We wish all our readers a healthy and productive Year of the Dragon!

We would like to start this first issue of the 2012 volume of the journal by sincerely thanking the contributors, reviewers, editorial board members and readers. Your efforts and sustained interest in the journal made the 2011 volume a success. The *Shanghai Archives of Psychiatry* is gradually transforming into an international journal that aims to communicate China’s exciting developments in mental health research and mental health services to the rest of the world. The active involvement of our large international editorial board along with frequent feedback from readers is essential to successfully negotiating this transition.

As part of this transition, starting with this issue all the content of the journal will be published in English, though research articles will continue to have Chinese-language abstracts appended to the end of the article. We hope that this change will encourage more or our international colleagues to submit their work to the journal. We continue to accept Chinese-language submissions (which are subsequently translated) but hope to convert to an English-only submission process by the end of this year. To assist in the processing of editing English-language manuscripts we have engaged two part-time assistant editors—Drs. Frances Cheng and David Schatz.

The sections in each issue of the journal will remain largely unchanged from 2011. The *Shanghai Archives of Psychiatry* is a general psychiatry journal that considers manuscripts on the full range of topics relevant to mental health in China and around the world. We welcome original papers on new research along with secondary analyses that report on new aspects of high-quality studies that have been published previously. We also consider reviews, meta-analyses, papers on methodological issues relevant to psychiatry, commentaries and letters about previously published research, and forum pieces that discuss different viewpoints on controversial issues of interest to mental health professionals.

The current issue starts with a review by Professor Tianzi Jiang on ‘Brainetome’[1], a new approach for evaluating brain networks that has been developed by Professor Jiang and his co-workers in Beijing over the last decade. Using data from functional and anatomical brain imaging, this approach integrates information from different levels of analysis (neural networks in specific regions, networks based on specific cognitive functions, whole brain networks, etc.) to arrive at a more comprehensive understanding of how the brain works. The review introduces this developing technique for assessing brain function and then focuses on the use of this approach to understand the cognitive disturbances in schizophrenia. There is still a way to go before this approach can be used in clinical practice but Professor Jiang’s work is a leading example of how neuroscientists in China are starting to develop their own innovative approaches to understanding and addressing the complex problems in this field.

The first research article in this issue is a relatively large randomized controlled trial (n=80 in each group) that assessed the efficacy of a 12-week program of adjunctive Contingent Management (CM) behavior conditioning in improving the retention in methadone maintenance treatment (MMT) programs in Shanghai[2]. Heroin abuse is an increasingly serious problem in China that has only recently gained the attention of public health authorities. Though expanding rapidly the 668 MMT clinics in the country at the end of 2010 only treated a small proportion of 1.3 million individuals who are formally registered as addicts by the public security system. Moreover, the retention of individuals who enter the voluntary MMT programs has been unsatisfactory. To address the problem of poor retention the authors conducted a rigorous assessment of CM-a psychosocial behavioral reinforcement program that has been found to be effective for improving MMT retention in western countries. Somewhat surprisingly, they found that CM was not effective in improving retention in the clients at the MMT programs in Shanghai. The authors surmise that the negative result occurred because of the unexpectedly high retention rate in the control group (86%) and because the financial incentives used in the program were not large enough to promote behavioral change in the relatively well-to-do Shanghai sample.

The second research paper[3] is a case-control study that compares family function and perceived social support in families with and without a member that has obsessive-compulsive disorder (OCD) using Chinese versions of the McMaster Family Assessment Device to evaluate seven dimensions of family functioning and the Multidimensional Scale of Perceived Social Support to assess social support from family members, from friends and from other associates. The study convincingly demonstrates that families with a member that has OCD are more dysfunctional than matched control families and that the patients and their co-resident parents have lower perceived social support than control subjects and their co-resident parents. The results hold true for almost all dimensions of family functioning and for all types of social support, suggesting that the impairment in families and the effect on the social world of patients and their parents...
is more pervasive than that reported in the west. This shows, that despite the rapid westernization of mainland China (particularly urban China) and the associated transition from collectivism to individualism, the centrality of the family in the management of psychological problems of affected family members persists. The clinical management of common mental disorders in China needs to place relatively more emphasis on family approaches and relatively less emphasis on individual approaches.

