

# INTERVIEW

## INTERVIEW WITH PROFESSOR XIAO SHUIYUAN, CENTRAL SOUTH UNIVERSITY

肖水源教授访谈

*Interviewer:* Shuli Qu, MPH, ORISE research fellow

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肖水源博士多年来在中国研究社区精神卫生、精神卫生政策和自杀预防，是中国心理卫生协会危机干预专业委员会的主任委员、国际自杀预防研究院（IASR）委员，世界文化精神病学会委员，卫生部疾病控制专家委员会委员等。2000年获得国务院“特殊津贴专家”称号，2009年获得CMB“杰出教授”称号。

Dr. XIAO Shuiyuan's research interests include community mental health, mental health policy, and suicide prevention. He is the Chair of the Committee on Crisis Intervention, the Chinese Association for Mental Health; member of the International Academy of Suicide Research, the World Association of Cultural Psychiatry, and the Expert Panel on Disease Prevention and Control for the Ministry of Health, China. He received the State Council "Special Allowance Expert" Award in 2000 and the "China Medical Board Distinguished Professorship" Award in 2009.



### 1 · 个人经历/职业生涯

#### Personal and Career Experience

曲姝丽：肖教授您好，很高兴能对您进行访谈。一直以来，中国对精神卫生问题的关注和投入都落后于传染病防治等其他领域，是什么促使您选择从事精神卫生事业呢？

Shuli: Dr. Xiao, I'm really glad to have this opportunity to talk with you. We know that mental health in China has been lagging behind other areas such as infectious diseases. What prompted you to choose mental health as your life-long career?

肖教授：我在湖南医学院（现中南大学湘雅医学院）临床医学专业读书时，就一直对人的心理及相关的脑科学问题有浓厚的兴趣，当时确实没有考虑到在以后相当一段时间内，精神医学既不是临床的重点，也不会被当做重大公共卫生问题。我本科毕业后，报考了精神病学专业的硕士研究生，师从著名精神医学专家杨德森教授。读研期间，我的第一个选题就是研究自杀未遂者的社会心理特征，这个选题在政治和文化上都很敏感，做到一半就放弃了。然而我的导师非常正确地预见到，将来国家一定会大力发展预防精神病学或公共精神卫生。在他的坚持下，我1987年硕士毕业后到了公共卫生学院工作。我们这一代学生都很有理想主义的色彩。

Dr. Xiao: During my undergraduate study of clinical medicine in Hunan Medical College (now Xiangya School of Medicine, Central South University), I was very interested in psychology and related brain science. Indeed, I did not think about that psychiatry was neither a focus area of clinical sciences nor a major public health topic. After finishing my undergraduate study, I began my graduate study in psychiatry under Dr. Desen Yang, a prestigious professor in this area. My first research project in graduate school was on social-psychological characteristics of individuals who attempted suicide. The project was discontinued halfway because of issues of cultural and political sensitivity at that time. However, Professor Yang foresaw the great need of preventive psychiatry and public mental health. I followed his advice to work in a school of

public health after I graduated in 1987. When we were students, many of our generation were idealists to some extent.

曲姝丽：早年的哈佛留学经历对您后来的事业发展有着怎样的影响？

Shuli: Did the study in Harvard University have any impact on your career?

肖教授：1990年，我获得机会去哈佛大学社会医学系学习，师从著名的医学人类学家 Arthur Kleinman 教授。虽然这次学习只有七个多月，但对我的学术思想影响非常大。概括起来主要有这样几个方面：第一，理解了为什么和怎么将疾病，特别是精神疾病放到宏观的社会文化背景中去分析；第二，学到了如何认识和分析患者在患病过程中的体验，如心理痛苦、角色和人际关系改变、经济压力、社会歧视等。这些体验既与疾病本身造成的躯体和功能障碍有关，更是由社会文化所决定。第三，理解了人口学转变、社会经济转变、社会文化转变和健康状况转变（或称流行病学转变）这四个方面的转变对全球，特别是中国公共卫生的影响，从疾病负担的角度进一步认识了精神卫生的重要性。第四，一定程度上理解了人类学研究方法在健康领域的价值和意义。回国后我将自己的研究领域定为自杀预防和社区精神卫生，同时也在湘雅医院兼职一些临床的工作，将哈佛所学应用于具体的研究和教学中去，为中国公共精神卫生的发展做出了努力。

