

• Special article •

Translated and annotated version of China's new Mental Health Law

The following document is a translation of the first national mental health law of the People's Republic of China, which was adopted by the National People's Congress on October 26, 2012. The original Chinese version of the law is available at the official government website: http://www.gov.cn/jrzq/2012-10/26/content_2252122.htm. The translation was completed by a team of translators at the Shanghai Mental Health Center at the Shanghai Jiao Tong University School of Medicine. The translators have added footnotes at the end of the document that explain their choices in sections where alternative translations are possible and that provide background information for sections that may be confusing to readers unfamiliar with China. This translation should be cited as follows:

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Mental Health Law of the People's Republic of China

(Adopted at the twenty-ninth session of the Eleventh National People's Congress Standing Committee on October 26, 2012)

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Chapter I. Overview

- Article 1.** This law is enacted to develop the field of mental health, to standardize mental health services, and to guarantee the legal rights and interests of persons with mental disorders.
- Article 2.** This law applies to activities within the People's Republic of China related to the maintenance and improvement of citizens' psychological well-being,^[1] the prevention and treatment of mental disorders, and the rehabilitation of persons with mental disorders.
- Article 3.** With prevention as its guiding principle, mental health work should adhere to the concept of integrating prevention, treatment, and rehabilitation.
- Article 4.** The human dignity, personal safety, and safety of the possessions of persons with mental disorders shall not be violated.

The legal rights and interests of persons with mental disorders to education, employment, medical services, and government and non-government welfare are protected by law.

Except when disclosure is necessary to perform legally sanctioned responsibilities, relevant institutions and individuals shall keep confidential the name, pictures, address, place of work, medical information, or other information that could expose the identity of persons with mental disorders.

Article 5. All individuals and organizations shall respect, accept, and show concern for persons with mental disorders.

Individuals and organizations must not stigmatize, humiliate, abuse, or illegally restrict the personal freedom of persons with mental disorders.

News reports, literary or artistic works, and other media must not include content that stigmatizes or humiliates persons with mental disorders.

Article 6. The comprehensive management of mental health work involves the collective participation of all facets of society under the organization and leadership of the government, with each administrative department fulfilling its respective responsibilities and with families and employers making every effort to carry out their responsibilities.

Article 7. At the county level and above,^[2] the People's Government oversees mental health work; includes mental health work in the national economic and social development plan; establishes and perfects the service network for the prevention, treatment and rehabilitation of mental disorders; creates comprehensive systems for coordinating mental health work and for assigning related responsibilities; and assesses and monitors the mental health work of relevant administrative departments.

Based on the specific circumstances in their respective administrative jurisdictions^[3], the People's Government in rural townships, towns, and urban subdistricts^[4] organizes and implements activities to prevent the onset of mental disorders and to promote the rehabilitation of persons with mental disorders.

Article 8. The administrative departments for health under the State Council^[5] are in charge of mental health work throughout the country. The administrative departments for health under the local People's Government at the county level and above^[6] are in charge of mental health work in their respective administrative jurisdictions.

At the county level and above,^[2] the judicial affairs, civil affairs,^[7] public security, education, human resources and social security, and other departments of the People's Government are responsible for the mental health work relevant to their respective departments.

Article 9. Guardians of persons with mental disorders shall fulfill the responsibilities of guardians to safeguard the legal rights and interests of persons with mental disorders.

Violence towards persons with mental disorders by family members and abandonment of persons with mental disorders are prohibited.

Article 10. The national China Disabled Persons' Federation^[8] and its local branches shall mobilize community stakeholders^[9] to undertake mental health work commissioned by the government and other mental health work within the scope allowed by laws and regulations.

According to the provisions of this law, rural village committees and urban neighborhood committees^[10] shall undertake mental health work and assist the People's Government in their respective communities to undertake mental health work.

The State^[11] encourages and supports the Trade Union, the Communist Youth League, the Women's Federation, the Red Cross, the Science and Technology Association, and other organizations to undertake mental health work that is allowable by law.

Article 11. The State^[11] encourages and supports the training of specialized personnel in mental health, the protection of the legal rights and interests of mental health workers, and the strengthening of the professional mental health workforce.

In order to improve the scientific and technological level of the prevention, diagnosis, treatment, and rehabilitation of mental disorders, the State encourages and supports scientific research in mental health and the development of modern medical science, traditional Chinese medicine, ethnic medicine, and psychological science.^[12]

The State encourages and supports international exchange and collaboration in the area of mental health.

Article 12. All levels of the People's Government and relevant administrative departments of the People's Government at the county level and above^[2] shall take measures to encourage and support organizations and individuals

to provide voluntary mental health services, to donate to the mental health field, and to build mental health welfare facilities.

Organizations and individuals that make outstanding contributions to mental health work shall be honored and awarded according to the relevant national provisions.

Chapter II. Promotion of psychological well-being and prevention of mental disorders

Article 13. To improve the psychological well-being^[1] of the public, all levels of the People's Government and relevant administrative departments of the People's Government at the county level and above^[2] shall take measures to strengthen the work of promoting psychological well-being and preventing mental disorders.

Article 14. All levels of the People's Government and relevant administrative departments of the People's Government at the county level and above^[2] shall include psychological support as part of their emergency response plans. When an emergency situation arises, the local People's Government that assumes responsibility for coordinating the leadership and management of the emergency response shall organize psychological support services that are appropriate to the specific circumstances of the emergency and in accordance with the provisions in the emergency response plan.

Article 15. Employers shall create a working environment conducive to the well-being of employees and be concerned about the psychological well-being^[1] of employees; relevant education about psychological well-being shall be provided to employees at certain stages in their careers and to employees in specific jobs.

Article 16. All schools shall teach students about topics related to mental health; schools shall employ or engage external teachers or school counselors to provide education about psychological well-being^[1] and may establish offices to provide guidance about psychological well-being. Preschools shall provide education about psychological well-being appropriate for young children.

When natural disasters, accidental injuries, public security incidents and other events that may affect students' psychological well-being occur, schools shall promptly arrange for professionals to provide psychological support to the students.

Teachers shall study and learn relevant information about mental health, be concerned about the psychological well-being of students, and provide students with appropriate guidance and encouragement. Schools and administrative departments for education at all local levels of the People's Government shall emphasize the importance of the psychological well-being of teachers.

Schools and teachers shall communicate with students' parents or their guardians or next of kin about students' psychological well-being.

Article 17. When providing diagnostic and therapeutic services for illnesses, in accordance with diagnostic criteria and standardized treatment regulations, health care providers^[13] shall also give care seekers advice about psychological well-being;^[1] if health care providers detect a possible mental disorder, they shall advise the care seeker to obtain treatment at a medical facility^[14] that meets the criteria for treating mental disorders specified in this law.

Article 18. Prisons, jails, detention centers, compulsory residential drug rehabilitation centers and similar institutions shall disseminate information about mental health to the detainees in the facilities, be concerned about detainees' psychological well-being,^[1] and, if necessary, provide psychological counseling and guidance.

Article 19. The administrative departments for human resources and social security, education, health, judicial affairs, public security, and so forth of the local People's Government at the county level and above^[6] shall, within the scope of their respective responsibilities, supervise and direct the implementation of the work on preventing mental disorders assigned to the organizations identified in Article 15 through Article 18 of this law.

Article 20. In order to create a community environment conducive to the well-being of residents, rural village committees and urban neighborhood committees^[10] shall assist the local People's Government and its relevant administrative departments in providing advice about psychological well-being^[1] and in organizing activities that disseminate information about mental health at the community level.

Rural township health centers and urban community health centers shall provide technical assistance to rural village committees and urban neighborhood committees to help them provide advice about

psychological well-being and to organize activities that disseminate information about mental health at the community level.

