

SIT Graduate Institute/SIT Study Abroad

SIT Digital Collections

Independent Study Project (ISP) Collection

SIT Study Abroad

Fall 2019

Integrative Pharmacotherapeutic Approaches to Treating Depression

Charlotte Tse
SIT Study Abroad

Follow this and additional works at: https://digitalcollections.sit.edu/isp_collection



Part of the [Alternative and Complementary Medicine Commons](#), [Asian Studies Commons](#), [Chinese Studies Commons](#), [Community Health and Preventive Medicine Commons](#), [Mental and Social Health Commons](#), [Multicultural Psychology Commons](#), and the [Psychiatry and Psychology Commons](#)

Recommended Citation

Tse, Charlotte, "Integrative Pharmacotherapeutic Approaches to Treating Depression" (2019). *Independent Study Project (ISP) Collection*. 3203.

https://digitalcollections.sit.edu/isp_collection/3203

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

Integrative Pharmacotherapeutic Approaches to Treating Depression

Charlotte Tse

Lu Yuan

Hai Wen, Yunnan Provincial Hospital of Traditional Chinese Medicine

SIT: Study Abroad

China: Health, Environment and Traditional Chinese Medicine, Kunming

Fall 2019

Abstract

Traditional Chinese Medicine (TCM), based in the philosophy-religions of Buddhism, Confucianism, and Daoism, is more than a purely prescriptive medical system; it is a way of life focused primarily on the principles of prevention rather than the more reactionary direction that pharmacotherapy in the US has taken. Mental illness is expected to account for a quarter of China's overall health burden by 2020, with depression affecting around 100 million people and nearly 30 percent of young Chinese adults. Conventional antidepressants have a delayed onset and unpredictable therapeutic efficacy in this condition, especially in mild to moderate cases of depression. In fact, diagnoses of minor or mild forms of depression are as prevalent as severe depression. Yet for mild to moderate forms of depression, there is no significant difference in patient response to allopathic treatments over placebo. The present study examines perspectives on TCM as a better alternative to conventional antidepressants for mild to moderate depressive disorders in light of recent research. Young adult perspectives on depression and limitations of the mental health field in China are discussed.

Keywords: Mental health, public health, traditional healing, psychology, depression

Table of Contents

Introduction	5
Traditional Chinese Medicine	
Psychological Theories in Traditional Chinese Medicine	
Depression	
Methods	11
Results & Discussion	13
Diagnostic criteria	
Effectiveness	
Side effects	
Rates and causal factors of depression	
Young adult perspectives on depression	
Limitations	
Conclusion	22

Acknowledgements

A big thank you to all of the doctors who took the time out of their busy days to patiently answer my questions: Dr. Wen of Yunnan Provincial TCM Hospital, Dr. H. Wen of the Yunnan Provincial TCM Hospital at Dianchi, Dr. Yao, and Dr. Zhang of Dali University. Your guidance and expertise made my project possible.

I am eternally grateful for the never-ending patience of my roommate, Audrey, who assisted in translating and always provided a helping hand; and for the kind company of Ren, who adamantly supported me throughout this process and listened to me fumble through organizing my thoughts. They were my voices of reason and without them this paper would likely still be rotting on my hard drive.

To my dear friends from SIT Kunming, especially Ashley and Jasper—who dealt with me as I continuously lost my cool through the course of my studies and cheered me on relentlessly.

Lastly, to Lu Yuan, Charles, Xiao, and Jo, who made my entire existence here in Kunming possible in the first place. The work they have done and will continue to do is both incredibly necessary and absolutely awe-inspiring.

Introduction

Traditional Chinese Medicine

Traditional Chinese Medicine (TCM) has seen a drastic rise in popularity in the West. In the US alone, there are more than 15 colleges of traditional Chinese medicine (TCM). The system comprises of several primary modes of treatment, with these treatments chosen and placed based on a systematic theory of *qi*, or internal energy, which is said to flow throughout our bodies in a set of 12 meridians. Any break in this flow through the body is a sign of imbalance and thus reduced organ and tissue function resulting from the invasion of exogenous pathogenic factors. TCM, which is based in the philosophy-religions of Buddhism, Confucianism, and Daoism, is seen as more like a lifestyle rather than a purely prescriptive medical system. It is focused primarily on the principles of prevention rather than the more reactionary direction that pharmacotherapy in the US has taken. Diet and exercise changes are growing in popularity in the US as parts of an increasingly holistic treatment regimen, but the theory of TCM extends such ideas of holistic treatment, with everything down to eating habits and the temperature of the water you drink playing roles in one's health and, accordingly, illness.

