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Mind-Body Co-Healing: Mental Health Service Practices in the Community-Based Chronic Disease Rehabilitation System in Hongkou District, Shanghai

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Abstract

The mental health problems of community-dwelling patients with chronic diseases have long remained in a state of "neglect," becoming a significant bottleneck constraining rehabilitation outcomes and quality of life. Taking Hongkou District of Shanghai as an analytical sample, this paper systematically reviews the high prevalence characteristics of psychological problems among chronic disease patients in this district, their influencing factors, and the supply-demand contradictions in rehabilitation services. It summarizes Hongkou District's innovative practices in areas such as integrated clinical rehabilitation, the "Internet + medical-nursing-care-elderly care" integrated care model, and the promotion of appropriate traditional Chinese medicine techniques. On this basis, it proposes pathways to fill the gap in the "mind-body co-healing" dimension: constructing a continuous service chain with psychological assessment as the gateway, reshaping the grassroots workforce with dual competence in physical and mental health, establishing payment and assessment mechanisms that support mind-body integration, and using digital tools to achieve early warning and precise intervention for psychological risks. The study argues that transforming mental health services from an "optional" to a "standard" component is essentially a profound shift in development philosophy. Only by incorporating "mind-body co-healing" into the performance evaluation framework of local government health governance can we truly respond to chronic disease patients' expectations for health, dignity, and quality of life, and let the foundation of Healthy China be most warmly reflected in every individual life.

Keywords: mental health; chronic disease; community rehabilitation; integrated service system; mind-body integration; Hongkou District

Research Background

The population of individuals with functional impairments and disabilities caused by chronic diseases and geriatric conditions in China is enormous (Yin & Dai, 2005). Chronic diseases such as hypertension and diabetes not only impair physical function but also significantly increase the risk of psychological disorders. In recent years, Hongkou District of Shanghai has carried out systematic explorations in the field of community rehabilitation and accumulated rich experience; however, psychological rehabilitation remains a weak link in the service chain. The detection rate of depressive symptoms among community-dwelling middle-aged and elderly hypertensive patients in Hongkou

District is as high as 30.0%, and the detection rate of anxiety symptoms is 21.5% (Xu et al., 2025); among community-dwelling patients with type 2 diabetes mellitus in Hongkou District, the prevalence of peripheral neuropathy is relatively high and closely associated with multiple metabolic abnormalities(Zhang et al., 2022). Depression and anxiety exacerbate blood pressure fluctuations through pathways such as reducing treatment adherence and activating the sympathetic nervous system, forming a "psychological-physiological" vicious cycle(Xu et al., 2025). A nationwide Meta-analysis further confirms that the detection rate of depression among Chinese older adults is 20.6%, with chronic disease and the presence of ≥2 comorbidities being significant risk factors(Y. Wang et al., 2023).

Psychological problems profoundly impair patients' quality of survival and cognitive function. Hypertensive patients with comorbid depression or anxiety score significantly lower than asymptomatic patients in the dimensions of independence, physical health, psychology, social relationships, and environment (Xu et al., 2025). The prevalence of mild cognitive impairment (MCI) among community-dwelling older adults in Hongkou District is 12.1%, with moderate-to-severe depression being an important risk factor (P. Wang et al., 2023). The goal of rehabilitation should not be merely to enable patients to "move," but should also aim to enable them to "live well."

The World Health Organization's Community-Based Rehabilitation Guidelines clearly state that community-based rehabilitation should cover five major areas: health, education, livelihood, social inclusion, and empowerment, with the goal of enabling persons with disabilities to assume meaningful roles in the family and community (Yin & Dai, 2005). The "Healthy China" strategy also proposes a shift from "disease-centered care" to "people-centered health care." Incorporating mental health services into the community rehabilitation system is an inevitable choice to respond to patients' real needs and align with modern rehabilitation concepts.