Article 21. Family members shall be concerned about each other, create a healthy and harmonious family environment, and improve their awareness of the prevention of mental disorders; if it appears that a family member may have a mental disorder, other family members shall help them obtain prompt medical care, provide for their daily needs, and assume responsibility for their supervision and management.

Article 22. To help prevent mental disorders, the State^[11] encourages and supports news media and social organizations to provide free promotion about mental health, to popularize knowledge about mental health, and to focus public attention on psychological well-being.^[1,15]

Article 23. Psychological counselors^[16] shall improve their professional proficiency, conform to practice standards, and provide professional psychological counseling services to the public.

Psychological counselors shall not provide psychotherapy^[17] and shall not diagnose or treat mental disorders.

When psychological counselors detect possible mental disorders in clients, they shall advise them to seek treatment at a medical facility^[14] that meets the criteria for treating mental disorders specified in this law.

Psychological counselors shall respect their clients' privacy and keep their information confidential.

Article 24. The administrative departments for health under the State Council^[5] shall establish a mental health surveillance network, implement a registration system for severe mental disorders, and carry out monitoring and specialized surveys about the occurrence, trends and other aspects of mental disorders. The regulations for managing the mental health surveillance network and the registration system for severe mental disorders shall be formulated by the administrative departments for health under the State Council.

In order to bring about the smooth exchange of information and experiences, the administrative departments for health under the State Council shall collaborate with other relevant administrative departments and organizations to establish a mechanism for sharing information about mental health work.

Chapter III. Diagnosis and treatment of mental disorders

Article 25. Institutions that diagnose and treat persons with mental disorders shall carry out relevant registration procedures according to the administrative regulations for medical facilities^[14,18] and meet the following conditions:

- (1) have doctors and nurses who have the registration required for the diagnosis and treatment of mental disorders;^[19]
- (2) have the facilities and equipment needed for the diagnosis and treatment of mental disorders;
- (3) have a comprehensive management system and quality monitoring system to regulate the diagnosis and treatment of mental disorders.

Specialized psychiatric medical facilities^[14] that diagnose and treat individuals with mental disorders shall also have staff who provide psychotherapy.^[17]

Article 26. The process of diagnosing and treating persons with mental disorders shall abide by the principles of safeguarding their legal rights and interests and respecting their human dignity while ensuring to the extent possible that they receive high-quality mental health services.

Administrative departments for health under the State Council^[5] shall coordinate the formulation of the classification system, diagnostic criteria, and treatment guidelines for mental disorders.

Article 27. The diagnosis of a mental disorder shall be based on evidence about an individual's mental health status.

Except when laws specify otherwise, it is prohibited to force persons against their will to undergo a medical examination to determine whether or not they have a mental disorder.

Article 28. In addition to going to a medical facility^[14] for a psychiatric assessment on their own, persons with a suspected mental disorder may be taken to a medical facility for a psychiatric assessment by a close family member. The local department of civil affairs^[7] and other administrative departments shall assume their

respective responsibilities in taking persons suspected of having a mental disorder to a medical facility for psychiatric assessment if they are homeless or beggars and if it is not possible to find a close family member.

When persons with a suspected mental disorder harm themselves, harm others, or endanger the safety of others, or when they are at risk of harming themselves or others, close family members, employers, or local police shall immediately intervene and subsequently take these individuals to a medical facility for a psychiatric assessment.

Medical facilities cannot refuse to conduct diagnostic evaluations on persons sent to the facility with a suspected mental disorder.

Article 29. The diagnosis of mental disorders shall only be made by registered psychiatrists.

When receiving persons with suspected mental disorders as described in the second clause of Article 28, medical facilities^[14] shall hold them in the hospital, immediately designate a registered psychiatrist to conduct a diagnostic assessment, and promptly issue a formal diagnostic result.

Article 30. Inpatient treatment of mental disorders shall generally be voluntary.

If the result of the psychiatric evaluation indicates that a person has a severe mental disorder, the medical facility may^[20] impose inpatient treatment^[21] if the individual meets one of the following conditions:

- (1) self-harm in the immediate past or current risk of self-harm;^[22]
- (2) behavior that harmed others or endangered the safety of others in the immediate past or current risk to the safety of others.

Article 31. When persons with mental disorders meet the conditions specified in the first item of the second clause of Article 30, the medical facility^[14] shall impose inpatient treatment if their guardians agree; if their guardians do not agree to inpatient treatment the medical facility shall not impose inpatient treatment.^[21] Guardians shall appropriately supervise and manage the care of such patients who live at home.

Article 32. When persons with mental disorders meet the conditions specified in the second item of the second clause of Article 30 but the identified individuals or their guardians disagree with the result of the diagnostic assessment or with the need for inpatient treatment, they may request a diagnostic reassessment and, subsequently, an independent, legally-binding certification of the case.^[21]

Requests for reassessment shall be submitted to the original medical facility^[14] or to another medical facility with appropriate legal qualifications within three days of receiving the results of the original diagnostic assessment. The medical facility that carries out the reassessment shall, after receiving the request for reassessment, designate two registered psychiatrists who did not participate in the original assessment to conduct the reassessment; the medical facility shall then promptly issue the formal diagnostic result of the reassessment. The registered psychiatrists who undertake the reassessment shall conduct a face-to-face evaluation of the patient at the medical facility where the patient is being treated; the medical facility shall cooperate with the psychiatrists who conduct the reassessment.

If the identified individuals or their guardians disagree with the result of the reassessment, they may commission a legally accredited certification agency to conduct an independent, legally-binding medical certification for mental disorders; medical facilities shall make public the names and contact information of public certification agencies. The commissioned certification agency shall designate two or more evaluators with appropriate qualifications from the agency to collectively carry out the certification and promptly issue a certification report.

Article 33. Evaluators who conduct the certification shall conduct a face-to-face evaluation of the patient at the medical facility^[14] where the patient is being treated; the medical facility shall cooperate with the certification process.

Evaluators who conduct certifications shall avoid participating in the certification of cases when they or their close family members have a conflict of interest that may affect the independence, objectiveness and fairness of the certification.

Article 34. When conducting an independent certification according to law and issuing an objective and fair certification report, the agencies and individuals that provide the certification shall observe relevant laws, regulations, and rules; follow scientific principles; abide by professional ethics; and comply with the procedures, technical methods, and operational standards for conducting the certification of mental disorders.

Evaluators who conduct the certification shall make an ongoing record of the evaluation process and sign the record. The recorded content shall be truthful, objective, accurate, and complete; written records and recordings shall be stored appropriately.

Article 35. If the diagnostic reassessment or the independent, legally-binding certification finds that the individual does not have a severe mental disorder or does not require inpatient treatment, the medical facility^[14] cannot impose inpatient treatment.

If the diagnostic reassessment or the independent, legally-binding certification finds that the individual meets the conditions specified in the second item of the second clause of Article 30, the guardians are required to accept^[23] the imposition of inpatient treatment for the patient. In this situation, if guardians obstruct the imposition of inpatient treatment or the patient leaves inpatient treatment without authorization, medical facilities may, with the help of public security departments, take actions to impose inpatient treatment.

Prior to release of the results of the diagnostic reassessment and prior to the release of the results of the final medical certification, medical facilities that treat persons with mental disorders shall provide inpatient treatment according to standard diagnostic and treatment methods.

Article 36. When the diagnostic assessment finds that a person with a mental disorder requires inpatient treatment but the individual is unable to complete hospital admission procedures themselves, the guardians complete the admission procedures; for patients who are homeless or beggars and for whom it is not possible to locate a guardian, the administrative department that sends the individual to the hospital for assessment completes the admission procedures.