A tradition of more than 3000 years, TCM is prevalent and widespread among nearly all ethnically Chinese societies. In the US, the practices in TCM, especially those of herbs and its theories of the five organs, for instance, have been largely dismissed as unscientific and unsupported. However, Western practitioners fail to organically understand the perspectives of TCM as a system independently formed long before such ideas as the modern Western scientific method even existed. Unlike in the West, it is not considered an alternative method of treatment, but rather as a totally legitimate and often complementary form of medicine to Western methods in China; most hospitals have TCM departments, and many other hospitals either specialize in TCM or fully integrate both TCM and WM approaches.

Psychological Theories in Traditional Chinese Medicine

The seven emotions and five wills are the fundamental theories of the mind in TCM. In opposition to Western theories of the dichotomous psyche and body, TCM views them as one interlocked entity. The seven emotions are joy, anger, worry, anxiety (rumination), sadness, fear, and fright. They are the external manifestations of the functions of the viscera; when the emotions are severe, prolonged, or otherwise imbalanced, they cause disease. The five wills each correspond to one of the five organs and the five elements as well: anger corresponds to the liver and wood, elation to the heart and fire, rumination to the spleen and earth, sadness to the lung and metal, and fear to the kidneys and water.ⁱ Mental illness typically revolves around the heart, which is seen as the basis of cognition, virtue, and bodily sensation.ⁱⁱ

Depression, categorized as a disease of emotion under TCM, has a wide range of symptoms as described in ancient texts; in recent years, it has even been proposed by some researchers that depression is actually a cluster of disorders rather than one single disease on account of its varieties in presentation. In the *Huang Di Nei Jing*, depressive symptoms such as sadness, melancholy, and unhappiness appeared. Such symptoms were thought to be best treated according to emotional mutual-restriction theory.ⁱⁱⁱ This theory of emotionality, sometimes referred to as mutual promotion and counteraction (MPMC), is a bottom-up therapeutic strategy that utilizes less cognition in emotional regulation as compared to Western methods of top-down control of prefrontal cortex functions such as cognitive reappraisal (reframing negative events in terms of meaning and self-relevance). Its use stems from traditional Chinese medicinal beliefs in bidirectional and mutually allelopathic relationships between emotions such that certain emotions are capable of strengthening or

attenuating each other; for example, rumination promotes sadness, but joy counteracts sadness.

Contemporary studies of MPMC theory have found that anger responses can be regulated through sadness induction, bypassing the impairment of the prefrontal cortex under stress. Similarly, high trait rumination, a significant risk factor for depression, was found to decline significantly after anger induction interventions.^{iv} Therapeutic emotional treatments of counteracting sadness with joy were used alongside herbs meant to recover physical function and mood. Later, during the Eastern Han Dynasty, the etiology of depressive symptoms evolved still further with the documentation of “lily disease”, a disease of endogenous heat stemming from a Yin deficiency characterized by “unclear consciousness, fluctuated appetite, frequent silence, restlessness, confused cold and heat body sensation, bitterness in the mouth, dark urine, red tongue body and less tongue coating, and a weak and thready pulse”.^v

Depression

A complex disorder of sociopolitical and biological factors, major depressive disorder is reported to be the leading cause of disability worldwide. One in ten people have suffered from major depressive disorders at least once in their lifetime, and its estimated worldwide economic burden was over USD \$800 billion in 2010. Worldwide, the WHO estimates that at least 322 million people—more than four percent of the global population—suffer from depression.^{vi} The China Daily reported that surveys by Chinese health authorities estimated that as of 2016, around 100 million people of all ages suffer from depression.^{vii} By 2020, mental illness is expected to account for a quarter of the overall health burden in China.^{viii} Though mental illness in China is estimated to account for around 20% of all illnesses, mental health

expenditures are just 2.5% of government spending on public health.^{ix} As is the global trend, there is a high rate of depression among young adults. Among Chinese youth aged 15 to 24, at least 1.2 million have depressive disorders.^x Within just university students, the proportion is even higher, with depression prevalence estimated at 23.8 percent.^{xi} The China Youth and Children Research Center and the Institute of Psychology, Chinese Academy of Sciences have reported that nearly 30 percent of young people between the ages of 14 and 35 are in danger of becoming depressed; within that percentage, 8.1 percent are considered to be high-risk.^{xii}

