

Model Innovation and Practical Exploration of Grassroots Management of Patients with Severe Mental Disorders

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Abstract: With social progress and the aging of the population, the number of people suffering from severe mental disorders is increasing every year, which has also led to a continued increase in the demand for grassroots management services. At present, the implementation of grassroots management of patients with severe mental disorders shows that although it has certain effects, there are still many problems. In this regard, model innovation and practical strategies are proposed, which mainly include building a multi-disciplinary collaborative comprehensive management model, strengthening the training and professional development of grassroots managers, enhancing the mental health awareness and acceptance of grassroots residents, and optimizing the allocation of grassroots resources and building service networks.

Keywords: Severe mental disorder; Grassroots management; Model innovation

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1. Introduction

Severe mental disorders in modern society have become a major public health problem that endangers human health and social stability. As the number of patients with mental disorders increases, grassroots management plays an increasingly important role in communicating between patients and society. However, current grassroots management still faces many challenges when applied to patients with severe mental disorders. Therefore, exploring innovative models of grassroots management to promote the improvement of management quality plays a very important role in improving patients' quality of life and promoting the recovery of patients' social functions.

2. Application status of grassroots management in patients with severe mental disorders

There are a large number of patients with mental disorders in China, and most patients cannot get timely and effective treatment. The traditional medical model is mainly based on hospital treatment. With the uneven distribution of medical resources, the hospitalization rate of patients continues to increase, and hospital treatment cannot meet the requirements

of all patients. So, the grass-roots management has gradually become an effective supplementary way, which can not only provide a continuous stream of health management but also help patients better integrate into society. However, the grass-roots management still faces many challenges in the process of practice, especially the professional ability of managers, resource allocation, and the construction of the grass-roots support system. In many areas, the grass-roots management service has not yet formed a systematic and professional management mode, and knowledge and skills of grass-roots managers are uneven, lacking the necessary psychological support and intervention technology^[1]. In addition, grassroots residents' perception of mental health problems is relatively weak, resulting in misunderstanding and rejection of patients with mental disorders, which increases the difficulty of their social integration. Therefore, although grass-roots management shows its unique advantages, there are still many bottlenecks in the actual operation process.

3. Mode innovation and practice strategy of grassroots management of patients with severe mental disorders

3.1. Establish a comprehensive management mode of multidisciplinary cooperation

The management of patients with severe mental disorders usually involves not only drug intervention or simple daily management, but also psychological reconstruction, social function recovery and family relationship repair. In the environment where the traditional management mode is increasingly showing its limitations, the introduction of a multidisciplinary collaborative comprehensive management mechanism has become a major direction of the development of contemporary mental health services. This cooperation should not only be a formal "union", but also a substantive participation and co-governance mechanism among various professional fields in the whole process of diagnosis and treatment. Psychiatrists are responsible for disease diagnosis, drug management and symptom control. Psychotherapists are mainly engaged in mental behavior correction and psychological support. Social workers are engaged in patients' life adaptation, welfare application and family intervention to provide support. At the same time, nurses play a pivotal role in daily observation, health education and patient compliance behavior management. This multi-angle cross-cooperation mode can more accurately match the individual needs of patients in practical application, especially in the case of large disease fluctuations, weak social support or long-term dependence on the control care system, the advantages of this mode are particularly obvious. It is noteworthy that the collaboration system not only improves the coverage of treatment specialties but also strengthens the continuity and traceability of management work, making it possible for chronic psychiatric patients to receive dynamic assessment and continuous intervention. However, from the perspective of service system construction, this multidisciplinary cooperation is also conducive to promoting the integration and optimization of resources within the grass-roots mental health system, reducing repeated investment and improving operational efficiency. Obviously, the core value of comprehensive management is not only reflected in the coordination of resources, but also the implementation of the patient-centered service concept into every detail of the service, to help patients go further and more stably on the road of functional rehabilitation and social reintegration.

3.2. Strengthen the training and professional development of grass-roots management personnel

The basic level management of patients with severe mental disorders requires much higher professional quality of managers than conventional management. Many grass-roots managers encounter sudden emotional problems or complex social support needs in practice, which are often difficult to solve due to a lack of knowledge or experience, affecting the quality of service and even the prognosis of patients. Therefore, strengthening the professional training of managers has become the core measure to improve the quality and efficiency of grassroots mental health services. The training content should not be limited to the inculcation of the basic knowledge of mental illness, but should be more infiltrated into the three levels of emergency psychological intervention skills, family relationship coordination methods and patients' psychological rehabilitation path design, and strengthen the practical ability of non-violent communication, crisis assessment and patients' behavior recognition. In addition, it is necessary to establish career growth paths for managers,