If a person with mental disorders meets the conditions specified in the second item of the second clause of Article 30 but the guardians do not complete the hospital admission procedures, the employer, rural village committee or urban neighborhood committee^[10] completes the hospital admission procedures and the medical facility^[14] records this in the patient's medical chart.

Article 37. Medical facilities^[14] and the health care providers^[13] in these facilities shall inform patients or their guardians of the rights that patients with mental disorders have during the process of diagnosis and treatment.

Article 38. Medical facilities^[14] shall have the facilities and equipment needed to ensure safety and to prevent injury in persons with mental disorders who seek care or receive inpatient treatment; and they shall provide those who receive inpatient treatment a living environment that is as close to normal as possible.

Article 39. When formulating the treatment plans for patients with mental disorders, medical facilities^[14] and health care providers^[13] in these facilities shall follow diagnostic criteria and standard treatment methods; moreover, they shall inform the patients or their guardians about the treatment plan and about the methods, goals and potential adverse effects of the treatment.

Article 40. When persons with mental disorders who are in a medical facility^[14] engage in or are about to engage in self-harm, in behavior that endangers the safety of others, or in behavior that disrupts the facility's functioning, the medical facilities and health care providers^[13] in these facilities may use restraints, isolation, or other protective medical measures if no alternative measures are available. The implementation of protective medical measures shall be based on diagnostic criteria and treatment standards; moreover, patients' guardians shall be informed after implementing such measures.

The use of restraints, isolation, or other protective medical measures to punish persons with mental disorders is prohibited.

Article 41. Medications administered to persons with mental disorders shall be safe and effective; the goal of using medications shall be for diagnosis and treatment, medications must not be used for purposes other than diagnosis and treatment.

Medical facilities^[14] must not force persons with mental disorders to participate in productive labor.^[24]

Article 42. Surgical operations^[14] for the purpose of treating mental disorders are prohibited in persons with mental disorders who receive inpatient treatment because they meet the criteria specified in the second clause of Article 30.

Article 43. When carrying out the following treatment measures in persons with mental disorders, medical facilities^[14] shall inform patients or their guardians about medical risks, alternative treatments, and other aspects of the treatment; obtain written consent from patients or – if patients are unable to provide consent^[25] –

obtain written consent from patients' guardians and approval from the ethics committee of the medical facility:

- (1) surgeries that result in loss of function of body organs;^[26]
- (2) experimental clinical treatments of mental disorders.

When carrying out the treatment specified in the first item of the previous clause in emergency situations, approval shall be obtained from the responsible administrator and from the ethics committee of the medical facility if the patient's guardians cannot be located.

Experimental clinical treatments that are not relevant to the treatment of the patient's mental disorder are prohibited.

Article 44. Persons with mental disorders who are voluntarily admitted to the hospital may request discharge at any time and medical facilities^[14] shall comply with such requests.

For persons with mental disorders who receive inpatient treatment because they meet conditions specified in the first item of the second clause of Article 30, guardians may request discharge at any time and the medical facility shall comply with such requests.

When the medical facility considers hospital discharge based on the previous two clauses inappropriate for a person with a mental disorder, the facility shall explain their reasons for opposing discharge to the patient and the guardians; if the patient or the guardians continue to insist on discharge, the registered physician shall write a detailed record of the discussion about discharge in the medical chart and provide recommendations about the medical management of the patient after discharge; in this situation the patient or the guardians shall provide written confirmation that they have received this information.

For persons with mental disorders who receive inpatient treatment because they meet conditions specified in the second item of the second clause of Article 30, when the medical facility considers discharge appropriate it shall immediately inform the patient and the guardians.

When there are changes in the clinical status of a patient with a mental disorder receiving inpatient treatment because they met conditions specified in the second clause of Article 30, the medical facility shall promptly arrange for registered psychiatrists to conduct an evaluation. When the evaluation finds that the patient no longer requires inpatient treatment, the medical facility shall immediately inform the patient and the guardians.

Article 45. When persons with mental disorders are unable to complete hospital discharge procedures themselves, these procedures shall be completed by their guardians.

Article 46. Medical facilities^[14] and the health care providers^[13] in these facilities shall respect the rights of persons with mental disorders receiving inpatient treatment, to communicate with the outside^[27] and to see visitors. Except in circumstances when these rights may be temporarily suspended during acute episodes of illness or in order to prevent interference with treatment, patients' rights to communicate with the outside and to see visitors must not be restricted.

Article 47. Medical facilities^[14] and health care providers^[13] in these facilities shall accurately document in the medical chart the clinical status of patients, treatments, medication usage, use of restraints, use of isolation, and other relevant content. Patients and their guardians may review and copy patients' medical records, with the exception of not allowing patients to review and copy their medical records when this would be potentially detrimental to their treatment. Medical records shall be stored for at least thirty years.

Article 48. Medical facilities^[14] must not refuse treatment or transfer responsibility for treatment of nonpsychiatric illnesses that are within the range of conditions diagnosed and treated by their facility on the grounds that the individual has a mental disorder.

Article 49. Guardians of persons with mental disorders shall appropriately supervise the care of patients who are not hospitalized, monitoring their medication usage and encouraging them to accept follow-up and ongoing treatment as recommended by their physicians. Based on the requests of patients and their guardians, rural village committees, urban neighborhood committees,^[10] and patients' employers shall provide guardians with the help they need to supervise patients.

Article 50. The administrative departments for health of the local People's Government at the county level and above^[6] shall periodically inspect medical facilities^[14] in their respective administrative jurisdictions that are engaged in the diagnosis and treatment of mental disorders to assess the following criteria:

- (1) whether or not the personnel, facilities and equipment meet the requirements of this law;
- (2) whether or not the diagnosis and treatment practices are in accordance with the requirements of this law, with standard diagnostic criteria and procedures, and with standard treatment practices;
- (3) whether or not the procedures for inpatient treatment of persons with mental disorders meet the requirements of this law;
- (4) whether or not the legal rights and interests of persons with mental disorders are protected in accordance with relevant laws.^[28]

When the administrative departments for health of the local People's Government at the county level and above^[6] carry out these inspections, they shall solicit the opinions of persons with mental disorders and their guardians; if violations of this law are identified, these violations shall be immediately stopped, corrective measures shall be mandated, and disciplinary steps shall be implemented according to law.^[29]

Article 51. Psychotherapy^[17] shall only be practiced within medical facilities.^[14] Persons only qualified to provide psychotherapy^[30] must not diagnose mental disorders, prescribe medications for persons with mental disorders, or perform surgical treatments. Technical regulations for the provision of psychotherapy will be formulated by the administrative departments for health under the State Council.^[5]

Article 52. Prisons, compulsory residential drug rehabilitation centers and similar institutions shall take steps to ensure that detainees in these facilities who have mental disorders receive treatment.

Article 53. Persons with mental disorders who violate the Law on Public Security Administration^[31] or the Criminal Law^[32] shall be dealt with in accordance with the regulations of the relevant laws.

Chapter IV. Rehabilitation of mental disorders

Article 54. Community-based rehabilitation facilities shall allocate the space and resources needed to provide rehabilitation training in life skills, social skills, and other skills to persons with mental disorders who need rehabilitation.

Article 55. Medical facilities^[14] shall provide maintenance treatment with basic psychiatric medications to persons with severe mental disorders who live at home, and they shall also provide community-based rehabilitation facilities with technical assistance and support related to the rehabilitation of mental disorders.