Several factors have been suggested as potential causes of this proliferation of depression in the population. Though some argue that the increase is because of the growing accessibility to mental health education, simply gaining the terminology is not enough to explain such exponential growth. In many ways, depression can be perceived as both a somatic experience and social construct, a cultural syndrome of sorts; for some, depression is a manifestation of social and political anxieties. Yang (2018) suggested that what the government has now dubbed the “mental health crisis” was brought on by the stressors of dis/relocation and the rapid restructuring of Chinese societal structures since rapid privatization began in the 1990s, which has among other things resulted in increasingly deserted rural areas, significant changes in communal and familial structures (as previously Chinese families were extremely close-knit, and entire families—extended members included—lived together in large compounds), and drastic shifts in attitude as the country went almost overnight from scarcity to surplus.

Different populations in China are differentially vulnerable to depression and suicide; unlike in the US, where men and urban residents are more likely to commit suicide, it is women and rural residents who are at the greatest risk in China. In the

case of women in China, for example, paternalism can lead to intense pressure on all aspects of their lives. Current economic and political messages encourage women to thrive at the workplace, while re-traditionalist messages from the CCP simultaneously demand hyper-feminine women who perfectly fulfill traditional gender roles. In young Chinese adults, the generation who grew up through life-altering adjustments like the one-child policy, conflicting messages abound from both the outside world and the CCP, tugging them in all sorts of directions. The stress, too, of a test-based education system and subsequently intense peer-to-peer competition takes its toll on students, especially given that Chinese parents tend to be extremely involved. When so much time must be spent studying and doing various extracurricular activities, students are left feeling empty and hopeless, with no clear end in sight. Indeed, one needs only look as far as the alarming factsheet published by the WHO, which stated that nearly a quarter of all university students in China suffer from depression.^{xiii}

In terms of treatment methods for depression, conventional antidepressants such as selective serotonin re-uptake inhibitors (SSRIs) are generally favored. For severe depression, these medications will typically work at least 50% of the time. However, conventional antidepressants have a delayed onset and unpredictable therapeutic efficacy in this condition, and even more so in mild to moderate cases of depression. In fact, diagnoses of minor or mild forms of depression are as prevalent as severe depression while similarly capable of significant functional impairment.^{xiv} Yet for mild to moderate forms of depression, there is no significant difference in patient response to allopathic treatments over placebo.^{xv} A rise in interest in more holistic and 'natural' forms of treatment have led to more significant pursuit of alternative medicines, especially those stemming from 'Eastern' cultures. In fact, some TCM

doctors have said that their treatments are best suited for mild to moderate forms of MDD, suggesting promise in dialectical integration of 'Western' and TCM treatments for the full range of severity seen in depressive disorders.

Research on TCM and especially its herbal components is still in its infant stages; however, several studies have already shown immense promise complementary to mainstream research in the MDD field. Twenty-one studies with moderate methodological quality (as defined by the modified Jadad scale) in a meta-analysis of traditional Chinese herbal medicine's therapeutic efficacy found monotherapy to be better than placebo and equally as effective (at least non-inferior) as antidepressants in reduction of the Hamilton Depression Rating Scale (HDRS). Medically, these herbal remedies resulted in overall fewer adverse effects as compared to conventional antidepressants. Reduction of adverse effects when herbal medicines were used in conjunction with antidepressants was also observed. The majority of non-pharmacological MDD interventions—and herbal treatments in general—have low evidence strength, necessitating further research and insight into applied perspectives.

Methods

Participants. Four doctors and six young adults (aged 18-28) were examined by open-ended, in-depth interviews conducted in-person or over WeChat, a primary mode of communication for Chinese citizens. Doctors and young adults were recruited through the snowball method, with introductions facilitated by both advisors and laypersons. Five of the six young adults spoke under some conditions of anonymity.

Environment. All research was conducted in Kunming, Yunnan, China, the primary location of the SIT program. This allowed for ease of recruitment as several connections had already been established among doctors of integrated medicine; moreover, TCM, WM, or otherwise integrated-treatment hospitals were in abundance. Mental health resources in China are concentrated in large urban cities and near nonexistent in rural areas, making Kunming the best choice as the largest city in Yunnan province.