such as regular rotation training, post-continuing education, assessment and promotion mechanism, to form an internally driven professional growth environment. Grassroots management should not be the “guard” of empiricism. It should be a professional work with a theoretical basis, operational norms and ethical awareness. Therefore, in terms of personnel selection, priority should be given to people with mental health experience or a psychological background, which is conducive to improving the coping ability of the whole team. At the same time, in order to prevent the occurrence of the service island phenomenon, managers need to actively integrate into the regional mental health network and participate in interagency communication, get the guidance of experts or participate in the discussion of clinical cases to expand their professional vision. The key is to establish a long-term mechanism to take grass-roots management work as a path of sustainable professional development rather than a temporary and low threshold career option. This will not only promote the stability of management services and the improvement of professional identity, but also shape the public’s confidence and identity in the mental health service system to a certain extent, so as to achieve a virtuous cycle.

3.3. Improve the awareness and acceptance of grassroots residents on mental health

The quality of life of patients with severe mental disorders at the grass-roots level usually depends not only on the accessibility of medical services, but also on non-medical factors such as neighborhood relations and public attitudes. At present, there are still many blind spots in the popularity of mental health knowledge among the public. Misunderstanding, labeling and exclusion often make patients feel the invisible pressure of social interaction, which is not conducive to the stability and recovery of patients’ diseases. Therefore, promoting mental health education at the grassroots level has become one of the public sexual health practice orientations that need to be strengthened. Specifically, the grassroots should not only rely on traditional lectures or posting propaganda materials as a single means of communication, but also need to integrate mental health into residents’ daily life situations. For example, the “mental health experience space” can be established by combining with grass-roots festival activities, so that residents can learn the psychological adjustment skills of emotion regulation and stress recognition in interactive scenes. The performance of public welfare psychodrama, which simulates empathy games and short video competitions from the perspective of patients, can also mobilize the enthusiasm of the public to participate and break through the original cognitive barriers. In addition, knowledge infusion is not enough. The construction of an emotional support network, the cultivation of public tolerance for “emotional abnormalities,” and the encouragement of family members to participate in mental health intervention are also important links that can not be ignored. The establishment of psychological mutual aid groups at the grass-roots level to guide residents to participate in the discussion of mental health issues is conducive to building more positive emotional connections between neighbors. On the other hand, the government and social institutions provide platforms and resource guarantees, such as targeted psychological assistance projects, grassroots psychological hotlines, psychological service outsourcing subsidies and other mechanisms, which should be the backing of such work to ensure the continuity and systematicness of education promotion rather than fragmentation and assault.

3.4. Optimize grass-roots resource allocation and service network construction

Under the background of patients with severe mental disorders gradually turning to grass-roots rehabilitation, grass-roots self-service ability is the key variable to determine the quality of rehabilitation. However, the actual allocation of mental health resources at the grass-roots level is often faces the dilemma of multi-head management, decentralized functions, and disordered service levels, and it is difficult to form a closed-loop support system. To reverse this situation, it is urgent to systematically optimize the organizational mechanism, staffing and service structure. At present, grassroots institutions usually only have basic medical support in the three dimensions of medical treatment, psychology and society, but there are obvious deficiencies in the coverage of psychological intervention and social function reconstruction. Therefore, the grass-roots service network should gradually move towards multi-dimensional collaboration ^[2]. On the one hand, the allocation of medical resources should adjust the diagnosis and treatment process and referral mechanism according to the different manifestations of patients’ mental illness pedigree, to realize the control of mild patients at the grass-roots level and

timely diversion of severe patients. The establishment of a shared archives system and a dynamic evaluation mechanism for hospitals at or above the regional level can effectively avoid the occurrence of information islands and promote the improvement of referral response efficiency. In addition, a perfect social support structure has no less impact on the quality of life of patients with mental disorders than drug intervention. Full-time social worker posts should be introduced at the grass-roots level, and functional spaces such as psychological counseling rooms and emotional counseling stations should be built, and non-governmental organizations and volunteer service teams should be encouraged to participate in rehabilitation companionship regularly. More importantly, the supplement of professional strength cannot stay on the surface. Mental health experts should be regularly invited to carry out workshops at the grass-roots level to improve the practical ability of grass-roots managers and discuss cases, so as to make them have the practical ability to find problems and deal with emergencies. In terms of financial support, local financial departments should include mental health services in the budget system of basic public health services at the grass-roots level, establish channels for special funds, establish incentive mechanisms for service quality assessment and result orientation, and use policy forces to ensure the normalization of mental health services. The establishment of a sustainable and hierarchical resource network can not only improve the grassroots life experience of patients with mental disorders, but also provide solid support for their gradual recovery of social functions and role reconstruction ^[3].

