

Enhancing the Protection of Medical Human Rights for Mental Patients in Taiwan

Jia-Pei Shie¹, Chao-Yueh Su², Frank Huang-Chih Chou^{1,3}

¹Department of Community Psychiatry, Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, Kaohsiung City, Taiwan

²Department of Nursing, Meiho University, Ping-Tong County, Taiwan

³Graduate institute of Health Care, Meiho University, Ping-Tong County, Taiwan, Meiho University, Ping-Tong County, Taiwan

ABSTRACT: *The Mental Health Act (MHA) in Taiwan was developed in 1990 to protect patients. It was introduced to provide legislative recognition that people with mental illness have rights to reasonable treatment. After a few minor modifications and a substantial revision in 2007, the revised version was formally enacted on July 4, 2008.*

According to the newly developed regulations, in addition to an evaluation by two designated certificated psychiatrists within two days, whether a patient requires compulsory hospitalization will also be reviewed and decided by the committee --Psychiatric Disease Mandatory Assessment and Community Care Review Committee--of mandatory evaluation within five days and the maximum length of an order is 60 days.

Since the 2007 version of the Mental Health Act was implemented, the number of the patients with mandatory hospitalizations was significantly reduced by 77%, corresponding to a decrease from 3,129 in 2006 and 3,171 in 2007 to 728 in 2014. Only 1.46% of these individuals were compulsorily hospitalized, which is significantly lower than the 6-58% in the United States and Europe. The human rights of patients in mental health care were further protected, which is a substantial achievement in mental health care!

Key words: *Mental Health Act (MHA), community psychiatry, human right, reforming, mental health, Psychiatric Disease Mandatory Assessment and Community Care Review Committee*

Taiwan has a population of 23,386,883 and the vast majority of people live in the lowlands near the western coast of the main island. Taiwan, the Republic of China, consists of the island of Taiwan (an island 160 km off the Asian mainland in the Pacific), Taiwan is a democratic country with relatively low levels of crime and unrest. Average income per capita is US\$19,315 (Directorate-General of Budget, Accounting and Statistics, 2014). There are 1,329 psychiatrists in 2013, and there is one psychiatrist to serve 17,597 persons in average which proportion is higher than average in the world, on average, there is one psychiatrist to serve 200,000 or more people (World Health Organization, 2011). But still lower than that in developed countries.

In Taiwan, 1,125,113 people are registered with disabilities, of whom 10% are diagnosed as patients with mental disabilities (Ministry of Health and Welfare, 2014).

Most patients with mental disabilities (83%) live with their families, and 53% of these patients are unmarried (Department of Statistics, Ministry of Interior, 2014). The number of patients with mental illnesses receiving outpatient treatment increased from 1,666,958 in 2001 to 2,291,858 in 2012 (Ministry of Health and Welfare, 2013).

In Taiwan, the prevalence rates of bipolar disorder and schizophrenia were 0.06-0.45% (Bih et al., 2008; Chien et al., 2004) and 0.3-0.6%, respectively (Chien et al., 2004).

In 1990, the Mental Health Act (MHA) was introduced to provide legislative recognition that people with mental illness have rights to reasonable treatment (Chou, 2012). The initial purpose of the MHA

is explained in the first chapter: "to promote the mental health of the population, prevent and treat mental illnesses, protect patients' rights and interests, support, assist patients living in community and maintaining society's harmony and peace". It attempts to balance rights, but there are many sections asking for compliance with medication with few alternatives.

World Health Organization Secretariat (2012) introduces one of human rights protection for people with mental health conditions, by: developing policies and laws that protect and promote human rights and establishing independent monitoring mechanisms so as to improve conditions in health facilities, in line with international human rights standards such as the United Nations.

The Mental Health Act, which was amended in 2007, aims to increase the protection of the human rights of mental patients. This Act attempts to balance the rights in the initial stage, with some requirements for patients in many areas, including following the medical advice of psychotropic therapy. The Act also stipulates that compulsory hospitalization for severe mental illness (SMI) should be determined by two designated psychiatrists; compulsory hospitalization is mainly for SMI patients with having or the potential to hurt oneself or others. Meanwhile, an emergency placement should be started during the evaluation to strengthen the protection of human rights for the SMI patients. According to the newly developed regulations, in addition to an evaluation by two designated certificated psychiatrists, whether a SMI patient requires compulsory hospitalization will also be reviewed and decided by the committee (the psychiatric disease mandatory assessment and community care review committee, PDMACCRC) of mandatory evaluation; likewise, compulsory treatment should be required that this patient should be a case with severe mental illness, not only this psychiatric patient has or has the potential to hurt oneself or others. This PDMACCRC includes

*Correspondence regarding this article should be directed to: f50911.tw@yahoo.com.tw

seven members, each one individually from each of the seven categories (senior psychiatrists, senior psychologists, senior social workers, senior psychiatric nurses, senior occupational therapists, representatives of the organization promoting patients' rights and lawyers or law-related specialist).

