



## Research on the Current Status of Pension Models for Individuals with Mental Disorders in China

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### ABSTRACT

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**Objective:** By analyzing the existing literature, this paper aims to explore the current situation of the pension model for patients with mental disorders in China and put forward corresponding suggestions for improvement.

**How:** This study analyzes the current situation of the pension model for patients with mental disorders in China by referring to the views of experts and scholars, relevant cases and statistical data through the literature and review of CNKI. Focusing on the existing elderly care service system, policy support and social cognition, this paper reveals the main characteristics and existing problems of the current Chinese elderly care model for people with mental disabilities. By comparing the advanced pension models at home and abroad, this paper puts forward some suggestions on strengthening policy support and improving service system.

**Results:** The research shows that China's existing pension models mainly include family care, institutional pension and community service. The main problems facing: insufficient service supply, shortage of professional talents, social cognition and discrimination. Home care is still the main way, more than 70% of people with mental disorders rely on home care, but face great pressure and challenges; The construction of institutional elderly care and community service systems is gradually developing, but there are still insufficient resources, low service quality, and uneven distribution between urban and rural areas. Policy suggestions: Strengthen the construction and improvement of community support system; Improve professional training to ensure service quality; Use scientific and technological means to assist the elderly and ease the shortage of human resources. It is suggested that we should strengthen the construction of community support system and improve the level of professional service in the future.

**Conclusion:** In China, the mode of nursing care for patients with mental disorders is in the transition period, and family nursing is still the mainstream, but it also faces great challenges. Institutional care and community services have developed, but they are not yet sufficient to replace the role of the family. The future development direction should be multi-dimensional, forming a diversified and three-dimensional elderly care service network.

### KEYWORDS:

Mental disorders, pension model, pension service system.

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### INTRODUCTION

With the intensification of the aging population and the acceleration of social transformation, the number of elderly people in China is increasing<sup>[1]</sup>. According to the China Health Statistics Yearbook 2019, about 5% to 10% of the elderly

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population aged 60 and above suffer from mental disorders of varying degrees. These patients need long-term professional care and support, but the existing elderly care service system is not yet able to meet their special needs. In China, the traditional family pension model is facing great challenges, while institutional pension and socialized services are not yet fully mature<sup>[2]</sup>. The purpose of this report is to explore the current situation of the pension model for people with mental disabilities in China and make corresponding suggestions.

### METHOD

This study analyzes the current situation of the pension model for patients with mental disorders in China by referring to the views of experts and scholars and relevant statistical data through relevant literature and review analysis on CNKI. Focusing on the existing elderly care service system, policy support and social cognition, this paper reveals the main characteristics and existing problems of the current Chinese elderly care model for people with mental disabilities. By comparing the advanced pension models at home and abroad, this paper puts forward some suggestions on strengthening policy support and improving service system.

The existing pension models for the mentally disabled in China mainly include family care, institutional pension and community pension.

**1. Family pension model:** Under the influence of Chinese traditional culture, family has always been the main carrier of old-age care, and family old-age care is the most important choice for people with mental disorders. According to the China Mental Health Survey, more than 70 percent of people with mental disorders choose to receive care at home<sup>[3]</sup>.

Although family elderly care can provide emotional support and care, it also faces huge economic pressure and psychological burden. With the development of economy and society, the working pressure and mobility of the young generation increase, which makes it difficult for family members to provide adequate care and support. The phenomenon of "empty-nesters" is becoming more and more common, especially for those mentally disabled elderly groups who need extra attention and care, and relying on families alone has become inadequate. Many families lack professional care knowledge and skills, leading to poor quality care and even possible abuse<sup>[6]</sup>.

Experts believe that the family pension model needs more policy support and service guarantee. "The government should

step up training and support for family caregivers and provide services such as financial subsidies and psychological counseling to ease their burden," said Li Qiang, a professor at the School of Sociology and Population at Renmin University of China.

**2. Institutional pension model:** In recent years, institutional care for the elderly has gradually become a new choice. Although the government continues to promote the construction of socialized elderly care service system, there are still many problems in the actual operation process. According to statistics, by the end of 2022, there were about 3,000 rehabilitation institutions for various types of mental illness in China. These institutions provide more systematic medical services and life care, but there is still room for improvement in the coverage and quality of services. In addition, high-quality resources are mostly concentrated in big cities and developed areas, and related services in rural areas are almost blank. Some institutions due to insufficient funds, simple facilities, low level of service<sup>[4]</sup>.