Urban community health centers, rural township health centers and rural village health clinics shall establish a health registry for persons with severe mental disorders, periodically follow up persons with severe mental disorders who live at home, instruct patients about the use of medication and about rehabilitation, and educate guardians about mental health and about the supervision of the mentally ill. In order to help health centers and clinics undertake these activities, the administrative departments for health of the People's Government at the county or equivalent level^[33] shall provide guidance and training to urban community health centers, rural township health centers and rural village health clinics.

Article 56. In order to help patients and their families resolve practical difficulties and create the conditions needed to reintegrate patients into society, rural village committees and urban neighborhood committees^[10] shall provide assistance to families of persons with mental disorders that are having financial difficulties and report the circumstances and requests of these patients and families to the local People's Government of the town, township or urban subdistrict^[4] and to relevant administrative departments of the People's Government of the county or equivalent level.^[33]

Article 57. Organizations for disabled persons and rehabilitation facilities for persons with disabilities shall organize activities for patients that meet the rehabilitation needs of persons with mental disorders.

Article 58. Employers shall organize suitable work for persons with mental disorders based on their actual capabilities, ensure that patients receive equal pay and equal treatment, arrange for them to participate in necessary job training, improve their job skills, create a work environment that is appropriate to their condition, and reward their work accomplishments.

Article 59. Guardians of persons with mental disorders shall help patients practice life skills, social skills and other rehabilitative skills.

If guardians need technical advice about the supervision of persons with mental disorders, this advice shall be provided by urban community health centers, rural township health centers, rural village health clinics, and community-based rehabilitation facilities.

Chapter V. Measures necessary to implement the law

Article 60. In collaboration with other relevant administrative departments, the administrative departments for health of the People's Government at the county level and above^[2] shall formulate, coordinate, and implement mental health work plans that are in line with the requirements of the National Economic and Social Development Plan.^[34]

Mental health work plans shall be based on the results of mental health monitoring activities and on the results of specialized mental health surveys.

Article 61. The People's Government of provinces, of autonomous regions, and of the municipalities that are directly administered by the central government shall, based on the specific circumstances in their respective administrative jurisdictions,^[3] create comprehensive plans and coordinate the distribution of the required resources needed to improve the mental health service system and to enhance its ability to prevent, treat, and rehabilitate mental illnesses.

The People's Government at the county or equivalent level^[33] shall, based on the specific circumstances in their respective administrative jurisdictions, develop overall plans to establish community-based rehabilitation facilities for persons with mental disorders.

The local People's Government at the county level and above^[6] shall take measures to encourage community stakeholders^[9] to establish medical facilities^[14] that may diagnose and treat mental disorders and to establish rehabilitation facilities for persons with mental disorders.

Article 62. Based on the requirements for mental health work, the People's Government at all levels shall increase financial support to ensure that the funds needed for mental health work are available; moreover, the funds for mental health work shall be included in the financial budget at each level of government.

Article 63. The State^[11] shall strengthen the development of the mental health service network at the primary level,^[35] support mental health work in poor and remote regions, and guarantee financial support for mental health work at the primary level in both urban and rural communities.

Article 64. In order to guarantee that the personnel needed to undertake mental health work are available, institutions that train health professionals^[36] shall strengthen their teaching and research in psychiatry and train the specialized psychiatric professionals needed to carry out mental health work.

Article 65. In accordance with the regulations of the administrative departments for health under the State Council,^[5] to upgrade their capacity to prevent, diagnose and treat mental disorders, general hospitals^[37] shall provide psychiatric or psychotherapy^[17] outpatient services.

Article 66. Medical facilities^[14] shall arrange for their health care providers^[13] to study information about mental health and about laws, regulations and policies related to mental health.

Facilities that are engaged in the diagnosis, treatment, and rehabilitation of mental disorders shall periodically arrange for their health care providers and other staff members to participate in in-service training to update their knowledge about mental health.

To increase health care providers' ability to identify persons with mental disorders, administrative departments for health of the People's Government at the county level and above^[2] shall arrange for their training in mental health.

Article 67. Institutions that specialize in the training of teachers^[38] shall offer mental health courses for students; institutions that train health professionals shall offer mental health courses for students not specializing in psychiatry.

The administrative departments for education of the People's Government at the county level and above^[2] shall include mental health content in the pre-employment orientation training and in the in-service training of teachers, and they shall periodically organize professional training for teachers who teach about psychological well-being^[1] and for school counselors.

Article 68. Administrative departments for health of the People's Government at the county level and above^[2] shall arrange for medical facilities^[14] to provide free basic public health services^[39] to persons with severe mental disorders.

The medical expenditures of persons with mental disorders shall be paid using basic medical insurance funds according to relevant national regulations for social security.^[40] In accordance with relevant national

regulations, health insurance agencies shall enroll persons with mental disorders in the Basic Medical Insurance System for Urban Workers,^[41] the Basic Medical Insurance System for Urban Residents,^[42] or the New Rural Cooperative Medical System.^[43] In accordance with relevant national regulations,^[44] the People's Government at the county or equivalent level^[33] shall provide financial assistance so that persons with severe mental disorders from families that have financial difficulties may participate in the basic medical insurance system. The departments of human resources and social security, health, civil affairs,^[7] finance, and other administrative departments shall improve their interdepartmental coordination and simplify their procedures to ensure that medical expenses paid for by the basic medical insurance fund are directly settled between medical facilities and health insurance agencies.

If persons with mental disorders still have financial difficulties after medical expenditures have been covered by basic medical insurance or if it is not possible to pay their medical expenses by basic medical insurance, civil affairs departments^[7] shall make it a priority to provide them with the assistance needed to obtain medical care.

Article 69. Civil affairs departments^[7] shall, in coordination with other relevant departments, promptly enroll persons with severe mental disorders who are living below the urban or rural poverty line in the Subsistence Allowance System.^[45]

In accordance with relevant national regulations,^[46] departments of civil affairs shall provide urgent assistance and ongoing welfare support to rural residents with severe mental disorders who are participants in the 'Rural Five Guarantees Program'^[47] and to urban residents with severe mental disorders who are unable to work, have no source of income and have no legally responsible relatives^[48] or whose legally responsible relatives are unable to provide support.

For persons with severe mental disorders not covered in the two previous clauses who have real hardships, civil affairs departments may implement temporary relief measures to help them resolve difficulties in their basic living conditions.

Article 70. The local People's Government and the relevant administrative departments at the county level and above^[6] shall take effective measures to ensure that school-age children and adolescents with mental disorders receive legally-stipulated universal education, to help persons with mental disorders who are able to work participate in work activities commensurate with their abilities, and to provide employment services to those who are rehabilitated.

The State^[11] will give employers that provide employment to persons with mental disorders legally specified tax incentives^[49] and will support these employers in the areas of production, operations, technology, capital, materials, land, and so forth.

Article 71. The human dignity and personal safety of mental health workers must not be violated; mental health workers are protected by law when performing their legally sanctioned responsibilities.^[50] All individuals and organizations shall respect mental health workers.

The People's Government at the county level and above,^[2] relevant administrative departments, medical facilities,^[14] and rehabilitation facilities shall take measures to improve the workplace safety of mental health workers, to increase the income and benefits of mental health workers, and to provide mental health workers with appropriate monetary allowances in accordance with regulations.^[51] If mental health workers are injured, disabled, or killed on the job, occupational injury compensation and death benefits will be provided according to the relevant national regulations.^[52]

Chapter VI. Legal responsibility

Article 72. If the administrative departments for health of the People's Government at the county level and above^[2] or other relevant administrative departments do not fulfill their responsibilities in mental health work as specified in the provisions of this law, or if they abuse their authority, are derelict in their duties, or engage in favoritism, the People's Government at the respective level or the relevant administrative departments of the next higher level of the People's Government shall order them to rectify the situation, criticize them in an announcement, and discipline the supervisor and other staff directly responsible according to relevant laws^[53] with a warning, by recording a demerit in their work record, or by recording a serious offence in their work record; if the actions of the offending party result in serious consequences, disciplinary actions may include pay reduction, demotion, or dismissal.