To avoid a long evaluation and emergency placement, restrictions of two days and five days (include a two-day evaluation) has been specified. Compulsory hospitalization lasts for up to 60 days. To improve the understanding of the members of the review committee on severe patients and to easily reach a consensus, in addition to the regular annual four-hour in-service training, a clinical reference guideline of the mandatory evaluation and mandatory community treatment for patients with severe mental illness was compiled to provide legal and psychiatric professional knowledge for the specialists and the members of the reviewing committee.

Since the 2007 version of the Mental Health Act was implemented, the number of the patients with mandatory hospitalizations was significantly reduced by 83%, corresponding to a decrease from 3,129 in 2006 and 3,171 in 2007 to 728 in 2014. Although approximately 70,000 people consented to be hospitalized, only 0.96% of these individuals were compulsorily hospitalized, which is significantly lower than the 6-58% in the United States and Europe (Chou, 2015). However, whether this change indicates significant progress in protecting the human rights of the patients or whether it was decided not to hospitalize patients who should have been hospitalized is worthy of further investigation. Regardless, the vast majority of the hospitalized psychiatric patients consented to be hospitalized rather than being mandatorily hospitalized. The human rights of patients in mental health care were further protected, which is a substantial achievement in mental health care! In addition, several reforms in hospital accreditation have been performed in Taiwan. Currently, the quality of care for hospitalized psychiatric patients is being continuously improved through regular checks with hospital accreditation, which is another achievement of mental health care in Taiwan!

REFERENCES

- Bih, S.H., Chien, I.C., Chou, Y.J., Lin, C.H., Lee, C.H., & Chou, P. (2008). The treated prevalence and incidence of bipolar disorder among national health insurance enrollees in Taiwan, 1996-2003. *Social Psychiatry and Psychiatric Epidemiology*, 43, 860-865.
- Chien, I.C., Chou, Y.J., Lin, C.H., Bih, S.H., & Chou, P. (2004). Prevalence of psychiatric disorders among National Health Insurance enrollees in Taiwan. *Psychiatric Services*, 55, 691-697.
- Chien, I.C., Chou, Y.J., Lin, C.H., Bih, S.H., Chou, P., & Chang, H.J. (2004). Prevalence and incidence of schizophrenia among national health insurance enrollees in Taiwan, 1996-2001. *Psychiatry and Clinical Neurosciences*, 58(6), 611-618.
- Chou, F.H. (2012). Editorial comments: Future Directions for Research in the 2007 Edition of the Mental Health Act Amendments. *Taiwanese Journal of Psychiatry*, 26(1), 3-5.
- Chou, F.H. (2015). Editorial comments: The 2007 Amendment Mental Health Act in Taiwan: To Promote Psychiatric Human Right Protection. *Taiwanese Journal of Psychiatry* (In print).
- Department of Statistics (2014). Ministry of the Interior. *Physically and mentally disabled population by classification*. Retrieved from <http://sowf.moi.gov.tw/stat/year/list.htm>. Accessed 20th July 2014.
- Directorate-General of Budget, Accounting and Statistics (2014). *National Accounts Principal Figures*. Retrieved from <http://www.dgbas.gov.tw/ct.asp?xItem=37407&CtNode=3566&mp=1>
- Ministry of Health and Welfare (2013). *Number of Outpatients by Disease and Function Type*. Retrieved from http://www.mohw.gov.tw/cht/DOS/Statistic.aspx?f_list_no=312&fod_list_no=1604
- Ministry of Health and Welfare (2014). *The Disabled Population by Classification and Grade*. Retrieved from http://www.mohw.gov.tw/cht/DOS/Statistic.aspx?f_list_no=312&fod_list_no=4182
- World Health Organization (2011). *Mental health atlas 2011*. Geneva: World Health Organization.
- World Health Organization Secretariat (2012). *Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level*, sixty-fifth world health assembly A65/10 Provisional agenda item 13.2. Geneva, World Health Organization.