Dr. Xiao: In 1990, I took an opportunity to visit and study in Department of Social Medicine at Harvard University. My mentor was Dr. Arthur Kleinman, a renowned professor of medical anthropology. Although it was only for seven months, the visit had a profound impact on my research philosophy. I understood why and how to analyze disease, especially mental illness, in a macro socio-economic context, and learnt how to analyze the experience of patients, such as psychological pain, interpersonal relationship change, financial burden, social discrimination, which are not only related to disease and functional limitation, but also depended on social culture. Also, I started to understand the impact of demographic transition, socioeconomic transition, sociocultural transition and health/epidemiological transition on global, especially China's public health, and further understood the importance of mental health from the perspective of burden of diseases. Last, to a certain degree, I started to appreciate anthropological research in public health. After came back to China, I focused my research on suicide prevention and community mental health and did some part-time clinical work in Xiangya Hospital, to apply what I learned from Harvard to help develop the field of mental health in China.

## 2 · 中国精神卫生领域 Mental Health in China

曲姝丽：您作为这个领域的专家，能否给我们介绍一下中国精神卫生的现状与发展？

Shuli: As a mental health expert, would you please briefly tell us the existing gaps and future direction of mental health in China?

肖教授：进入 21 世纪以来，中国精神卫生进入了一个较为快速的发展阶段。主要体现在这几个方面：第一，精神卫生已被列入公共卫生范畴，重性精神障碍已被列为重大公共卫生问题。第二，社会保障体系、医疗保障体系已开始将精神病人当做弱势群体，并予以特别的关注和支持。第三，公众对精神疾病的认识和精神疾病患者的治疗率都有较大幅度的提高。第四，国家加大了对精神卫生体系的建设力度，包括精神病院和社区精神卫生网络的建设。第五，全国已有多个地方性精神卫生法律出台，国家精神卫生法草案经过多年讨论，也将于可以预见的将来通过（编者注：中国精神卫生法已于 2012 年 10 月 26 日在十一届全国人大常委会第二十九次会议经表决通过）。

Dr. Xiao: Since 2000, mental health in China entered a phase of rapid development. First of all, mental health is now considered a public health issue; severe mental illness has been defined as

one of the major public health problems in China. Second, mental patients are now considered a vulnerable group by China's social security system and healthcare system, thus given special attention and support. Third, public awareness of mental illness and treatment rate among those with mental illness have significantly improved. Fourth, the nation has beefed up the investment on the mental health system, including psychiatric hospitals and community mental health network. Last, many local mental health ordinances have been implemented, and we can foresee the National Mental Health Legislation bill (draft) being passed in the near future. (Editor's Note: the China Mental Health Law was passed on the 29th session of the 11th Chinese National People's Congress on October 26th, 2012.)

曲殊丽：听说您刚从泰国考察回来，能谈谈这次泰国之行的感受吗？和世界其他国家比较，中国在精神卫生方面的工作还有哪些差距？

Shuli: How was your recent visit to Thailand? Compared with other countries, what is the gap of mental health work in China?

