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China*. New Haven, CT: Yale University Press.

Kolstad, A., & Gjesvik, N. (2014). Collectivism, Individualism, and Pragmatism in China: Implications for Perceptions of Mental Health. *Transcultural Psychiatry, 51*(2), 264-285.

Kung, W. W. (2004). Cultural and Practical Barriers to Seeking Mental Health Treatment for Chinese Americans. *Journal of Community Psychology, 32*(1), 27-43.

Landry, P. F., Davis, D., & Wang, S. (2010). Elections in Rural China: Competition without Parties. *Comparative Political Studies, 43*(6), 763–790.

Landry, P. F., & Shen, M. (2005). Reaching Migrants in Survey Research: The Use of Global Positioning System to Reduce Coverage Bias in China. *Political Analysis, 13*(1), 1-22.

Liu, J., Ma, H., He, Y.-L., Xie, B., Xu, Y.-F., Tang, H.-Y., . . . Yu, X. (2011). Mental Health System in China: History, Recent Service Reform and Future Challenges. *World Psychiatry, 10*(3), 210-216.

Manning, K. (1997). Authenticity in Constructivist Inquiry: Methodological Considerations without Prescription. *Qualitative Inquiry*, *3*(1), 93-115.

Mo, P. K. H., & Mak, W. W. S. (2009). Help-seeking for Mental Health Problems among Chinese: The Application and Extension of the Theory of Planned Behavior. *Social Psychiatry and Psychiatric Epidemiology, 44*(8), 675-684.

Ortega, A. N., & Alegría, M. (2002). Self-Reliance, Mental Health Need, and the Use of Mental Healthcare Among Island Puerto Ricans. *Mental Health Services Research, 4*(3), 131-140.

Park, L., Xiao, Z., Worth, J., & Park, J. M. (2005). Mental Health Care in China: Recent Changes and Future Challenges. *Harvard Health Policy Review, 6*(2), 35-45.

Pearson, V. (1995). *Mental Health Care in China: State Polices, Professional Services and Family Responsibilities*: London: Gaskell.

Phillips, M. R. (1998). The Transformation of China's Mental Health Services. *The China Journal,* (39), 1-36.

Phillips, M. R. (2013). Can China's New Mental Health Law Substantially Reduce the Burden of Illness Attributable to Mental Disorders? *The Lancet, 381*(9882), 1964-1966.

Phillips, M. R., Zhang, J., Shi, Q., Song, Z., Ding, Z., Pang, S., . . . Wang, Z. (2009). Prevalence, Treatment, and Associated Disability of Mental Disorders in Four Provinces in China during 2001-05: An Epidemiological Survey. *The Lancet, 373*(9680), 2041-2053.

Shen, Y., Zhang, M., Huang, Y., He, Y., Liu, Z., Cheng, H., . . . Kessler, R. C. (2006). Twelve-month Prevalence, Severity, and Unmet Need for Treatment of Mental Disorders in Metropolitan China. *Psychological Medicine, 36*(2), 257-267.

Spencer, M. S., & Chen, J. (2004). Effect of Discrimination on Mental Health Service Utilization among Chinese Americans. *American Journal of Public Health, 94*(5), 809-814.

Spencer, M. S., Chen, J., Gee, G. C., Fabian, C. G., & Takeuchi, D. T. (2010). Discrimination and Mental Health-Related Service Use in a National Study of Asian Americans. *American Journal of Public Health, 100*(12), 2410-2417.

Tse, S., Ran, M.-S., Huang, Y., & Zhu, S. (2013). The Urgency of Now: Building a Recovery-Oriented, Community Mental Health Service in China. *Psychiatric Services, 64*(7), 613-616.

Wei, M., Liao, K. Y.-H., Heppner, P. P., Chao, R. C.-L., & Ku, T.-Y. (2012). Forbearance Coping, Identification with Heritage Culture, Acculturative Stress, and Psychological Distress among Chinese International Students. *Journal of Counseling Psychology, 59*(1), 97-106.

WHO World Mental Health Survey Consortium. (2004). Prevalence, Severity, and Unmet Need for Treatment of Mental Disorders in the World Health Organization World Mental Health Surveys. *Journal of the American Medical Association, 291*(21), 2581-2590.

Wong, D. F. K., & Li, J. C. M. (2014). Cultural Influence on Shanghai Chinese People's Help-Seeking for Mental Health Problems: Implications for Social Work Practice. *British Journal of Social Work, 44*(4), 868-885.