Article 73. If medical facilities^[14] that do not meet the requirements specified in this law engage in the diagnosis and treatment of mental disorders without authorization, the administrative departments for health of the People's Government at the county level and above^[2] will order them to stop these diagnostic and treatment activities, issue a warning, impose a fine of no less than 5,000 Renminbi and no more than 10,000 Renminbi, and confiscate any illegal gains made by the offending parties; the supervisor and other staff directly responsible will be disciplined (or the facility will be ordered to discipline them) according to relevant laws^[29] by a pay reduction, a demotion, or dismissal; the health care providers^[13] involved will have their professional registration revoked .

Article 74. If medical facilities^[14] or their staff members commit either of the following violations, the administrative departments for health of the People's Government at the county level and above^[2] will order them to rectify the situation and issue a warning; if the circumstances are serious, the supervisor and other staff members directly responsible will be disciplined (or the facility will be ordered to discipline them) according to relevant laws^[29] by a pay reduction, a demotion, or dismissal and the health care providers^[13] involved may be ordered to temporarily suspend their professional activities for at least one month but for no more than six months:

- (1) refusal to provide a diagnosis for a person sent to the facility for evaluation of a suspected mental disorder;
- (2) failure to conduct a prompt evaluation of patients receiving inpatient treatment in accordance with the second clause of Article 30 of this law or failure to manage patients according to the results of these evaluations.

Article 75. If medical facilities^[14] or their staff members commit any of the following violations, the administrative departments for health of the People's Government at the county level and above^[2] will order them to rectify the situation and the supervisor and other staff members directly responsible will be disciplined (or the facility will be ordered to discipline them) according to relevant laws^[29] by a pay reduction or a demotion; the professional privileges of the health care providers^[13] involved will be suspended for at least six months but for no more than one year; and, if the circumstances are serious, the individuals involved will be dismissed (or the facility will be ordered to dismiss them) and the professional registration of the health care providers involved will be revoked:

- (1) use of restraints, isolation and other protective medical measures in ways that do not conform with the provisions of this law;
- (2) contravene the provisions of this law by forcing persons with mental disorders to participate in labor;^[24]
- (3) carry out surgery or experimental clinical treatments on persons with mental disorders in ways that do not conform with the provisions of this law;
- (4) contravene the provisions of this law by violating the rights of persons with mental disorders to communicate with the outside^[27] and to see visitors;
- (5) failure to adhere to diagnostic criteria for mental disorders resulting in the diagnosis of mental disorders in persons who do not have mental disorders.

Article 76. If any of the following circumstances occurs, the administrative departments for health and the administrative departments for industry and commerce of the People's Government at the county level and above^[2] will, according to each department's respective responsibilities, order the offending parties to rectify the situation, issue a warning, impose a fine of at least 5,000 Renminbi and no more than 10,000 Renminbi, and confiscate any illegal gains made by the offending parties; if the actions of the offending parties result in serious consequences, the offending parties will be ordered to suspend professional activities for at least six months but for no more than one year, or – in the most severe cases – have their professional registration and business license revoked:

- (1) psychological counselors^[16] provide psychotherapy^[17] or they diagnose or treat persons with a mental disorder;
- (2) persons qualified^[54] to provide psychotherapy practice psychotherapy in locations that are not medical facilities;^[14]
- (3) persons only qualified to provide psychotherapy^[30, 54] diagnose mental disorders;
- (4) persons only qualified to provide psychotherapy^[54] prescribe medications for persons with mental disorders or perform surgical treatments.

Psychological counselors or persons only qualified to provide psychotherapy who cause physical, financial or other types of injuries during the course of counseling or psychotherapy bear civil liability according to the law.^[55]

Article 77. Facilities and individuals that violate the third clause of Article 4 in this law, causing harm to persons with mental disorders, are legally liable to pay compensation; the supervisor and other staff members directly responsible at the facility shall also be disciplined according to the law.^[53]

Article 78. Whenever any of the following violations of this law cause physical, financial or other types of harm to persons with mental disorders or to other citizens, the responsible individuals or institutions are legally liable to pay compensation:

- (1) deliberately treating persons without mental disorders as if they have mental disorders and sending them to medical facilities^[14] for treatment;
- (2) guardians of persons with mental disorders abandoning them or other situations in which they do not fulfill their responsibilities as guardians;
- (3) violating the human dignity or personal safety of persons with mental disorders by stigmatizing, humiliating or abusing them;
- (4) illegally restricting the personal freedom of persons with mental disorders;
- (5) other situations that violate the legal rights and interests of persons with mental disorders.

Article 79. When the diagnostic evaluation issued by a medical facility^[14] indicates that a person with a mental disorder should receive inpatient treatment but the guardians refuse and the patient subsequently causes harm to the person or property of others, and in other circumstances in which the patient causes harm to the person or property of others, the guardians bear civil liability according to the law.

Article 80. Penalties for violations of public order^[31] will be imposed on persons who intentionally cause disturbances or start quarrels that prevent staff members from carrying out their legal responsibilities according to this law or that disrupt the normal operations of a medical facility^[14] or certification agency during the diagnosis, treatment, or certification of mental disorders.

Other behaviors in violation of this law that concurrently constitute violations of public order will result in the imposition of the corresponding penalties.

Article 81. Violations of the provisions of this law that are severe enough to constitute a crime shall be investigated for criminal responsibility according to law.

Article 82. Persons with mental disorders and their guardians and close relatives who believe that administrative bodies, medical facilities,^[14] other relevant agencies, or individuals have violated the provisions of this law and infringed on the legal rights and interests of persons with mental disorders may legally initiate a lawsuit.

Chapter VII. Supplementary provisions

Article 83. Conditions considered mental disorders in this law can be the result of a variety of causes; they are disturbances or abnormalities of perception, emotion, thinking or other mental processes that lead to significant psychological distress or to significant impairments in social adaptation or in other types of functioning.^[56]

Conditions considered severe mental disorders in this law are mental disorders characterized by severe symptoms that result in serious impairments in social adaptation or in other types of functioning, in impaired awareness of objective reality or of one's medical condition, or in an inability to deal with one's own affairs.^[57]

In this law, guardians of persons with mental disorders are persons who may assume the role of guardian as specified in the relevant regulations of the General Principles of the Civil Law.^[58]

Article 84. The State Council and the Central Military Committee will formulate regulations based on this law to manage mental health work in the military.

Article 85. This law shall go into effect as of May 1, 2013.

Translators' notes

To improve the comprehensibility of the English version of the document we have changed the order of phrases in sentences to make them more consistent with English usage, added modifiers to terms that are ambiguous when the Chinese is translated directly into English, and occasionally chosen a specific English term that limits the meaning of the Chinese term to what is intended in the original Chinese text. The following footnotes explain our choice of English terms when alternative translations are possible, discuss alternative translations of the text in sections where the original Chinese text is ambiguous, and provide background for sections that require an understanding of the situation in China. Links to the documents cited in these notes are provided below.