Limitations. Psychiatrists in Kunming are unfortunately rather rare—a phenomena that reflects a nationwide trend in China, where mental health resources are few and far between. China has only 1.7 psychiatrists per 100,000 people, compared to the US, which has 12 psychiatrists per 100,000 people. Even some doctors working in or adjacent to these fields suffer a lack of knowledge due to poor research and the wide variety of—and thus unstandardized—methods with which doctors treat mental health patients. In the herbal side of TCM, for example, nearly every doctor varies in their exact herbal con/decoction. Psychiatrists and psychologists, like other doctors in China, are prone to fatigue and burnout; however, they also face incredibly difficult stigma in their profession—psychiatry and counseling are seen as last-resort and lower-class professions, chosen only when people are faced with no better options. Clinicians are extremely busy, with usually no more than three minutes

devoted to each patient; such little care is universally known to lead to low patient satisfaction ratings and thus higher workplace stress, exacerbating burnout likelihood. Moreover, there is a clear separation of clinical practice from research, which often means that doctors are less likely to keep up to date with current research.

Data. Data were collected over the course of the one-month independent study period and gathered via WeChat or in-person interviews. In-person interviews were voice recorded and transcribed. These data were then translated into English. Interviews—electronic or in-person—were favored over alternate techniques such as surveys or observation because it allowed for more in-depth, specific, and open-ended questions. Doctors, rather than patients, were chosen for their overarching expertise and relative willingness to speak about their experiences, as patient confidentiality posed several obstacles in obtaining any information about, let alone speaking to, patients who had received mental health treatment.

Analysis. Answers to interview questions one and two were compared and compiled. Answers to interview questions three through seven were categorized into three groups: yes, no, and not sure, and compiled accordingly.

Results & Discussion

Diagnostic criteria. Doctors generally differed in their exact methods of diagnoses, a common issue among doctors as each deployed their experience in different manners. However, they cited multiple ways of diagnosing patients—all doctors generally drew from both TCM and WM methods of diagnosis, using both the four method TCM diagnostic (observation, asking questions, listening [to the pulse], and touch) and the ICD-10. Dr. Yao stated that she only used the DSM-5 and the ICD-10. Clinicians said that they generally determined the severity of the depression based on multiple criteria in TCM which would point to *qi* stagnation and turbulence along with Yin deficiencies. Indicators of *qi* stagnation included keeping oneself extremely busy (a possible indicator of avoidance of painful issues), unexplained physical symptoms such as back pain and headaches, and significant amounts of energy and/or money devoted to cellphone/virtual social interaction or shopping. Indicators of *qi* turbulence included irritability and two-tailed appetite/weight variations. There were three major TCM depression diagnoses: in Type One, there would be emotional restlessness, boredom, pessimism, sorrow, desperation, period issues or total lack of menstruation in women and chest pain. The tongue would be greasy and the pulse thin. Type Two would manifest a tight, suffocating feeling in the chest, thoughts of worry and blame, laziness, lack of thought about food, rib pain, dullness of thought, and overspending. The tongue would be white and greasy, and the pulse strings would be slippery. In Type Three, there would be a heart and spleen deficiency, which would manifest in insatiable eating, abdominal distension, dizziness, timidity, bad dreams, and fatigue.

In terms of criteria in WM, doctors usually pointed to symptoms of anhedonia, a central feature of MDD signaled by loss of motivation and interest in any activities

once considered enjoyable or pleasurable, as the primary indicator of severity. They also looked at duration of symptoms (patients had to be with symptoms lasting at least three months); persistent low mood; disturbed sleep; agitation or slowing of movement and low attention; and impaired (meaning deviating from the person's individualized baseline) social, occupational, or educational functioning. According to the ICD-10, there are 10 symptoms that define the degree of depression, with three symptoms being key symptoms—that is to say, one of those three key symptoms is required in order for the patient to be considered depressed, as they are central features of the disorder. Patients with four of these symptoms are considered mildly depressed; patients with five to six of these symptoms moderately depressed; and patients with seven or more of these symptoms are severely depressed.

