

Short Paper

**Twenty-two years longitudinal follow-up study
on the mental health status of
the Jino nationality in Yunnan province of China**

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Abstract. *The mental health condition of the Jino nationality in Yunnan Province of China has been surveyed originally in 1979, and the survey has been followed-up in 1989, 1999 and 2002. The results of the last survey carried out in 2002 are compared with results from the previous years. In association with the rapid socio-economic improvements and cultural changes occurring in the area, it illustrates how the psychiatric disorders among the Jino nationality have changed during the past twenty years.*

Key words: follow-up study, epidemic survey, Jino nationality, social change, cultural change, economic development, mental health condition, China.

WCPRR Jan 2008: 4-7. © 2008 WACP
ISSN: 1932- 6270

BACKGROUND Some international research findings have indicated that rapid economic development and encounters with other cultures usually makes traditional society change and lose its social structure, belief system and rituals, which in turn makes the people face the stress of adjustment and the risk of losing self and ethnic identity (Leff, 1981). Minorities, who had lived in isolated environments, and were exposed to great socio-culture changes, faced cultural acculturation and assimilation issues which were subject to mal-adaptation producing serious mental health problems, such as the increase in the prevalence of mental diseases and higher rates of crime, suicide, divorce, alcohol and other drug abuse.

How about the mental health condition of the minorities in China facing their modernization program? Recognizing that there would be great socio-cultural changes to take place in the following decades to come, a follow-up survey was planned and carried out regarding the Jino minority's mental health. The research team was led by Wan Wen-peng and the project of investigation started in 1979. It was designed to carry out the investigation of all the population of Jino Autonomous Township to focus on general mental health and major mental diseases, with the plan to repeat the investigation every ten years apart.

METHODS AND OBJECTS After the initial investigations in 1979 and then 1989, the research team went back to Jino Autonomous Township two times in the December of 1999 and the March of 2002 respectively and conducted investigations about mental health again by using

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Received July 16, 2007. Accepted July 23, 2007.

ICD-10 as the diagnostic criteria. In these last two investigations, the members of our research group not only included psychiatrists but also neurologists, domestic and foreign clinical psychologists and scholars.

In both of the last two investigations, we investigated the present cross-section of mental health conditions of the Jino Township which includes 45 villages, while we got the prevalence of all psychotic disease, mental retardation, epilepsy and alcoholism by following up the old cases which had been found in the previous investigation. New cases were identified according to new information provided by villagers.

RESULTS

The socio-cultural and economic change of Jino nationality

In 1970s, Jino people had lived poorly in an isolated agricultural society, suffering extremely from low levels of productivity with quite poor implements of cultivation and at the mercy of ruthless natural forces. Their conditions for survival such as food and clothing had been very inadequate and had not been addressed by the government. Transportation was poorly equipped so that it was very inconvenient to communicate among the different native villages. One had to walk among villages varying from 1 to some 10 kilometers in bush on mountain areas.

In 2002, Jino people became much richer than 20 years ago by increased income from planting tropical economic crop such as rubber trees, and tea. Most families began to have different kinds of modern electric appliances and vehicles of electricity such as TVs, digital video machines, automatic washing machines, motorcycles and tractors. Some rich families even owned trucks and cars. However, with impact from the mainstream Chinese style of life and culture, most of the Jino's intrinsic traditional ideals, customs, life style, ethics and morality and language have been challenged in the process of modernization and even of globalization, and peoples began to pursue the fashion and luxury.

General mental health issues

The influence of modernization to the traditional culture of Jino nationality was great. The crash between other different sub-culture, acculturation and assimilation by other sub-culture increased the mental health problem of Jino people.

The number of divorce and separation had increased

Before 1979, there were only 14 cases of divorce and separation together (Wan *et al.*, 1981). The case increased to 14 cases during 1980 to 1989 (Zhu *et al.*, 1994) and 43 cases during 1990 to 2002. Among them, 39.53% was due to family problems and non-marital sex relationships.

The suicide and semi-suicide behaviors increased

Before 1979, there were only 19 cases of suicide noticed (Wan *et al.*, 1981), but it was 10 cases during 1980 to 1989 (Zhu *et al.*, 1994) and 27 cases during 1990 to 2002. The most common reasons for suicide and semi-suicide were marital problems, financial strains and alcoholism (together: 88.89%); and the main ways of suicide were through hanging and taking poison or drugs (together: 96.30%).

People concerned the deterioration of public security problems

In 1979, the investigators had not paid attention to the rate of crime because it was very few then, but there were 35 cases reported during 1990 to 2002. Among them, the crimes for economic reasons increased significantly. For example, among 7 cases of homicide, 2 cases committed

murdering because of economic dispute, 2 cases because of non-marital sex relationship and 1 case because of alcohol.