1. We use the term 'psychological well-being' to translate the Chinese term '心理健康'; this could also be translated as 'psychological health'. In the Chinese text 'psychological well-being' is distinguished from 'mental health' ('精神卫生'). **[Articles 2, 13, 15-18, 20, 22 and 67]**
2. The administrative divisions of China can be quite confusing because the labels used for different levels change frequently and are often overlapping,^(a) so some explanation is needed of the terms 'the People's Government at the county level and above' (县级以上人民政府). As of 2009, there were 2859 'county-level' administrative units of the People's Government in the country that included 1 464 rural counties, 855 urban districts, 367 county-level cities and 173 administrative units with other names. The administrative unit above the county is the 'prefecture-level': there are 333 prefecture-level administrative units including 17 prefectures, 283 prefectural-level cities, 30 autonomous prefectures and 3 leagues (in Inner Mongolia). The administrative unit above the prefecture is the 'province': there are 33 provincial-level administrative units including 23 provinces (including Taiwan), 5 autonomous regions (with large minority populations), 4 municipalities (Beijing, Shanghai, Tianjin and Chongqing), and 2 special administrative regions (Hong Kong and Macao). The administrative level above the 'province' is the national government. **[Articles 7, 8, 12-14, 60, 66-68 and 71-76]**
3. The term 'based on the specific circumstances in their respective administrative jurisdictions' (根据本地区的实际情况 or 根据本行政区域的实际情况) is a frequently employed term that gives local administrators the flexibility they need to implement the relevant policy based on the socioeconomic characteristics of their communities, but it may also provide them with an excuse not to implement the policy. **[Articles 7 and 61]**
4. As of 2009, there were 40 859 'township-level' administrative units in the country (under the 'county-level' administrative units). These included 19 141 towns, 14 646 rural townships, 1098 ethnic townships, 6686 urban subdistricts, and 184 administrative units with other names. **[Articles 7 and 56]**
5. The State Council, which is chaired by the Premier and includes the heads of the main ministries and agencies, is China's highest administrative body. There are four government departments that deal with health matters directly under the State Council: the Ministry of Health of the People's Republic of China; the State Administration of Traditional Chinese Medicine of the People's Republic of China; the State Food and Drug Administration; and the General Administration of Quality Supervision, Inspection and Quarantine of the People's Republic of China. **[Articles 8, 24, 26, 51 and 65]**
6. The 'local People's Government at the county level and above' (县级以上地方人民政府) refers to the same administrative units of the government as those described in Footnote 2 – that is, the 'People's Government at the county level and above' (县级以上人民政府) – with the exception that it excludes the national government. **[Articles 8, 19, 50, 61 and 70]**
7. The Ministry of Civil Affairs in China (called the Ministry of Internal Affairs prior to 1978) is responsible for social and administrative affairs in the country. This includes a very wide range of responsibilities, one of which is the provision of all types of welfare services (e.g., orphanages, chronic-care psychiatric hospitals, homes for the elderly, etc.) and financial support to the poor. The Ministry has departments at every level of government. **[Articles 68 and 69]**
8. The China Disabled Persons' Federation is a quasi-government organization with representative offices throughout China that represents the interests of persons with all types of disabilities (including disabilities due to mental disorders), coordinates the provision of community-based services for persons with disabilities, and is commissioned by the Chinese government to supervise affairs relating to persons with disabilities. Deng Pufang, the disabled son of Deng Xiaoping, is the honorary Chairman of the federation. **[Article 10]**
9. We use the term 'community stakeholders' to translate the Chinese term '社会力量'; this could also be translated as 'social forces' or 'community resources'. It is often used to refer to non-government social agents including individuals, quasi-government organizations (e.g., the Disabled Persons Federations, the Women's Federation, etc.), non-government organizations, and other community organizations; depending on the context it may or may not include rural village committees and urban neighborhood committees. **[Articles 10 and 61]**
10. As of 2009, there were 80 717 urban neighborhood committees and 623 669 rural village committees in the country. These committees of residents are not formal government administrative units but they administer a defined geographic area and have designated heads (one per area). The committees coordinate community services and report their activities to departments in the People's Government in the respective rural township or urban subdistrict. **[Articles 10, 20, 36, 49 and 56]**
11. We use the capitalized term 'State' for the Chinese term '国家' when it is used as a noun; this could also be translated as 'the national government' or 'the government'. When used as an adjective the Chinese term '国家' is translated as 'national'. **[Articles 10, 11, 22, 63 and 70]**
12. An alternative translation of the second clause of Article 11 is as follows: 'The State encourages and supports scientific research in mental health; the development of modern medical science, traditional Chinese medicine, ethnic medicine, and

- psychological science; and the improvement in the scientific and technological level of the prevention, diagnosis, treatment, and rehabilitation of mental disorders.' **[Article 11]**
13. We use the term 'health care providers' to translate the Chinese term '医务人员'; this could also be translated as 'health workers', 'medical workers', 'health professionals' or 'medical professionals'. In most instances the Chinese text specifically refers to persons who directly provide services so we decided on the former term. **[Articles 17, 37, 39, 40, 46, 47, 66 and 73-75]**
 14. We use the term 'medical facility' to translate the Chinese term '医疗机构'; in most cases this term refers to 'hospitals and clinics' but in some circumstances it includes public health and other types of medical institutions so we have chosen the more generic term. **[Articles 17, 23, 25, 28, 29, 31-33, 35-41, 43, 44, 46-48, 50, 51, 55, 61, 66, 68, 71, 73-76, 78-80 and 82]**
 15. Article 22 could also be translated as follows: 'The State encourages and supports news media and social organizations to provide free promotion about mental health, to popularize knowledge about mental health, to focus public attention on psychological well-being and, thus, to prevent mental disorders.' **[Article 22]**
 16. The law does not provide a definition of what constitutes a 'psychological counselor' (心理咨询人员). Over the last two decades there has been an explosion of non-standardized training courses of varying lengths for 'counselors' in China, the vast majority of which include no supervised clinical experience. **[Articles 23 and 76]**
 17. The law does not provide a definition of what types of treatment are considered psychotherapy (心理治疗) or of what type of training is necessary to be qualified to provide psychotherapy. Article 51 indicates that these definitions will be made by administrative departments for health under the State Council (presumably, the Ministry of Health). Psychotherapy is, however, distinguished from 'psychological counseling'. **[Articles 23, 25, 51, 65 and 76]**
 18. Administrative regulations for medical facilities are specified in the 'Management Regulations for Medical Facilities'^(b) released by the State Council in 1994 and the related 'Detailed Implementation Procedures for the Management Regulations for Medical Facilities'^(c) released by the Ministry of Health in 1994. **[Article 25]**
 19. Based on this requirement at a minimum a 'medical facility' that provides psychiatric diagnostic and treatment services must have one registered psychiatrist and one registered psychiatric nurse. This requirement is more clearly specified in a section on mental health clinics in the regulations on 'Basic Standards for Medical Facilities' released by the Ministry of Health in 2004.^(d) **[Article 25]**
 20. The Chinese text here is somewhat confusing. The direct translation of the phrase is that 'inpatient treatment shall be imposed' (应当对其实施住院治疗), indicating that involuntary hospitalization is required. But in the context of the first sentence in the article (which indicates that inpatient treatments should usually be voluntary) and of the subsequent two clauses (which indicate that additional conditions need to be met before involuntary commitment is mandatory) this phrase does not mean that involuntary treatment is required. We have, therefore, translated it as 'the medical facility may impose inpatient treatment' to indicate the conditions specified in Article 30 are required but not sufficient to result in involuntary inpatient treatment. **[Article 30]**
 21. For unknown reasons, the drafters of the law studiously avoided the term 'involuntary admission' (非自愿住院) preferring the more ambiguous term 'impose inpatient treatment' (对其实施住院治疗) which makes the articles on involuntary commitment (Articles 30-36) somewhat confusing. According to Article 30, individuals may be involuntarily admitted to hospital for psychiatric treatment if they have a 'severe mental disorder' and they are a danger to self or to others. The definition of 'severe mental disorder' is provided in Article 83, but it is quite vague so the decision about whether or not an individual meets these criteria will depend on evaluators' judgments about the severity of the symptoms and the related social dysfunction. Moreover, there are no operational criteria provided for danger to self or to others, so this decision will also depend on the judgment of the evaluators. As specified in Article 31, individuals with a severe mental disorder who are a danger to self but not to others may only be involuntarily admitted if the guardians agree. According to Article 32, persons with a severe mental disorder who are a danger to others may be involuntarily admitted even without the approval of the guardians, but in this case the patient and guardians can demand a diagnostic reassessment and, if they disagree with the reassessment, an independent, legally-binding certification of the diagnosis and of the need for inpatient treatment. **[Articles 30-36]**
 22. In China well over 50% of the individuals who are treated in the emergency departments of general hospitals for suicide attempts do not have a mental disorder at the time (many suicides are impulsive acts in individuals without mental disorders), so these individuals would not be subject to involuntary psychiatric admission because they do not meet the 'severe mental disorder' criteria. [See Li XY et al. Characteristics of attempted suicides treated in rural general hospitals. *Chin Ment Health J* 2002, 16:681-684. (in Chinese)]. **[Article 30]**
 23. The Chinese text, '监护人应当同意对患者实施住院治疗' is directly translated as 'guardians shall agree to the imposition of inpatient treatment for the patient'; but in this context the more appropriate translation is 'guardians are required to accept the imposition of inpatient treatment for the patient'. **[Article 35]**
 24. The Chinese text in Article 41 clearly specifies that forcing patients to participate in productive labor (生产劳动) is prohibited, suggesting that other types of labor are permitted. But in the second item of the first clause of Article of 75 all types of forced labor are considered violations of the law. **[Article 41]**
 25. The law does not clarify situations in which persons with a mental disorder are unable to provide informed consent. **[Article 43]**
 26. The law does not provide any guidance about the types of surgeries that 'result in loss of function of body organs', but the surgeries referred to in Article 43 include surgeries undertaken in all types of medical facilities, including those in general hospitals, specialized psychiatric hospitals, and other types of medical facilities. **[Article 43]**