On the other hand, Dr. H. Wen wrote that among the medical diagnostic criteria in the DSM-5 and ICD-10, if a patient met at least three symptoms then they could be considered diagnosed. She said that there were no current standard psychological evaluations that they used, preferring to refer to medical standards along with psychological evaluations, which include multidimensional evaluation of theoretical models like family systems theory and cognitive behavioral therapy. All of these evaluations are in pursuit of assessing the patient's suitability for psychological intervention. Multiple factors must go into consideration to determine treatment, such as level of societal integration, ability to introspect, and the degree of their support systems. She stressed the importance of assessing the support system, as it can mitigate feelings of powerlessness, inferiority and other feelings that can worsen depressive risk factors or contribute to relapse. In terms of objective methods of assessment, she referred to three aspects: time and duration of symptoms (less than three weeks is mild; three weeks to six months moderate; and more than half a year

severe); degree of pain and suffering (zero to three points is mild; four to six points moderate; and seven or more points severe); and social adaptability (the ability to continue school or work is mild; intermittent discontinuities in school or work is moderate; and severely impaired functioning or total inability to work or study is considered severe). In terms of subjective assessments, Dr. H. Wen wrote that she had patients fill out the Self-Depression Rating Scale (SDRS) as well as subjective feelings and symptom descriptions, which a counselor would then assess.

Effectiveness. Dr. Wen stated his belief that, at least in China, TCM is likely more effective, especially because the development of the therapeutic relationship in China would be more open and all-encompassing in a TCM setting as compared to a WM setting. The cultural setting of TCM, which has become closely intertwined with Chinese people's lives for thousands of years, would ultimately encourage patients to stay with their primary care professional, an important factor in the treatment of depression. That is to say, TCM therapists "provide genuine empathy with a trusting, caring relationship within the cultural context or cultural identity," which Dr. Wen stated was an essential part of treatment.

Dr. Zhang wrote that in general, she referred patients to Western treatments when patients presented with obvious symptoms and severe depression. Like Dr. Wen, she agreed that TCM was more effective for mild-moderate depression than WM, precisely because of the integration of such practices into the daily life of Chinese people and the comprehensive nature of TCM as a holistic treatment.

Dr. Yao stated that though she was unaware of exact statistics on the effectiveness of TCM over WM, she felt symptom alleviation and mitigating environmental factors on depression were more prominent in TCM than WM. Acupuncture, massage, and other external forms of treatment in TCM can be specifically geared to-

ward alleviation of accompanying symptoms of depression such as stress, tension, pain, and insomnia. Moreover, these treatments have built-in requirements of social interaction and relationship-building with them, as communication with the healthcare provider is crucial for treatment; massage therapists, for example, chat with all of their clients, asking questions and getting to know their lifestyles and individual needs in a way that simply isn't common in the United States, where absolute privacy and quiet is king. This social interaction is also an important part of treatment of depression, as social relationships play a pivotal role in the development, duration, and resolution of depression. People, by nature, are social creatures; human instinct craves acceptance and connection such that much of our behavior can center around the establishment and maintenance of such connections. Those with depression are especially sensitive to these phenomena, with many depressive episodes commonly triggered by negative social events, i.e. death of a loved one, family or workplace conflict, or relationship deterioration (Cruwys et al., 2014).

Dr. H. Wen said that the patients who were given Western treatment regimens were typically those who needed to maintain a stable state along with their regular counseling and psychiatric appointments, or those who required hospitalization. As for the effectiveness of one over the other, she said that the issue needed to be "considered from the perspective of [either] emergency [or] non-urgency...". That is to say, severe and urgent needs for rapid emotional stabilization use Western medicine, whereas TCM can become a more slow adjustment of one's lifestyle. "Drugs can quickly stabilize [one's] mood," she said. "But it will not help [one's] mental health". Furthermore, she stressed that whichever medical regimen one decided to follow, psychological counseling "must be added to facilitate the integration and development of mental health, and to avoid or reduce the relapse rate of depression".

She went on to state the importance of integrating both Western and TCM perspectives, as it is essential to have “multiple perspectives and multiple dimensions to evaluate [an] individual’s psychological symptoms [as] individuals are unique and complex in origin”.

Side effects. Most doctors agreed that among mild to moderate cases of depression, antidepressants were not better than a placebo. One doctor stated that she was not sure and that it likely depended on the exact TCM prescription, as each doctor differs in their specific herbal remedies. Dr. Zhang said that she did not believe that TCM generally carried fewer side effects than WM. This opinion may be due in part to the broad variance of TCM herbal prescriptions. This may also signal a broader lack of knowledge of Western antidepressant side effects in comparison to those of TCM remedies, as such literature is few and far between. She went on to clarify that the side effects and interactions of TCM are generally well-known.

Dr. Yao reiterated that herbal remedies in general were not well-researched in terms of their side effects, and as such she was unable to definitively state that such prescriptions produce fewer side effects than Western antidepressants. She went on to add, however, that external forms of TCM carry little to no side effects, so treatments such as acupuncture, massage, and moxibustion would certainly have less side effects than Western antidepressants.