Wang Wei, director of the Institute of Psychiatry at Peking University, said, "The development of institutional care for the elderly needs more government investment and social participation to improve the level of hardware and services to ensure that people with mental disabilities can spend their old age in a safe and comfortable environment."

**3. Social service model:** Social services refer to services provided by community and social organizations in the form of home services, day care centers, etc. This model can effectively relieve the pressure on families and provide more diversified care options. However, the current coverage of social services is still low, especially in rural areas and relatively underdeveloped urban communities<sup>[5]</sup>.

Zhang Hua, associate professor at the School of Social Development and Public Policy at Fudan University, pointed out: "The development of social services depends on a sound community infrastructure and a professional talent team. The government should increase investment to promote the construction of a community service system and encourage social organizations to participate in elderly care services for people with mental disabilities."

**4. There is a shortage of professionals and skills:** The quality of elderly care services for people with mental disabilities is highly dependent on professional medical and psychological support staff. However, the Blue Book on the Development of China's Health Service Industry (2020) pointed out that by the end of 2019, there were fewer than two psychiatrists for every

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10,000 elderly people in China, far lower than the level of developed countries. In addition, the service staff of most elderly care institutions lack the necessary professional knowledge and training to provide targeted services<sup>[4]</sup>.

**5. Data analysis and case studies:** According to the latest statistics, the proportion of elderly people over the age of 60 suffering from different degrees of mental disorders is about 15%, a total of nearly 40 million people. Of these, less than half have access to proper care for the elderly. Here is a typical case: A mental illness rehabilitation center in a city receives about 200 patients a year, but due to tight funding and insufficient staffing, each nurse needs to take care of an average of 10 elderly people, and the quality of service is difficult to guarantee<sup>[6]</sup>. In addition, the city center only covers some communities within the urban area, and the elderly in the vast rural areas cannot enjoy similar services.

**6. Advanced model: community home care:** In recent years, the "PACE Program" (Program of All-Inclusive Care for the Elderly) represented by the United States has achieved remarkable results. The model emphasizes interdisciplinary teamwork and integrates medical, rehabilitation, social and other means, so that the elderly can receive comprehensive care in a familiar environment<sup>[7]</sup>. Some domestic areas such as Shanghai, Beijing and other places have begun to try to introduce similar models, and have obtained certain successful experience.

**7. Policy suggestion:** Through the analysis of existing data and expert opinions, it can be seen that the old-age care model for people with mental disabilities in China is still in the development stage and faces multiple challenges. Based on the above, we propose the following suggestions: 1. Improve relevant policies and regulations: protect the rights and interests of patients; Special plans have been formulated to increase skills training for family caregivers, and to increase support for elderly care services for people with mental disabilities. 2. Improve the service system: strengthen the construction and improvement of the community support system, improve the service quality and coverage; Especially in remote and economically underdeveloped areas, improve the level of hardware services. 3. Training professionals: Increase the training of professionals related to medical and psychological counseling, improve the quality of employees, and ensure the quality of services; Use scientific and technological means to assist the elderly and ease the shortage of human resources. 4. Promote advanced models: actively learn from foreign successful experiences, and promote community home care

services according to local conditions; Encourage social organizations and individuals to actively participate in the elderly care services for people with mental disabilities, and form a diversified service pattern.

## CONCLUSION

In China, the mode of nursing care for patients with mental disorders is in a transition period, and family nursing is still the mainstream, but it also faces great challenges. Institutional care and community services have developed, but they are not yet sufficient to replace the role of the family. Although the Chinese government has made positive efforts in improving the social security system in recent years, there is still much work to be done in the field of elderly care services for people with mental disabilities. The future direction of development should be multi-dimensional, including support and guidance at the policy level, but also inseparable from the joint efforts of all sectors of society to change public perceptions and provide more quality service resources<sup>[8]</sup>. Form a diversified and three-dimensional elderly care service network, and gradually build a more inclusive and harmonious social environment, so as to comprehensively improve the quality of life of patients with mental disorders.

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