Research Progress and Current Situation Analysis

Demand Side: Multidimensional Presentation of Mental Health Needs among Chronic Disease Patients

High prevalence and concealment of psychological distress. A survey in Hongkou District shows that depression among hypertensive patients is predominantly mild (20.0%), with moderate-to-severe cases also accounting for 10.0% (Xu et al., 2025). The psychological symptoms of many elderly patients are often misattributed to physical discomfort, leaving a large volume of needs in a "silent" state. A survey of Shanghai residents shows that demand for psychological services accounts for 42.79% of all rehabilitation needs, ranking second only to functional training and knowledge popularization(Chen et al., 2018); another survey similarly indicates that residents' rehabilitation needs are diverse in nature (Han, 2012). However, although residents' health literacy levels have been improving year by year, health skills and lifestyle literacy lag significantly behind(Li et al., 2023), and traditional Chinese medicine health literacy is also lower among those with poorer self-rated health(Qi, 2019), creating a gap between "knowing" and "doing."

Supply Side: The "Mind-Body Separation" Dilemma in the Rehabilitation Service System

Cognitive and workforce shortcomings. A survey in Shanghai shows that the awareness rate of cerebrovascular disease knowledge among residents in some urban districts is only 43.06%(Li et al., 2019), and nearly 30% of patients report "complete ignorance" of rehabilitation services(Chen et al., 2018). The number of rehabilitation professionals is insufficient, many have transferred from other positions, and those specializing in psychological rehabilitation are even scarcer(Yin & Dai, 2005).

Systemic and payment bottlenecks. The roles among general hospitals, rehabilitation centers, and community rehabilitation stations are unclear, and the articulation of psychological rehabilitation is lacking(Yin & Dai, 2005). From a medical sociology perspective, patients with mental illness and psychological disorders face exclusion, isolation, and identity struggles resulting from stigmatization; the rigidity of the sick role, the "overprotection" or "permissiveness" of caregivers, and the social control function of the physician role collectively constitute deep-seated structural dilemmas in community rehabilitation(Xie, 2019). The scope of rehabilitation items covered by medical insurance is narrow, with psychological treatment accounting for a relatively low proportion. Residents consider "increased government funding" and "increased medical insurance reimbursement ratios" as the most practical measures to improve services(Li et al., 2019).

Interactive Effects of Influencing Factors

Residents with higher education levels have higher health literacy(Li et al., 2023) and lower MCI risk(P. Wang et al., 2023); advanced age significantly increases MCI risk(P. Wang et al., 2023). Low frequency of meetings with children and lack of hobbies increase psychological risk, while moderate-intensity physical exercise is a protective factor(P. Wang et al., 2023; Xu et al., 2025). The presence of ≥2 comorbidities significantly increases the risk of depression and anxiety, with the impact of poor sleep quality being particularly prominent(Xu et al., 2025). Studies from the Beijing area similarly confirm that community-dwelling older adults with multimorbidity have significantly higher positivity rates for depression and anxiety than those without multimorbidity, and specific comorbidity combinations (such as hypertension with osteoarthritis, and hypertension with cardiovascular disease) are independent risk factors for depression and anxiety, respectively(Zhao, 2024). These findings suggest that psychological intervention must be integrated with chronic disease management and sleep improvement.

Practical Exploration and Innovative Models in Hongkou District

Integrated Clinical Rehabilitation: A Systematic Exploration of Mind-Body Integration

As a regional medical center, Jiangwan Hospital in Hongkou District has in recent years focused on advancing the "integrated clinical rehabilitation" initiative, breaking down administrative and professional barriers between clinical and rehabilitation departments, and advancing rehabilitation intervention to the acute phase, achieving "simultaneous treatment and rehabilitation, simultaneous physical and psychological care."

Organizational integration. Under the traditional model, the rehabilitation department functioned as an independent unit primarily relying on consultation systems, which suffered from lagging response and cumbersome procedures. Jiangwan Hospital has embedded rehabilitation physicians and rehabilitation therapists into the treatment teams of key departments such as neurology and cardiology, forming "clinical-rehabilitation joint working groups." Rehabilitation physicians participate in ward rounds and case discussions, therapists conduct bedside functional assessments and early interventions, and psychological screening tools such as PHQ-9 and GAD-7 are simultaneously incorporated into the admission assessment process, making rehabilitation a "standard configuration" rather than an "optional item" in treatment.