尚教授：精神卫生工作在泰国很受重视。一个人口 6000 多万、人均 GDP 只有 5000 多美元的国家，卫生部设有精神卫生司，而且有 500 多人在工作。这在全世界范围内应该是很少见的，即使不是独一无二的话。中国是一个发展中国家，精神卫生工作正处在快速发展的过程中。我认为目前中国精神卫生工作亟待解决的问题主要有四个方面：第一，应该从社会和谐、精神文明建设和国家发展的高度认识、理解和支持精神卫生工作。第二，要继续传播有关精神疾病、自杀等问题的正确知识，理解和关爱精神病人，降低对精神病人的歧视。第三，要大力加强精神卫生体系的建设，培养精神卫生领域的专门人才。第四，要为精神疾病患者提供强有力的医疗和生活基本保障，提高主要精神疾病的治疗率。

Dr. Xiao: Mental health work received extensive attention in Thailand. It is rare, if not the only case, that a country with a population of about 60 million, and GDP per capita of roughly \$5000, has within the Ministry of Health a Mental Health Bureau with more than 500 staff members. Mental health work in China is undergoing a period of rapid development, and may focus on the following urgent problems: 1) to acknowledge, understand, and support mental health work from the perspective of achieving social harmony, promoting cultural development, and national development; 2) to continue health education among the public to disseminate proper knowledge about mental illness and suicide, to understand and to reduce stigma and discrimination of mental patients; 3) to strengthen mental health system and train mental health workforce; 4) to provide basic medical services and living allowances to mental patients, and improve treatment rate /cure rate among individuals with mental illness.

曲殊丽：目前有很多群体的精神健康状况都急需被关注，例如青少年，白领人群，医护人员，艾滋病患者等。在资源有限的情况下，如何实现最优化的配置？

Shuli: With limited resources, how to optimize resource allocation among mental patients from different subgroups such as adolescence, white-collar workers, healthcare workers, AIDS patients, etc.?

尚教授：公共精神卫生工作的任务主要有四个方面，即促进精神健康、预防精神疾病、治疗精神疾病和保障精神疾病患者的康复。我首先要强调，精神卫生是一个社会问题，提高人群精神健康水平需要全社会的努力。从资源配置的角度，重点要考虑两个方面，其一是解决影响人群中具有普遍性的精神卫生问题，其二是要关注弱势群体。目前精神病性心理障碍、抑郁症是最重要的精神疾病，而艾滋病患者则是弱势群体中的弱势群体。由于社会歧视和排斥、经济压力、HIV 侵袭神经系统等诸多原因，艾滋病患者的精神健康问题比普通人群要突出得多。国际上有研究表明，艾滋病患者的焦虑、抑郁、自杀等情绪问题发生率远高于一般

人群。与此同时，精神健康问题会影响患者的求助行为、遵医行为和心理状态，进而影响艾滋病的进程。遗憾的是，国内现在几乎没有项目、更无体系去解决艾滋病患者的精神健康问题。

Dr. Xiao: Public mental health work has four major objectives: promotion of mental health, prevention of mental illness, treatment of mental illness, and rehabilitation of mental patients. I have to emphasize that, mental health is a social problem, thus improving population mental health requires societal efforts. There are two things to consider in optimizing resource allocation: one is to address those common mental health problems that affect population health, such as psychotic disorder and depression; another is to pay attention to the vulnerable groups. AIDS patients are considered as the most vulnerable among vulnerable populations due to social discrimination, exclusion, economic burden, HIV invasion of the central nervous system and many other reasons. Studies showed that AIDS patients have much higher rates of anxiety, depression and suicide compared with the general population. At the same time, mental health issues affect patients' help-seeking behavior, following doctors' instructions, and psychological status, which may worsen the treatment of AIDS. Unfortunately, few programs, not even to mention about a systematic approach in China, tend to address the mental health problems among AIDS patients.

曲姝丽：在一些欠发达地区，仍然有许多精神病患者缺乏对疾病的自知力而不去就医，您认为这是目前推广精神卫生的最大的障碍吗？我们应该如何改变这种状况？

Shuli: In some rural areas, many mental patients are reluctant to visit a doctor due to lack of self-awareness of their mental illnesses. Is that the biggest barrier to promote mental health in China? What should we do to change this?