27. The Chinese text refers to the right to 'communicate' (通讯) but this is unclear in English so we have clarified things by specifying that it refers to the right to 'communicate with the outside' (i.e., outside of the hospital). **[Articles 46 and 75]**
28. The legal rights and interests of all Chinese citizens are specified in the 1982 'Constitution of the People's Republic of China'^(e) and the specific rights and interests of persons with disabilities (including disabilities due to mental disorders) are specified in the revised version of the 'Law of the People's Republic of China on the Protection of Disabled Persons'^(f) released by the National People's Congress in 2008. **[Article 50]**
29. The regulations for disciplinary actions towards medical facilities and for health care providers are specified in Chapter 6 of 'Management Regulations for Medical Facilities'^(b) released by the State Council in 1994 and in Chapter 7 of the related 'Detailed Implementation Procedures for the Management Regulations for Medical Facilities'^(c) released by the Ministry of Health in 1994. **[Articles 50 and 73-75]**
30. The law identifies health professionals who are 'only qualified to provide psychotherapy' (专门从事心理治疗的人员). These individuals do not have prescribing privileges and may only provide psychotherapy in medical facilities. Presumably these are clinical psychologists, but there is, as yet, no clearly defined professional training and registration process for such professionals in China. Unlike counselors they are permitted to treat persons with mental disorders but they cannot make diagnoses, so they would need to work in concert with psychiatrists to provide psychotherapy to persons with mental disorders. The law is vague about whether or not these individuals can work in medical facilities that do not have psychiatrists, but Article 65 indicates that general hospitals 'shall provide psychiatric or psychotherapy outpatient services', suggesting that persons only qualified to provide psychotherapy could work in medical facilities without in-house psychiatrists. However, other regulations released by the Ministry of Health in 2011 entitled 'Basic Standards for Clinical Psychology Outpatient Departments in Medical Facilities'^(g) indicate that such outpatient clinics must have two registered psychiatrists, so the issue is not settled. Article 51 of the current law indicates that the specifications about the training, registration and working regulations for these individuals will be made by administrative departments for health under the State Council (presumably, the Ministry of Health). In 1992 the Chinese Psychological Society and the Chinese Association for Mental Health jointly released recommended national regulations for the qualifications, professional standards, and professional responsibilities of counselors and psychotherapists working in medical facilities^(h); some localities including Beijing⁽ⁱ⁾ subsequently adopted similar regulations but there are, as yet, no national regulations. **[Articles 51 and 76]**
31. The penalties considered in this article are specified in the 'Law of the People's Republic of China on Penalties for Administration of Public Security',^(j) released in 2005 by the National People's Congress, which focuses on disturbances of public order and minor criminal offences. Article 13 of this law indicates that persons with mental disorders will not be subject to penalties under the law if they are unable to control their own behavior at the time of committing the offense. **[Article 53 and 80]**
32. The 'Criminal Law of the People's Republic of China',^(k) released by the People's National Congress in 1979, focuses on major crimes; Article 18 of the law specifies the criminal responsibility of persons with mental disorders. The related 'Criminal Procedure Law of the People's Republic of China' also released in 1979^(l) includes articles related to the evaluation of persons with possible mental disorders (Article 120) and the determination of the level of responsibility of persons with mental disorders (Article 176). According to these laws persons with mental disorders who are unable to control their behavior at the time of a criminal act are not considered criminally responsible. More details about the evaluation process, assessment of the level of responsibility, and subsequent management of such individuals are provided in the 'Temporary Regulations for the Forensic Evaluation of Persons with Mental Disorders'^(m) released by the Ministry of Justice and four other Ministries in 1989. **[Article 53]**
33. The Chinese term '县级人民政府' is translated as 'the People's Government at the county or equivalent level'. It refers to the administrative units of the People's Government at the county-level or equivalent, not including the People's Government at higher or lower administrative levels. As of 2009, there were 2859 'county-level' administrative units in the country including 1464 rural counties, 855 urban districts, 367 county-level cities and 173 administrative units with other names. **[Articles 55, 56, 61 and 68]**
34. China releases a new 'National Economic and Social Development Plan' every five years as a major component of each five-year national plan. The plans typically specify economic and other developmental targets. The current plan is described in the 'Report on China's Economic, Social Development Plan (2012)'^(n,o) adopted by the National People's Congress in May 2012. Other than a passing reference to the prevention of mental illnesses, the plan does not include any content specific to mental health or mental disorders; the intent of referring to it in the current law is probably to clarify that mental health plans must be included in the overall economic plans for each administrative jurisdiction. In parallel with the 'National Economic and Social Development Plan', each administrative department must develop its own department-specific plans; in compliance with this requirement, the Ministry of Health has released the 'National Mental Health Plan for 2012-2015'.^(p) **[Article 60]**
35. 'At the primary level' refers to the township and village level in rural areas and to the neighborhood and subdistrict (i.e., 'street') level in urban areas. **[Article 63]**
36. We use the term 'institutions that train health professionals' to translate the Chinese term '医学院校' rather than 'medical schools and colleges' because many of the institutions in China that train health professionals are not classified as medical schools or medical colleges. **[Article 64]**
37. We use the term 'general hospitals' to translate the Chinese term '综合医疗机构'; this could also be translated as 'general medical facilities' or 'nonspecialized medical facilities'. In Article 65 this is referring to institutions that are expected to provide outpatient psychiatric or psychotherapy services, so it is reasonable to restrict the English term to general hospitals. **[Article 65]**