The third research paper assesses the factors that influence re-hospitalization among patients with schizophrenia who are enrolled in a community-based service network in Chengdu\(^\text{a}\). China has recently embarked on an ambitious program for expanding community-based mental health services. There are no specialized community mental health centers in China so in urban areas these services are being provided by general physicians at community health centers who receive some mental health training and get supervision from psychiatrists at the local psychiatric hospital. The study followed 1,097 patients enrolled in three of these programs for two years and reported that 94% remained in the community programs at the end of the two years and among them only 18% were re-hospitalized over the two-year period. This high retention rate and low re-hospitalization rate is attributed to the fact that the vast majority of the patients (83%) were living with family members who could monitor the care of the patients. Controlled studies are needed to confirm these results and other outcomes of interest (e.g., social integration, quality of life, etc.) need to be considered, but this is a promising finding that suggests that China’s approach to community services for the mentally ill could be successful.

The forum in this issue addresses a very controversial topic that has come to the fore because China’s first national mental health law is close to final passage. Professor Xie\(^\text{a}\) is concerned that the very progressive approach to involuntary commitment proposed in the law—stipulating that it can only occur when there is clear danger to self or others—will limit access to needed care and place undue burden on families that will no longer be able to arrange for the admission of their non-violent, but quite psychotic family members. He contends that the very low bed-to-population ratio in China and the infrequent abuse of recent local mental health regulations in different parts of the country that have formalized the role of families in managing the admission of psychiatric patients show that, unlike western countries, there is no need to restrict psychiatric hospitalization or to undergo a process of deinstitutionalization. The four international commentators to Professor Xie’s paper suggest that the advantages of including strict restrictions on involuntary admission in the law outweigh the disadvantages. Yeung\(^\text{a}\) contends that the law will force the rapid development of community services that will, if this follows a similar trajectory to what happened in western countries, lead to a cascade of other beneficial changes in the practice of psychiatry in China. Mellsop and Diesfeld\(^\text{a}\) believe that the emphasis on the rights of patients will help to influence attitudinal change and reduce the pervasive discrimination of the mentally ill in China. Vine and Ng\(^\text{a}\) feel that the mental health law should not simply reflect the current mental health environment; it should, rather, ‘point to the future’, providing the stimulus for the improvement of services that will guarantee high-quality care in the least restrictive environment possible. And Xiang and colleagues\(^\text{a}\) recommend that China’s law follow international treaties and gives priority to the human rights of mentally ill patients by strictly limiting the possibility of inappropriate or abusively used hospitalizations.

References

1. Jiang TZ, Zhou Y. Brainnetome of schizophrenia: focus on impaired cognitive function. Shanghai Arch Psychiatry, 2012, 24 (1):3-10.
2. Jiang HF, Du J, Wu F, Wang ZW, Fan SJ, Li ZB, et al. Efficacy of contingency management in improving retention and compliance to methadone maintenance treatment: a random controlled study. Shanghai Arch Psychiatry, 2012, 24 (1):11-19.
3. Wang JK, Zhao XD. Comparison of family functioning and social support between families with a member who has obsessive-compulsive disorder and control families in Shanghai. Shanghai Arch Psychiatry, 2012, 24 (1):20-29.
4. Zhang YB, Dai GZ. Predictors of re-hospitalization over a two-year follow-up period among patients with schizophrenia enrolled in a community management program in Chengdu, China. Shanghai Arch Psychiatry, 2012, 24 (1):30-37.
5. Xie B. Where is the path to recovery when psychiatric hospitalization becomes too difficult? Shanghai Arch Psychiatry, 2012, 24 (1):41-43.
6. Yeung A. A new mental health law to protect patients’ autonomy could lead to drastic changes in the delivery of mental health services: is the risk too high to take? Shanghai Arch Psychiatry, 2012, 24 (1):44-45.
7. Mellsop G, Diesfeld K. Service availability, compulsion, and compulsory hospitalisation. Shanghai Arch Psychiatry, 2012, 24 (1):46-47.
8. Vine R, Ng C. Mental health legislation needs to point to the future. Shanghai Arch Psychiatry, 2012, 24 (1):48-49.
9. Xiang YT, Li LJ, Ungvari GS, Chiu HFK. The proposed national mental health law in China: a landmark document for the protection of psychiatric patients’ civil rights. Shanghai Arch Psychiatry, 2012, 24 (1):48-49.