Alcohol abuse became important public health problem

In 1989, we had made a predictive inference that too much oral alcohol consumption will become an important threatening factor to the mental and physical health of Jino people (Zhu *et al.*, 1994). In the investigation of 1999 and 2002, we found that pathological drinking and alcoholism had become the prominent public problem among Jino people, and alcohol abuse had become one of the main reasons of family dispute, public security problem, crime and suicide. However, there was a very interesting phenomenon which is worthy of mentioning. In spite of the fact that Jino people are living closely to the famous drug-producing depot in Southeast Asia, namely “the Golden Triangle Area”, no case of abusing illegal drugs such as heroine had been found during the years 1979 to 2001.

The potential risk factors for the transmitting of AIDS and other STIs

The Jino people’s conception about sex changed gradually, and non-marital sex behaviors increased. Many young Jino women went out of Jino mountain area for more work chances, and some of them engaged in sex business, which produced and increased the male bachelordom problem in Jino people. People gradually became tolerant of non-marital sex behaviors. However, the people lacked essential knowledge about AIDS and other STIs, which became the important potential risk factor among them.

The mental health problems of children and adolescents became outstanding

Students were disgusted with school and even dropped out of school because of family economic difficulty, employment problems, lack of the community and family behavior norm, lack of the supply of teachers and the capability for mental health education, and other problems. According to uncompleted counting, the rate of dropping out of school without finishing compulsory education was 13-20%.

The prevalence and incidence of mental diseases

During the investigations of 1999 and 2002, the team followed up 149 old cases of mental diseases who had been found in the previous investigation of 1979 and 1989 (the rate of success in following up was 90.85%). At the same time, we found 125 new cases of mental diseases (the incidence per year was 11.04‰). Therefore, there were 289 cases of mental diseases together. Among them, 185 cases (64.01%) were male and 104 cases (35.99%) were female. Their average age was 36.73 ± 19.78 years old, the oldest was 77 years old and the youngest was 6 months old.

The lifetime prevalence of mental diseases was 4.03‰ in 1979 (Wan *et al.*, 1982), 3.85‰ in 1989 (Li *et al.*, 1994) and 19.08‰ in 2001. The present prevalence of mental diseases was 2.88‰ in 1979 and 1989, and it increased to 19.08‰ in 2001. In 1979, the present prevalence of schizophrenia was 2.42‰, mental retardation was 1.84‰, and epilepsy was 1.61‰ (Wan *et al.*, 1982). In 1989, the present prevalence of schizophrenia was 2.40‰, mental retardation was 2.98‰, and epilepsy was 1.35‰ (Li, Zhu, & Wan, 1994). In 2001, the present prevalence of schizophrenia increased to 2.91‰, mental retardation increased to 3.18‰, and epilepsy increased to 2.38‰.

In 1979, Jino people drank very little alcohol, and the investigators had not paid attention to the issues of oral alcohol consumption. In 1989, the randomly sampled investigation found 6.97% was of pathological drinking, namely at least 80g of oral alcohol consumption per day. The rate of alcohol dependence was 0.67%. In 2001, the prevalence of psychotic alcoholism was 2.56‰.

Generally speaking, by comparing the results of the investigations of 1979 and 1989, the diagnostic rate of mental diseases increased significantly in the investigations of 1999 and 2002. In term of the distribution of mental diseases, schizophrenia (25.26%), mental retardation (19.72%),

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epilepsy (18.34%) and psychotic alcoholic (14.53%) were still relatively common. However, it was noticed that there were other kinds of mental disorders to be noted now, such as: conversion disorder, anxiety disorder, paranoid psychosis, schizoaffective psychosis, PTSD, acute mental disorder, dysthymia, conduct disorder, transsexualism and transvestitism.

Besides, the follow-up investigation of the old cases shows that, in general, the patients of schizophrenia, mental retardation and epilepsy have pessimistic prognosis. This is due to the poverty and lack of mental health service in that region.

Health-seeking behavior

In 1979, due to the poor traffic conditions and their own traditional beliefs, Jino people sought health help mainly from non-systemic herb medicine and witch doctors, and treated diseases by herb and spiritual ritual (Wan *et al.*, 1981). With the development of modern living conditions, improvement of traffic and the acculturation to the outside world, their health-seeking behaviors has changed gradually. In 2001, most of Jino people sought help from modern medicine for different kind of diseases, especially for physical diseases, but still resort to witch doctors and non-systemic herb medicine for mental disorders. Mental diseases are considered difficult to treat because the local doctors have little knowledge and experience to care for mental patients. There are no professional mental health staff and institutes in Jino mountain area yet.

CONCLUSIONS During the last 22 years, in Jino area, the economic conditions have improved remarkably. However, associated with the socio-economic-culture change, the prevalence of mental diseases increased and mental health conditions deteriorated. Health-seeking behavior gradually changed and people tend to obtain care from the modern medical system. But due to the shortage of mental health care system, the care of mental patients is still lacking

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