Dr. H. Wen said that she was not sure and that such matters were better answered by pharmacists; she was aware of some side effects also resulting from TCM, such as drowsiness or stomachaches. However, pain management for symptoms during drug therapy could be carried out with other TCM methods. Such listed side effects can generally be considered less harmful to daily functioning than other side effects from conventional antidepressants.

Rates and causal factors of depression. Most doctors were hesitant to make blanket assertions on the trend of depression among young people, citing their own disconnect from that generation. However, all acknowledged that they were aware of this media-dubbed “mental health crisis”, and attributed the growing population of depressed individuals among the younger generation more to external than internal factors, a surprising assertion given the general perception in China and all over the world of depression as a deficiency of willpower or laziness. Dr. Yao stated that among young people, she felt that academic pressures were much more extreme, especially compared to the past. This is due in part to the steady increase in population and the demand for college degrees, juxtaposed with the difficulty of the *gao kao*, or nationwide university exams whose scores determine your acceptance to any Chinese institution of higher education. In general, she said, the demands of living in China have risen at a high rate, which has not necessarily been matched accordingly in regards to general wealth or population.

Dr. H. Wen strongly agreed and said that, in her experience in psychological counseling for over 20 years, the number of people coming to ask for help increases day-by-day. In her practice, psychological counseling for children and adolescents accounts for 75% of counseling cases. Another 5% of her counseling cases are family consultations which are done in conjunction with child and adolescent psychological counseling.

Young adult perspectives on depression. Young adult views on causal factors in the rise of the mental health crisis generally agreed with expert perspectives. They generally agreed that mental health was an extremely stigmatized topic that few were willing to be open about. Most were unsure if other students suffered from depression, as the subject was seldom discussed; one student did not confess until

much later, after our rapport improved, that in fact she and a few other close friends were likely depressed. She would never go to see a doctor for a medical diagnosis for fear of rejection by friends and family. One student said that mental health only received attention when prestigious or otherwise famous and well-regarded people committed suicide; it is the elephant in the room among university students, where around one out of every four students has some degree of depression. Most felt that the subject of mental health was uncomfortable to discuss; instead, they preferred to talk about stresses and anxieties as if not in a context of mental health but rather just venting to their support systems about daily pressures.

Limitations. Some of the questions were not specific enough; for example, in asking doctors about side effects, the question could easily be misconstrued as a general number of side effects rather than the severity and subsequent impairment from side effects. That is to say, a medication could have six very minor side effects while the other had just one, albeit major, side effect. In that case, though the first medication technically speaking has more side effects, the overall impact of those side effects is less than that of the medication with one large side effect. This was not properly accounted for in questioning, so a future study must address not only the quantity of side effects but also their magnitude.

Furthermore, the language barrier while interviewing people for the study presented several difficulties, especially in regards to careful, nuanced translation that would remain as faithful to the speaker's intentions as possible. I had to rely not only on myself and an electronic translator, but also had to check with other friends fluent in Mandarin in order to make sure I had understood and translated things properly.

A dearth of psychiatric resources in China made conducting the study quite difficult, especially in recruitment of knowledgeable medical professionals. Psychiatry

is by no means a common profession. Nationwide, China has only 1.7 psychiatrists per 100,000 people, compared to the US, which has 12 psychiatrists per 100,000 people. There are 0.18 psychologists per 100,000 people in China, compared to over 29 psychologists per 100,000 people in the US. Even when there are resources, they're not always well-qualified. According to the WHO, very few nurses and social workers have experience in psychiatry. Moreover, some doctors interviewed were not always aware of recent research in the field of psychiatry and psychology. This is by no means simply a fault of stigmatized societal views of mental health; the CCP did not discuss such matters in depth until 2006, and further did not introduce any such legislation in regards to mental health until as late as 2012, when its first mental health law was passed.^{xvi}

Systemic ignorance and reluctance to further educate the public is partially to blame for this deficit of knowledge. This lack of qualified professionals, coupled with the vast demand for such resources, makes finding available psychiatric specialists extremely difficult. Many psychiatrists have to see over 60 patients a day, and thus can scarcely allot more than three minutes per patient, let alone sit down for an interview. As Dr. Yao joked: "Most of the time they don't even have time to respond to my memes; I don't think they would reply even if you conducted an electronic interview". Such high workload with comparably low pay to other medical specialists is extremely stressful and minimizes professional achievement, both of which are risk factors for burnout.^{xvii} Moreover, low ratings of patient satisfaction (which are almost certainly common when patients are allowed not more than a few minutes with their physician) are also associated with burnout, something that China cannot afford to have as the mental health crisis continues to balloon.