Service content integration. The hospital systematically embeds psychological rehabilitation into clinical pathways: for stroke patients, bedside rehabilitation includes not only physical function training but also simultaneous cognitive screening and emotional assessment to identify populations at high risk for post-stroke depression; for patients with chronic heart failure or COPD, cardiopulmonary rehabilitation protocols incorporate psychological and behavioral intervention modules such as respiratory relaxation training and mindfulness-based stress reduction. This parallel

mind-body intervention not only improves emotional experience but also indirectly enhances rehabilitation adherence by boosting treatment confidence.

Extended service integration. During hospitalization, the rehabilitation team develops a "discharge rehabilitation prescription" for each patient, including physical training and psychological follow-up plans; after discharge, the family doctor teams at community health service centers assume responsibility, providing home-based rehabilitation guidance and psychological status follow-up according to the prescription. Patients requiring ongoing professional intervention are referred upward through the green channel of the medical consortium to the mental health center, and returned to the community after stabilization, forming a closed-loop management system of "in-hospital assessment—discharge referral—community follow-up—reflux when necessary," providing institutional safeguards for the implementation of "mind-body co-healing."

"Internet + Medical-Nursing-Care-Elderly Care" Integrated Care: Service Extension in Home Settings

The "Elderly Care Attendant" brand launched by Hongkou District adopts an "Internet + medical-nursing-care-elderly care" model, relying on a professional team of 16,000 to provide one-stop home-based services for disabled and demented elderly individuals in over 60 cities nationwide, with annual service volume exceeding 18 million person-times ("Hongkou Elderly Care Attendant: Lighting up a new chapter in happy elderly care and empowering employment innovation for the future," 2024; Wang, 2025). Its value is manifested at two levels: first, through the "Professor Fu" digital platform, it empowers over 100,000 industry professionals (Wang, 2025), providing a talent foundation for embedding psychological assessment and emotional counseling in home-based care; second, it builds an information coordination platform among homes, communities, hospitals, and elderly care institutions, enabling multi-institutional sharing of data on health status, psychological state, medication adherence, etc. This service model with deep participation of social forces shares commonalities with the "home-school-community-hospital linkage" pathway explored by organizations such as the Hongkou Tongxin Public Welfare Service Center, both emphasizing multi-stakeholder collaboration and community-level implementation (Zhu, 2025).

Mind-Body Harmonization Value of Appropriate Traditional Chinese Medicine Techniques

The Hongkou District Health Commission has continuously promoted multiple appropriate traditional Chinese medicine techniques through the "National Excellence and Strong Medicine" project, including acupoint exercises for soothing the mind and aiding sleep, electroacupuncture, and traditional Chinese medicine application therapy, covering insomnia, chronic constipation, and various other issues(Shi & Hao, 2022). The holistic concept of "unity of form and spirit" in traditional Chinese medicine inherently aligns with the mind-body integration philosophy, addressing emotional and sleep regulation alongside physical symptoms. Surveys show high patient satisfaction, with particularly positive evaluations in terms of safety and effectiveness(Shi & Hao, 2022). These techniques are simple, safe, low-cost, and culturally familiar, making them suitable for promotion in community and home settings.

Platform Function of Community Health Service Centers

The Liangcheng Xincun Subdistrict Community Health Service Center in Hongkou District, through the development of family doctor teams, specialized disease clinics, and integrated health management centers, fulfills the "safety net" role of community health services("Optimizing construction, deepening connotation, and providing high-quality health services—Introduction to the Liangcheng Xincun Subdistrict Community Health Service Center, Hongkou District," 2022), serving as a key hub for community-based continuity of care following early hospital rehabilitation, and as an appropriate platform for embedding mental health assessment into chronic disease management.

Research Prospects and Countermeasure Recommendations

Constructing a Continuous Mind-Body Service Chain with Psychological Assessment as the Gateway

The primary pain point of the current "mind-body separation" is the lack of a systematic psychological identification mechanism. A coherent service chain from screening to intervention and then to specialized support should be established: embed standardized screening tools such as PHQ-9 and GAD-7 in community chronic disease follow-ups; have trained general practitioners conduct preliminary assessments and motivational interviews for positive cases; refer moderate-to-severe patients upward through the medical consortium green channel to specialized care, and transfer them back to the community after stabilization. The key to this chain lies in clearly defining the "psychological identification and response responsibilities" of each level, making psychological assessment a routine entry point in chronic disease management.