肖教授：缺乏对疾病的自知力，是精神病性障碍患者病程中常有的表现。这方面最大的问题是，由于缺乏精神卫生知识、担心受到社会歧视等原因，患者家属不能或不愿在早期送患者到专业机构就诊，或者在治疗稍有效果后中断治疗；患者也会因为社会歧视、药物副作用等原因中断治疗，因而导致疾病复发，病程迁延。这种情况在发达地区、文化程度较高的人群中，也没有得到很好的解决。另外，大多数精神疾病的病程很长，需要接受长期、连续的治疗。长期住院能够保证这一点，但会导致患者与社会隔离，阻碍其社会功能的恢复。六十年代后，西方特别是美国开展了大规模的“去机构化”和社区精神卫生运动，其基本理念是让患者在社区中得到继续治疗和康复。对我国而言，一方面我们应该采取多种措施普及精神卫生知识，从法律的角度保障精神病人的基本权益，降低对精神病人的社会歧视；另一方面要通过社区精神卫生体系的建设，发展有效的模式使精神疾病患者能够在社区接受连续的、系统的治疗和康复。

Dr. Xiao: Lack of self-awareness of *suffering* from a mental health issue is common among people with psychotic disorders. The biggest problem is, due to lack of knowledge about mental health or fear of stigma and social discrimination, family members of patients are unable or unwilling to send patients for treatment at the early stage, or they decide to discontinue the treatment after a moderate improvement; or after treatment and gaining of self-awareness, patients may relapse after discontinuing treatment because of discrimination and drug side effects. This situation also exists in developed areas and among highly educated population. In addition, most mental illnesses require a long-term, continuous treatment. An example of such treatments is hospitalization, which however, might cause social isolation of patients and hinder the recovery of his/her social function. In the 1960s, western countries, particularly the United States launched the deinstitutionalization and community mental health movement, which enabled patients to continue treatment and rehabilitation in the community. Overall, it is necessary to popularize mental health knowledge through various strategies, to protect legal rights of mental patients, and to reduce social discrimination. In the meantime, to develop community mental health system and allow mental patients to receive continues and systematic treatment and rehabilitation in the community.

### 3· 突发公共卫生事件的准备

#### Public Health Emergency Preparedness

曲殊丽：近些年中国发生了几次公共卫生突发事件，一些不实信息或者对信息的偏差解读会迅速带来非理性集体心理恐慌，最典型的例子是 2011 年日本核泄漏后的抢盐热潮。您认为造成这种现象的原因是什么？我们应该如何应对？

Shuli: China had several public health emergencies in recent years. Misinformation or misconstruing of the information often immediately results in collective irrational responses, among which the most cited example is the 'panic salt-buying' after the Japanese nuclear leak in 2011. What do you think are the underlying factors? How should we deal with that?

尚教授：导致非理性集体心理恐慌的原因主要有四个方面，其一是公众的科学素养较低；其二是正式信息的传播不畅通、不及时、不充分导致公众对正式信息缺乏信任；其三是公众的心理素质较低、缺乏批判性思维，容易产生从众心理；其四是在突发过程中，有人不负责任地散布伪科学信息和谣言。因此，提高公众的科学素养和心理素质，政府和知识界负责地、及时地、有效地传播正确健康知识，培养青少年的批判性思维，在法律层面上严肃处理那些不负责任散布伪科学信息和谣言的人，将能够预防非理性集体心理恐慌的发生和发展。

Dr. Xiao: Four factors are mostly accountable for the collective irrational responses. 1) The public's lack of scientific knowledge; 2) delayed and insufficient official information release; 3) ordinary people's lack of critical thinking, which could easily lead to herd mentality; 4) misinformation and rumors distributed when an emergency happens. To prevent collective irrationality and its spread, we need to improve the public's scientific and mental health knowledge; the government and experts need to distribute related information responsibly, timely and effectively. We also need to promote critical thinking among adolescence, and to take legal action against those who irresponsibly disseminate misinformation and rumors.

曲殊丽：对于构建公共卫生危机事件后的心理干预体系，您有什么好建议？

Shuli: Do you have any good suggestion to build an efficient psychological crisis intervention system for public health emergencies?