Conclusions

General consensus is positive for the integration of TCM and WM treatments. While this study is by no means quantitative, initial forays into general opinions of psychiatric medical professionals show promise in the pursuit of possibilities of TCM as a viable treatment for mild-moderate disorders. Measures of side effects are more inconclusive because of the lack of standardization among TCM prescriptions. Previous research has suggested that some herbal medicines have fewer side effects than conventional antidepressants, and it is clear that external treatments such as acupuncture, moxibustion, and acupressure massage carry fewer side effects. While there is a dearth of mental health professionals in China, this also presents an advantage in that surveying a large proportion of the experts in the field is a feasible and surmountable task. Double-blind studies testing standardized herbal formulas and TCM treatment regimens on the relevant conditions should be conducted. It may also be of interest to examine ethnographic studies of general education and sentiment around mental health.

The paucity of knowledge of basic mental health and principles casts a dismal view on mental health progress in China, with even some medical professionals working in the field unaware or unsure of current research in matters of depression. China must work to continue stronger anti-stigma and mental health public education campaigns, especially as depression and other mental illnesses continue to increase in a population facing pressure from all sides. Stronger efforts to encourage Chinese youth to engage in mental health issues and increase participation in the psychiatric and psychological field is of utmost importance, especially as mental health continues to grow as a significant portion of China's overall health burden. Moreover, the CCP must prioritize preventing burnout in the mental health profession. Uplifting and

recognizing the important work that mental health professionals do is the first step; actively promoting the profession and counteracting associative stigma is crucial to their retention.

References

- 100 million people suffer depression in China. (2016). *China Daily*. Retrieved from http://www.chinadaily.com.cn/china/2016-11/28/content_27501518.htm
- Ackermann, R. T., & Williams, J. W. (2002). Rational treatment choices for non-major depressions in primary care. *Journal of General Internal Medicine*, 17(4), 293–301. doi: 10.1046/j.1525-1497.2002.10350.x
- Barbui, C., Cipriani, A., Patel, V., Ayuso-Mateos, J. L., & van Ommeren, M. (2011). Efficacy of antidepressants and benzodiazepines in minor depression: systematic review and meta-analysis. *The British journal of psychiatry : the journal of mental science*, 198(1), 11–1. doi:10.1192/bjp.bp.109.076448
- Chinese Traditional Medical Association. Emotions and TCM. (n.d.). Retrieved from http://www.hantang.com/english/en_Articles/EMOTION.htm.
- Chi, X., Wang, S., Baloch, Z., Zhang, H., Li, X., Zhang, Z., ... Ma, K. (2019). Research progress on classical traditional Chinese medicine formula Lily Bulb and Rehmannia Decoction in the treatment of depression. *Biomedicine & Pharmacotherapy*, 112, 108616. doi: 10.1016/j.biopha.2019.108616
- Jun, Liang. (2019). Depression threatens nearly 30 percent of China's youth. *People's Daily Online*. Retrieved from <http://en.people.cn/n3/2019/0412/c90000-9566136.html>
- Our future: a Lancet commission on adolescent health and wellbeing. (2016). *The Lancet*. Retrieved from <https://www.thelancet.com/commissions/adolescent-health-and-wellbeing>.
- Pittrof R. (2011). Placebo treatment in mild to moderate depression. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 61(584), 222. doi:10.3399/bjgp11X561285
- Shao, J. (2016). Psychological Health Should Become an Important Criterion for Appointing Cadres. *Chinese Cadres Tribune*, 3:16-18.
- Shao, Y., Wang, J., & Xie, B. (2015). The first mental health law of China. *Asian journal of psychiatry*, 13, 72–74. doi:10.1016/j.ajp.2014.11.002
- World Health Organization. (2017). WHO China Office Factsheet: Depression. Retrieved from http://www.wpro.who.int/china/topics/mental_health/1703mentalhealthfactsheet.pdf
- Yang, C., Chen, Z.-L., Chen, L.-Y., & Jiang, J.-X. (2019). Burnout in healthcare: a sign of death by overwork for doctors in China. *BMJ*, 366, l5582. doi:10.1136/bmj.l5582
- Yang, J. (2018). *Mental Health in China*. China Today. Cambridge, UK. Polity Press.
- Zhan, J., Tang, F., He, M., Fan, J., Xiao, J., Liu, C., & Luo, J. (2017). Regulating Rumination by Anger: Evidence for the Mutual Promotion and Counteraction (MPMC) Theory of Emotionality. *Frontiers in Psychology*, 8. doi: 10.3389/fpsyg.2017.01871

List of Abbreviations

TCM - Traditional Chinese Medicine

WM - Western medicine

MDD - Major Depressive Disorder

WHO - World Health Organization

MPMC - Mutual Promotion and Mutual Counteraction

HDRS - Hamilton Depression Rating Scale

CCP - Chinese Communist Party

ⁱ Chinese Traditional Medical Association

ⁱⁱ Yang (2018).