Reshaping the Grassroots Workforce with Dual Competence in Physical and Mental Health

Current community rehabilitation workforce training is predominantly oriented toward physical rehabilitation, with grossly insufficient training in psychological intervention capabilities. Efforts should be undertaken at three levels: first, systematically incorporate practical courses on psychological problem identification, motivational interviewing, and brief cognitive-behavioral interventions into in-service training for family doctors and community nurses; second, drawing on the experience of digital platforms like "Professor Fu," develop online-offline integrated continuing education modules for community psychological rehabilitation; third, establish "mind-body integration" curriculum systems and interprofessional collaborative training mechanisms in university programs for rehabilitation therapy, nursing, and related fields, cultivating rehabilitation professionals with dual knowledge structures in physical and mental health from the source.

Establishing Payment and Assessment Incentive Mechanisms Supporting Mind-Body Integrated Services

The fundamental reason why psychological assessment and intervention are difficult to promote is the lack of corresponding fee schedules, medical insurance reimbursement catalogs, and performance evaluation weights. Psychological screening and brief psychological interventions should be included in the scope of outpatient unified reimbursement under medical insurance, and bundled payment models combining psychological counseling with chronic disease management services should be explored; the coverage rate of psychological assessment and the remission rate of depression/anxiety symptoms should be incorporated into the performance evaluation system for community health service centers and family doctor teams, providing clearly defined output metrics for mental health services at the institutional level.

Leveraging Digital Tools for Early Warning and Precise Intervention of Psychological Risks

Wearable devices can already monitor physiological indicators closely related to mood, such as heart rate variability, sleep cycles, and activity patterns. These can be explored for integration with community chronic disease management information systems to establish dynamic early warning models for psychological risk: when behavioral signals such as persistently declining sleep quality or significantly reduced daily activity appear, the system automatically triggers alerts prompting family doctor teams to proactively assess. Evidence-based online cognitive-behavioral therapy programs can serve as a first-level intervention resource for individuals with mild emotional distress, enabling broader service coverage under limited human resources.

Conclusion

The mental health problems of community-dwelling patients with chronic diseases serve as both a touchstone for testing whether rehabilitation service systems are truly "people-centered" and an important yardstick for measuring whether a local health undertaking has established and practiced a correct view of performance. True performance is reflected not only in the rise of inpatient buildings and the steady increase in patient visits, but also in the meticulous safeguarding of every patient's "physical and mental dignity." Hongkou District's practices in integrated clinical rehabilitation, the construction of the Elderly Care Attendant brand, and the promotion of appropriate traditional Chinese medicine techniques demonstrate feasible pathways for mind-body integration within the region. However, moving from "seeing the problem" to "solving the problem" still requires overcoming multiple barriers in systems, workforce, payment, and tools, particularly in addressing deep-seated sociocultural dilemmas such as stigmatization and role rigidity(Xie, 2019), and in implementing precise interventions based on the characteristics of high-risk populations(Y. Wang et al., 2023).

Transforming mental health services from an "optional" to a "standard" component is essentially a profound shift in development philosophy—it demands that we abandon the utilitarian tendencies of "emphasizing hardware over software, emphasizing treatment over rehabilitation, and emphasizing physical over psychological health," and with the broad-mindedness of "success does not necessarily have to be mine" and the sense of responsibility of "success inevitably involves me," earnestly and wholeheartedly address shortcomings in people's wellbeing. Only by making "mind-body co-healing" a core objective of the integrated rehabilitation system and incorporating it into the performance evaluation framework of local government health governance can we truly respond to chronic disease patients' expectations for health, dignity, and quality of life, and let the foundation of Healthy China be most warmly reflected in every tiny individual life.

References

Chen, W., Gong, Z., & Fei, J. (2018). Analysis of rehabilitation service demand among Shanghai residents within medical consortia. Chinese Hospitals, 22(1), 3–5.