Wong, D. F. K., Zhuang, X. Y., Pan, J.-Y., & He, X. S. (2014). A Critical Review of Mental Health and Mental Health-related Policies in China: More Actions Required.

International Journal of Social Welfare, 23(2), 195-204.

Xiang, Y.-T., Yu, X., Sartorius, N., Ungvari, G. S., & Chiu, H. F. K. (2012). Mental Health in China: Challenges and Progress. *The Lancet, 380*(9855), 1715-1716.

Yang, L. H., Lo, G., WonPat-Borja, A. J., Singla, D. R., Link, B. G., & Phillips, M. R. (2012). Effects of Labeling and Interpersonal Contact upon Attitudes towards Schizophrenia: Implications for Reducing Mental Illness Stigma in Urban China. *Social Psychiatry and Psychiatric Epidemiology, 47*(9), 1459-1473.

Yip, K.-S. (2005a). A Historical Review of the Mental Health Services in the People's Republic of China. *International Journal of Social Psychiatry, 51*(2), 106-118.

Yip, K.-S. (2005b). Chinese Concepts of Mental Health: Cultural Implications for Social Work Practice. *International Social Work, 48*(4), 391-407.

Yuen, L. (2013). Unable to Cope: China's Inadequate Care of the Mentally Ill. *The Atlantic, July 29, 2013.* Retrieved on 14 May 2015, from http://www.theatlantic.com/china/archive/2013/07/unable-to-cope-chinas-inadequate-care-of-the-mentally-ill/278170/.

Zhang, W., Li, X., Lin, Y., Zhang, X., Qu, Z., Wang, X., . . . Tian, D. (2013). Pathways to Psychiatric Care in Urban North China: A General Hospital Based Study. *International Journal of Mental Health Systems, 7*, 22.

Table 1. Descriptive statistics of the Kessler Psychological Distress Scale (K10) scores for the whole community sample: household survey in Beijing (N = 2,558)

	Mean /Frequency	Standard errors/ Weighted percentage
K10 psychological distress (10–49, mean)	15.42	0.27
K10 psychological distress (categories, %)		
10-19	1,942	75.41
20-24	317	12.75
25-29	125	4.98
30 or above	110	4.36
Missing	64	2.50

Note: Survey design effects (strata, cluster, and individual weights) are adjusted in the mean estimations.

Table 2. Descriptive statistics of the in-depth interview sample (N = 50)

	Beijing urban *hukou* residents (n = 18)	Urban-to-urban migrants (n = 15)	Rural-to-urban migrants (n = 17)
Age (18–90, mean)	45.44 (3.40)	30.93 (1.26)	31.06 (2.59)
Gender (female, %)	50.00	53.33	41.18
Marital status (married, %)	66.67	73.33	47.06
Years living in Beijing (0.5–90, mean)	45.44 (3.40)	7.60 (0.88)	5.35 (1.31)
Years of schooling (0–23, mean)	10.82 (1.00)	15.13 (0.73)	10.82 (1.08)
Occupation (professional/managerial, %)	16.67	53.33	11.76
Household wealth (0–10, mean)[a]	6.61 (0.56)	6.20 (0.38)	3.59 (0.57)
Homeownership (home owner, %)	72.22	20.00	0.00

Note: Means or percentages are reported; standard errors in parentheses.

[a] To estimate household wealth, we used an index which is the sum of ownership of motor cycle, car, refrigerator, LCD TV, computer, smart phone, washing machine, water dispenser, piano, and artworks or antiques, ranging from 0 to 10. Similar indices have been used by Landry et al. (2010) and Adams and Hannum (2005).

Appendix

In-depth interview outline

These questions for the in-depth interview concentrate on the interviewees' help-seeking behaviors; their reasons for seeking or not seeking help through professional, informal, or alternative means; their attitudes regarding professional service provision; and the kinds of social services and informal supports they find helpful.

1. How would you describe your emotional or mental health status in the past 12 months?
2. What things or events happened in the past 12 months that influenced your emotional or mental health status?
3. How did you resolve your emotional problems or mental distress in the 12 months?
4. Have you ever sought help for emotional problems or mental distress from any mental health professionals (e.g., psychiatrists, psychologists, psychotherapists, social workers)? If yes, please share with us your experience.
5. If not, have you ever thought of seeking help from these mental health professionals? Why or why not?
6. If mental health related services are to be provided in your residential neighborhood or the nearby area, what kind of services do you expect to have?
7. If mental health related services are to be provided via the Internet, what kind of services do you expect to have?
8. Any other thoughts or suggestions that you have about mental health related services?