ⁱⁱⁱ Zhan et al. (2017)

^{iv} *Ibid.*

^v Chi et al. (2019)

^{vi} WHO (2017)

^{vii} China Daily (2016)

^{viii} Shao (2016)

^{ix} China Daily (2016)

^x The Lancet commission (2016)

^{xi} WHO (2017)

^{xii} People's Daily Online (2019)

^{xiii} WHO (2017)

^{xiv} Ackermann & Williams (2002)

^{xv} Pittrof (2011)

^{xvi} Shao (2015)

^{xvii} Yang (2019)

Independent Study Project Proposal

PROJECT ABSTRACT

My previous academic work includes a 60-page thesis on the Chinese healthcare system and a grant proposal on the effectiveness of specific traditional Chinese medicinal treatments for depression. My goal with this project is to examine and gain a better understanding of TCM perspectives on mental illness and its treatment for mild-moderate depressive disorders. It is my hope that in my work in the field, I will be able to conduct at least five interviews with mental health professionals. By the end of my project, it is my hope that my research will be able to shed some light on TCM perspectives and experiences of mental illness and possibilities of integration or pluralist coexistence with Western mental health pharmaceutical frameworks.

RESOURCES

Please see the bottom of this proposal for a preliminary bibliography.

Possible resource persons and points of contact/referral are a professor and students from the Yunnan College of Traditional Chinese Medicine, and Dr. Hai Wen. I would also like to make contact with other psychiatrists and psychologists in Kunming. Dr. Hai Wen will

act as my advisor for the duration of my independent study.

METHODOLOGY

Questions. What is the TCM framework of mental illness? How do TCM treatments differ from those in “Western” countries, such as herbs, medicine and meditation? What are perceptions of its treatment and efficacy.

Anticipated procedures. Interviews and guided conversations will be the bread and butter of my study. Guided conversations are favored generally over cold interview techniques as the topic of study is one that is both stigmatized and also considered to be intensely private.

ITINERARY

11/01 - 11/22 - Kunming - receiving referrals for psychiatrists, psychologists, and other related mental health professionals in Kunming; gathering information and further materials on TCM psychopharmacology

11/23 - 11/30 - Kunming - analyzing information; condensing interviews and materials; writing and creating presentation

BUDGET

Living arrangements will be in Wangfujing, sharing an apartment with two other people from the program. I will also be buying gifts for each of my interviewees, RMB100 or under.

EXPECTATIONS

I anticipate that my greatest obstacles will be communication and rapport with other psychiatrists and with young adults. The subject of mental health is one that is often sensitive and private, so it will be difficult but also essential to cultivate relationships such that there can be mutual trust and willingness to share vulnerability. I plan to use my clinical psychology skills to build rapport and a therapeutic-type relationship with these patients. My spoken

Mandarin is also at a level where I should be able to interact effectively, so translation is not a great concern aside from key medical terms which may be translated through online means.

BIBLIOGRAPHY

Ackermann, R. T., & Williams, J. W. (2002). Rational treatment choices for non-major depressions in primary care. *Journal of General Internal Medicine*, 17(4), 293–301. doi: 10.1046/j.1525-1497.2002.10350.x

Barbui, C., Cipriani, A., Patel, V., Ayuso-Mateos, J. L., & van Ommeren, M. (2011). Efficacy of antidepressants and benzodiazepines in minor depression: systematic review and meta-analysis. *The British journal of psychiatry : the journal of mental science*, 198(1), 11–1. doi:10.1192/bjp.bp.109.076448

World Health Organization. (2017). WHO China Office Factsheet: Depression. Retrieved from

http://www.wpro.who.int/china/topics/mental_health/1703mentalhealthfactsheet.pdf

Yang, J. (2018). *Mental Health in China*. *China Today*. Cambridge, UK. Polity Press.