4. Exploration of a rehabilitation model for patients with severe mental disorders

4.1. Service mode innovation

The exploration of the community rehabilitation model for patients with mental disorders focuses on the innovation of the service model. This innovative process starts with an in-depth understanding and analysis of patient needs. Through community research, family interviews, case assessment, and other means, we can accurately grasp the actual rehabilitation needs of patients, and lay the foundation for the development of a personalized rehabilitation plan. Subsequently, we tried to integrate multiple resources, including medical institutions, social work teams, volunteer organizations, etc., to build a comprehensive and multi-level rehabilitation service network. This network not only provides medical support, but also covers psychological counseling, life skills training, social ability improvement and other services, aiming to help patients gradually restore social function and improve the quality of life. In terms of service mode, it advocates patient-centered, personalized and precise services. Through the regular assessment of patients' rehabilitation progress, the service plan is constantly adjusted and optimized to ensure the maximization of service effect. Therefore, the exploration of the community rehabilitation model for patients with mental disorders is a process of continuous innovation and improvement, which needs to be patient-centered, constantly integrate resources, optimize services, and provide comprehensive and considerate rehabilitation services for patients ^[4].

4.2. Personalized rehabilitation services

In the exploration of the community rehabilitation model for patients with mental disorders, personalized rehabilitation services are a core strategy. This strategy begins with a deep understanding of the individual differences of patients, and an understanding of each patient's unique rehabilitation needs, life background and psychological state. Through a comprehensive assessment system, including psychological assessment, social function assessment and life skills assessment, the rehabilitation needs map of patients is carefully described. This step ensures that rehabilitation services can accurately meet the actual needs of patients. Then, according to the evaluation results, personalized rehabilitation plans are designed and implemented. These plans not only cover basic services such as drug treatment and psychological counseling, but also integrate diversified contents, such as life skills training, social ability improvement and occupational rehabilitation, aiming to help patients gradually restore social functions and improve the quality of life. In the implementation process, the participation of patients and their families is emphasized, and they are encouraged to put forward valuable opinions, so as to make flexible adjustments according to the feedback and ensure the effectiveness and

adaptability of rehabilitation services^[5].

At the same time, a continuous tracking mechanism was established to regularly evaluate the rehabilitation progress of patients and adjust the rehabilitation strategy in time to meet the possible challenges. Therefore, personalized rehabilitation service plays a vital role in the exploration of a community rehabilitation model for patients with mental disorders. It requires a patient-centered, meticulous understanding of their needs, and providing accurate, comprehensive and consistent rehabilitation support to promote the comprehensive rehabilitation and social integration of patients.

4.3. Construction of social support network

In the exploration of the community rehabilitation model for patients with mental disorders, the construction of a social support network is an indispensable part. This construction process starts from a comprehensive review of the social relations of patients, and aims to build a support network with the participation of families, communities, medical institutions and all sectors of society. Encourage patients' families to play a core role, provide emotional support and life care, and promote the emotional connection between patients and their families^[6]. At the same time, through family education and training, family members' understanding and acceptance of patients' diseases can be enhanced, and misunderstanding and conflict within the family can be reduced. Actively integrate into community resources, organize various rehabilitation activities and social gatherings, help patients gradually integrate into community life and establish new social relationships. In addition, we should establish close cooperation with medical institutions to ensure that patients can receive timely and professional medical support when needed. Advocate the attention and support of all sectors of society to the patient group, through media publicity, public welfare activities and other ways, improve the public's awareness and understanding of mental disorders, reduce social prejudice and discrimination against patients, and create a more inclusive and friendly social environment for patients. Therefore, the construction of a social support network is a process of multi-party participation and sustainable development. It requires patient-centered care, integrating resources from all parties, and building a comprehensive and effective support network to promote the comprehensive rehabilitation and social integration of patients^[7].

5. Conclusion

In short, it is an urgent task in the field of public health to carry out mode innovation and practical exploration on the grassroots management of patients with severe mental disorders. Through the construction of multidisciplinary collaborative comprehensive management mode, strengthening the training and professional development of grass-roots management personnel, enhancing the awareness and acceptance of mental health of grass-roots residents, and optimizing the allocation of grass-roots resources and the construction of service network, the quality of grass-roots management can be effectively improved, which is conducive to the better integration of patients into society and the improvement of quality of life.

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Disclosure statement

The author declares no conflict of interest.

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