Around the World

Development of Geriatric Psychiatric Services in Mainland China: History and Future Outlook

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1. The first geriatric psychiatric department in China was established at Shanghai Mental Health Hospital in 1982 and has achieved several breakthroughs over the past decades.

2. The geriatric psychiatry department at Shanghai Mental Health Hospital has implemented a three-tiered system in collaboration with community service partners to address the mental health needs of community-dwelling older adults.

3. The aim of this system is to implement a full-course management model that includes community screening and support, access to specialist services, and personalized mental health care for older adults.

China is aging rapidly, especially in cities like Shanghai, where over 34% of the population were aged 60 and above. This demographic shift presents numerous challenges, including a significant burden of mental health issues among older adults, such as neurocognitive disorders, depression, anxiety, and sleep disorders.

The field of geriatric psychiatry in China faced many hurdles from its inception. The first department dedicated to this specialty was founded in 1982 at the Shanghai Mental Health Center. Since then, geriatric psychiatry departments have been established in mental health hospitals across the country. Initially, these departments utilized a closed ward system to manage severe dementia and other mental conditions in the older population. However, the demanding nature of the work and relatively low compensation have made the specialty less attractive. Additionally, due to the lack of elder care support, families often leave their loved ones in these wards for long periods, effectively transforming them into "psychiatric nursing homes." This situation not only wastes professional medical resources but also hinders the specialty's development.

In response to these challenges, some mental health hospitals reduced the number of beds dedicated to elderly psychiatric care, while others have transitioned to open wards. These changes have led to fewer admissions for older patients with severe or complex conditions. Consequently, the scope of geriatric psychiatric care is increasingly aligning with general psychiatry, focusing primarily on treating older patients with "functional" psychiatric disorders, such as depression and...
anxiety. Meanwhile, patients with serious mental and behavioral problems are often restricted to outpatient care.

Both the concept of "psychiatric nursing homes" and the alignment with general psychiatry have hindered the progress of the geriatric psychiatry discipline. To overcome these barriers, the staff of the Geriatric Psychiatry Department at Shanghai Mental Health Center pioneered a breakthrough approach. By establishing a medical-care alliance and implementing home care support and strengthened outpatient and liaison consultations, they transformed the department. This transformation turned the "psychiatric nursing home" into a specialized department for handling difficult and severe cases of geriatric mental disorders, increasing the bed turnover rate by 15 times.

In collaboration with 16 district-level mental health centers in Shanghai, the geriatric staff at Shanghai Mental Health Center has formed an alliance with home care support organizations and elder care facilities. This alliance aims to scientifically apply the "Red-Yellow-Green Light Referral" system (see Figure 1), guiding caregivers to seek timely hospitalization for older adults in critical "red light" conditions, to enhance nursing care or health checks during "yellow light" situations, and to opt for home care when in the "green light" state. This collaborative model establishes a division of labor between the geriatric psychiatry discipline, elder care institutions, and home support social organizations, creating a more integrated approach to geriatric mental health care.

Figure 1 Red-Yellow-Green light system
Awareness of mental health among the older population is notably lacking, with many remaining untreated within the community. To address this, Geriatric Psychiatry staff have introduced a tiered management system that categorizes specialty care into community, specialized, and precision levels. Community care aims to raise mental health awareness among the older population, offering initial support and guidance. The professional level provides access to specialized medical services from psychiatrists and psychotherapists. Precision level care delivers personalized and highly specialized treatment plans for older patients with severe or complex conditions. This layered treatment system not only directs patients to appropriate medical resources but also encourages timely treatment seeking. It also integrates an effective referral mechanism to facilitate collaboration between primary care and specialized medical institutions, ensuring that resources are allocated based on the severity of the patient’s condition.

Due to a shortage of manpower and expertise, geriatric psychiatry teams in China are increasingly turning to artificial intelligence for help, such as conducting preliminary cognitive assessments and managing digital diagnosis and treatment. In collaboration with other professionals, they utilize advanced diagnostic technologies like PET-CT scans and cerebrospinal fluid analysis, and lead or participate in multicenter clinical trials for new drugs. Now, the full-course management model for geriatric psychiatry in Shanghai has gained recognition, and the community risk screening has been promoted in many regions across the country. Nevertheless, China lacks historical experience in addressing the challenges in an aging society, and the construction and development of geriatric psychiatric services are still filled with uncertainties. Further experience needs to be accumulated in practice.
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