尚教授：心理危机干预是突发性公共卫生事件应急处置的有机组成部分。突发性公共卫生事件发生时，我们既需要有专业的心理危机干预队伍，也需要所有的现场处置人员都具有基本的心理危机干预知识和技能。无论平时的训练、演练还是现场干预，都应由突发公共卫生事件处置指挥机构统一协调和安排。

Dr. Xiao: Psychological crisis intervention is an integral part to construct of emergency response system dealing with public health emergencies. In public health emergencies, we not only need a professional psychological crisis intervention team, but also require all the field personnel to have basic knowledge and skills of psychological crisis intervention. Training, exercise, and field intervention should be coordinated and arranged by public health emergency response agencies.

### 4· 精神卫生立法

#### Mental Health Legislation

曲殊丽：对于国务院最新公布的《精神卫生法（草案）》目前引起了很多讨论，其中争议性较大的一个问题是，在保障精神病患者得到规范治疗的同时，如何保障一些精神正常的公民在复杂的社会事件中不遭受“被精神病”的折磨？是否有足够的监管部门保证司法公正公平地执行？

Shuli: The Mental Health Legislation bill (draft) recently released by the State Council lead to a lot of discussions. One of the most controversial issues was, while guaranteeing the treatment of mental patients, how to prevent the risk of forcing healthy citizens into psychiatric hospitals to receive "compulsory mental health treatment" in many complicated situations? Whether or not there are any supervising and regulating agencies to ensure justice and fairness in the implementation of the law?

肖教授：“被精神病”不是一个公共卫生问题，而是一个法律问题。精神卫生立法的目的是保障精神病人的基本人权，包括保障基本生存条件和有机会接受基本治疗，而不是，也不应该是打击“被精神病”。无论出于什么动机，故意将人贴上精神病的标签，等同于诬陷、诽谤等行为，应由法律手段予以解决。

Dr. Xiao: "Compulsory mental health treatment" is not a public health problem, but a legal problem. The main purpose of mental health legislation is to ensure the basic human rights of mental patients, such as fundamental existence condition and the opportunity to access basic treatment. Cracking down "Compulsory mental health treatment" is not, and should not be, the main propose of mental health legislation. Regardless of motivation, deliberately labeling people with mental illness is a crime comparable to defamation and libel, and should be resolved by suitable legal actions.

曲姝丽：您认为中国精神卫生立法最棘手的挑战是什么？

Shuli: What do you think is the greatest challenge for China's mental health legislation?

肖教授：中国精神卫生立法最大的挑战不是立法本身，而是如何确保法案通过后能得到有效地执行。我相信，随着社会的进步，我国的精神卫生立法会逐渐完善，但我不会天真地认为立法能解决所有的精神卫生问题。

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—肖水源教授, 中南大学

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Dr. Xiao: The greatest challenge is not the legislation itself, but to ensure the law being enforced effectively after the legislation. I believe that the mental health legislation in China will be improved gradually along with the social progress. However, I won't be so naive to think that a bill solves all mental health problems.

## 5 · 寄语中国卫生政策和管理学会 Words to CHPAMS

曲姝丽：中国卫生政策和管理学会是一个迅速发展的专业社区。您对我们的会员和读者有何期望与建议吗？

Shuli: CHPAMS is a fast-growing professional community. Do you have any words to share with CHPAMS members and readers of *China Health Review*?

肖教授：精神疾病占中国全部疾病负担的比例很大，其中抑郁症在疾病负担排行榜位列第二。我非常敬重中国卫生政策与管理学会为中国卫生事业所付出的努力。希望贵会会员及《中国卫生评论》的读者能一起努力，推动中国乃至全球的公共卫生事业，特别是推动精神卫生政策的发展和精神卫生体系的建设。

Dr. Xiao: Mental illness accounts for a great proportion of total disease burden in China, with depression ranked the second. I am very much appreciate CHPAMS's effort to promote public health in China, and hope all the CHPAMS members and readers of *China Health Review* can work together to promote public health in China and globally, particularly in area of mental health policy and health system development.