Han, Y. (2012). Survey on community rehabilitation needs of residents in Xinhua Community, Changning District, Shanghai. Chinese Journal of Rehabilitation Medicine, 27(12), 1139–1141. https://doi.org/10.3969/j.issn.1001-1242.2012.12.013

Hongkou Elderly Care Attendant: Lighting up a new chapter in happy elderly care and empowering employment innovation for the future. (2024).

Li, B., Bai, Y., & Yang, J. (2019). Survey on community residents' rehabilitation knowledge, satisfaction with rehabilitation services, and needs. Rehabilitation Journal, 29(4), 13–18.

Li, X., Qi, X., & Pan, J. (2023). Analysis of health literacy levels and influencing factors among residents in Hongkou District, 2018-2022. Health Education and Health Promotion, 18(5), 467–472.

Optimizing construction, deepening connotation, and providing high-quality health services—Introduction to the Liangcheng Xincun Subdistrict Community Health Service Center, Hongkou District. (2022). Shanghai Medical & Pharmaceutical Journal, 43(12), 1–2.

Qi, X. (2019). Analysis of traditional Chinese medicine health cultural literacy levels and influencing factors among residents in Hongkou District, Shanghai. Journal of Traditional Chinese Medicine Management, 27(23), 47–52.

Shi, X., & Hao, W.-w. (2022). Highlights and recommendations for the promotion of appropriate traditional Chinese medicine techniques in communities of Hongkou District, Shanghai. Chinese Primary Health Care, 36(02), 108–110. https://doi.org/10.3969/j.issn.1001-568X.2022.02.0033

Wang, N. (2025). Shanghai Hongkou Elderly Care Attendant: Supporting the silver economy and building a smart elderly care labor brand. Occupation, 00(1), 20–21. https://doi.org/10.3969/j.issn.1009-9573.2025.1.zhiy202501006

Wang, P., Liu, X., & Yang, T. (2023). Prevalence and influencing factors of mild cognitive impairment among community-dwelling older adults in Hongkou District, Shanghai. Journal of Alzheimer's Disease and Related Disorders(2), 97–103.

Wang, Y., CHEN, Q., & Liu, L. (2023). Meta-analysis of depression detection rate and influencing factors among Chinese older adults. Chinese General Practice, 26(34), 4329–4335. https://doi.org/10.12114/j.issn.1007-9572.2023.0269

Xie, Y. (2019). Analysis of the community rehabilitation dilemma of psychiatric patients from the perspective of medical sociology. Medicine and Philosophy, 40(4), 50–53. https://doi.org/10.12014/j.issn.1002-0772.2019.04.13

Xu, W., Wang, X., Jiang, L., Han, Y., Chen, J., Fu, S., Cheng, Z., & Zuowei, W. (2025). Psychological status survey and influencing factors analysis of middle-aged and elderly hypertensive patients in a community of Hongkou District, Shanghai. Journal of Tongji University (Medical Science), 46(4), 593–600. https://doi.org/10.12289/j.issn.2097-4345.25003

Yin, Z., & Dai, H. (2005). A preliminary study on the influencing factors of community rehabilitation service demand among residents in China. Chinese General Practice, 08(07), 574–576. https://doi.org/10.3969/j.issn.1007-9572.2005.07.021

Zhang, S., Wu Jian, Peng Yongde, Ye Jinghong, Zhu Min, Tao Jieqin, Zang Yu-e, Yuan Yang, Wu Yongxu, Zhu Meihong, Zhang Bin, & Yanwen, Z. (2022). Epidemiological survey of type 2 diabetes mellitus and its chronic complications in communities of Hongkou District, Shanghai. Medical Information, 35(21), 40–45. https://doi.org/10.3969/j.issn.1006-1959.2022.21.008

Zhao, Z. (2024). The impact of multimorbidity on depression and anxiety among community-dwelling older adults. Chinese Journal of Clinical Healthcare, 27(01), 24–29. https://doi.org/10.3969/J.issn.1672-6790.2024.01.006

Zhu, J. (2025). Practical pathways for social forces to participate in adolescent mental health services—Taking Shanghai Hongkou Tongxin Public Welfare Service Center as an example. Social Work.

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