38. We use the term 'institutions that specialize in the training of teachers' to translate the Chinese term '师范院校'; this could also be translated as 'teachers colleges and schools' or 'normal universities and colleges' but some institutions that specialize in the training of teachers in China are not classified as teacher's colleges, teacher's schools or normal universities or colleges, so we have used the more generic term. To avoid including the many institutions that do some training of teachers as a small part of a much larger educational focus, we limited the scope to institutions that specialize in training teachers. **[Article 67]**
39. As specified in the 'National Basic Public Health Service Standards'^(q) released by the Ministry of Health in 2011, there are 11 types of 'basic health services' that should be established and managed by public health departments of the government: 1) management of a health record system for urban and rural residents; 2) provision of health education; 3) vaccination services; 4) health services for children 0-6 years of age; 5) health services for pregnant women; 6) health services for the elderly; 7) health services for persons with high blood pressure; 8) health services for persons with type II diabetes; 9) health services for persons with severe mental illnesses; 10) reporting and management of infectious diseases and of public health emergencies; and 11) coordination of the monitoring of health risks in the community. The specific services for persons with severe mental disorders include maintenance of an information management system, follow-up and assessment, graded interventions, and physical examinations. **[Article 68]**
40. Chapter 3 of the 'Social Insurance Law of the People's Republic of China'^(r) promulgated by the National People's Congress in 2010 specifies the regulations for Basic Medical Insurance. **[Article 68]**
41. The 'Basic Medical Insurance System for Urban Workers'^(s) was established in 2008 by the State Council. **[Article 68]**
42. The 'Basic Medical Insurance System for Urban Residents'^(t) was established in 2007 by the State Council. **[Article 68]**
43. The 'New Rural Cooperative Medical System'^(u) was established in 2003 by the State Council. **[Article 68]**
44. As specified in Article 48 of the 'Law of the People's Republic of China on the Protection of Disabled Persons'^(f) released by the National People's Congress in 2008, the medical insurance of persons with disabilities (including those with mental disorders) will be covered if the individual or family has financial difficulties. **[Article 68]**
45. The 'Subsistence Allowance System'^(v) was established in 1999 by the State Council. **[Article 69]**
46. There are regional regulations about providing welfare support to persons with mental disorders but there is, as yet, no national law. For example, the document entitled 'Detailed Implementation Steps for the Beijing Municipality Regulations on Basic Income Support for Residents'^(w) released in 1999 by the Beijing Municipal Government specifically mentions supporting those with mental disorders. At the national level there is also a plan to do this but it has not yet been turned into legislation: the Minister of Civil Affairs gave a speech entitled 'Report on the Work of Providing Social Welfare in the Nation'^(x) to the Standing Committee of the National People's Congress on October 24, 2012 that recommended developing a system to cover medical expenses for major diseases, including mental illnesses. **[Article 69]**
47. The 'Rural Five Guarantees Program'^(y) was established in 2006 by the State Council as a social security network for rural residents who have insufficient support from relatives to support their livelihood. **[Article 69]**
48. In Chinese there are three different terms for support provided by relatives: 1) support the older generation provides to the younger generation (抚养), 2) support the younger generation provides to the older generation (赡养), and 3) support persons of the same generations provide to each other (扶养). English does not make these distinctions so they have been collapsed into the term 'support from relatives' which includes all types of support to persons with a mental disorder from relatives, regardless of the generational relationship and regardless of whether or not there is a biological relationship. **[Article 69]**
49. The 'Notification of the Method for Administering the Tax Incentives Policy for Promoting Employment of Persons with Disabilities'^(z) was released in 2007 by the State Administration of Taxation, the Ministry of Civil Affairs, and the All China Disabled Persons Federation. **[Article 70]**
50. There are two laws that are related to the protection of health workers, neither of which specifically refers to mental health providers. The 'Law of the People's Republic of China on Medical Practitioners'^(aa) which was promulgated by the National People's Congress in 1998 highlights the rights of the practitioner to have training, financial incentives, an appropriate work setting, respect from the community, and so forth. The 'Law on the Prevention of Occupational Diseases'^(bb) revised by the National People's Congress in 2011 includes items related to the safety of the work environment, occupational insurance for health workers, and so forth. **[Article 71]**
51. The 'Notification about Implementation of the Allowances for Health Workers'^(cc) released by the Ministry of Health, the Ministry of Finance and the Ministry of Labor in 1979 provides regulations about incentives for different types of health workers, including mental health workers; these financial incentives have not be adjusted for many years, so they are too small to have any effect as incentives. **[Article 71]**
52. The revised version of the 'Occupational Injury Insurance Regulations'^(dd) released by the State Council in 2010 specifies the methods of certifying an occupational injury, assessing the level of disability caused by an occupational injury, determining the monetary compensation for an occupational injury, and so forth; the original 2003 version of the regulations is also available in English.^(ee) **[Article 71]**
53. The 'Civil Service Law of the People's Republic of China' adopted by the standing committee of the National People's Congress in 2005^(ff) provides information about methods for assessing the responsibility of government officials and taking corresponding disciplinary measures. **[Article 72]**

54. The difference in the wording between the second item of the first clause of Article 76 and the third and fourth items of Article 76 (the former item refers to health professionals 'qualified to provide psychotherapy' while the latter two items refer to health professionals 'only qualified to provide psychotherapy') leave the impression that in addition to individuals who are 'only qualified to provide psychotherapy' (i.e., clinical psychologists) psychiatrists will also be qualified to provide psychotherapy (or may be eligible to obtain training so that they can do so), but this is not specifically stated in the law. **[Article 76]**
55. There is currently no law that specifically refers to the liability of psychological counselors or persons who provide psychotherapy, so these civil responsibilities will be assessed according to 'General Principles of the Civil Law of the People's Republic of China'⁽⁶⁶⁾ released by the National People's Congress in 1986. **[Article 76]**
56. This definition of mental disorders does not refer to any diagnostic standards but the second paragraph of Article 26 states that administrative health departments under the state council shall formulate the classification system and diagnostic criteria for mental disorders. It is left up to the psychiatrist making the evaluation to determine whether or not a mental disturbance is present and whether or not the mental disturbance is the cause of 'significant' (明显) distress or significant impairments in functioning. Interestingly, the definition is limited to 'mental activities'; it does not specifically include disturbances or abnormalities in behavior. **[Article 83]**
57. The definition of a 'severe mental disorder' – a required condition for involuntary admission – depends on the judgment of the evaluating psychiatrist(s) about whether or not the symptoms are severe enough to result in serious impairments in functioning, insight or self-management. Importantly, this definition describes a state which can occur in any mental illness and which can fluctuate over time. That is, 'severe mental disorder' does not refer to a specific subset of psychiatric diagnoses but, rather, to a severely disturbed condition that can occur in persons with any specific psychiatric diagnosis. **[Article 83]**
58. Article 17 of the 'General Principles of the Civil Law of the People's Republic of China'⁽⁶⁶⁾ released by the National People's Congress in 1986 specifies the types of individuals who may assume the role of legal guardian for persons with mental disorders who cannot take full civil responsibility for their behavior. **[Article 83]**

Links to documents cited in the Translators' Notes

- a. http://en.wikipedia.org/wiki/Administrative_divisions_of_the_People%27s_Republic_of_China (in English)
- b. http://www.gov.cn/banshi/2005-08/01/content_19113.htm (in Chinese)
- c. <http://www.moh.gov.cn/publicfiles/business/htmlfiles/mohzcfgs/s3576/200804/18303.htm> (in Chinese)
- d. http://www.sdpc.gov.cn/shfz/t20070620_142418.htm (in Chinese)
- e. <http://english.people.com.cn/constitution/constitution.html> (in English)
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