Review Article

Highlights of the 2022 Amendment to the Taiwan Mental Health Act

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Abstract

Background: Each country has each mental health act (MHA), which usually responds to the need of the society. Without exception, Taiwan has been through the enacting and amending the MHA since 1990. **Methods:** In the review, the authors intend to recount and to describe enacted or amended MHA in Taiwan. They are focusing on 2022 amendment to the MHA in Taiwan. **Results:** In Taiwan, the MHA with 52 articles was enacted in 1990, aiming at preventing and treating mental illnesses, safeguarding patient rights, promoting patient welfare, enhancing national mental health, as well as maintaining social harmony and tranquility. After several minor amendments, a significant revision took place in 2007. Since 2007, the focus of amendment to MHA was shifted from originally preventing and treating mental illnesses and protecting patient rights, to the addition of avoiding the stigmatization of mental illnesses. The goal of maintaining social harmony and tranquility was removed, but support and assistance for patients in community living were emphasized. The United Nations' "Convention on the Rights of Persons with Disabilities" (CRPD), announced in 2006, serves as a crucial benchmark for the protection of the rights of persons with disabilities internationally. Taiwan's implementation law for the CRPD was promulgated in 2014. According to the spirit of the CRPD, the 2022 Amendment to the MHA in Taiwan is intended to enhance the protection of the rights of patients with mental illnesses, to strengthen community support for patients, and to assist them in achieving equal living with others. The 2022 amended MHA in Taiwan comprises seven chapters and 91 articles, with key focuses on (a) promoting mental health, (b) establishing community mental health centers and diverse community support, (c) improving patient assistance and front-end prevention, strengthening patient reporting, and establishing crisis management mechanisms, (d) changing the approach to mandatory hospitalization treatment to involve judicial reservation, and (e) safeguarding patient rights, prioritizing criminal proceedings in cases of homicide and injury, and preventing stigmatization. **Conclusion:** The 2022 Amendment to the MHA in Taiwan is dedicated to more comprehensively caring for individuals with mental illnesses when concurrently safeguarding their rights, aligning with the modern societal emphasis on mental and physical health.

Key words: convention on the rights of persons with disabilities, forensic psychiatry, mandatory hospitalization, preventing stigmatization

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Introduction

As observed and asserted by Shinfuku, the mental health laws to improve the care for the mentally ill was introduced or amended after social events occurred [1, 2].

All mental health laws in Japan have been responded after a social events or a tragedies. The laws in Taiwan to improve the care of the mentally ill are introduced also followed the same rule without exception.

Since the Taiwan Mental Health Act (MHA) was promulgated in 1990, it has been through four revisions, but only one major revision in 2007, from the original 6 chapters and 52 articles to 7 chapters and 63 articles. The revisions have been focusing on protecting the rights of patients with mental illness and aiming at returning to the community. Focusing on protecting patients, returning to the community, and ensuring that the final decision on mandatory hospitalization of patients with severe mental illness (SMI) patients, are requiring to be

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approved by the Psychiatric Disease Mandatory Assessment and Community Care Review Committee (PDMACCRC) [3, 4].

To reduce the revolving door effect, a new mandatory community treatment project has been added. In the past, the proportion of effort on mental health promotion was not high, resulting in insufficient cooperation from front-end prevention and community support service networks. In addition, the policy of respecting human rights has become an international trend. To meet the needs of practical implementation, it is urgent to establish a multilevel, faceted, and professional cooperation mental health-care network. This amendment takes into account of the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC) [3, 4], it is necessary to re-examine the ideals of freedom, autonomy, rights to medical treatment, security, equal treatment, and community integration of the mentally ill and the disabled. In addition to reviewing the deficiencies of the existing provisions, the new amended MHA hopes to keep pace with the times and make continuous amendments, and echo the spirit of CRPD and the CRC to ensure the human rights of the mentally ill and take into account of proper treatment and community services, and to strengthen agency rôles and to collaborate across networks to support psychiatric care.

The amendment to Taiwan MHA announced in 2022 has 7 chapters and 91 articles, and the proportion of amendments exceeds 90% of the original MHA before any amendments. The main highlights of the amendments are to establish and to improve the management of mental care institutions, to strengthen the care and cooperation of mental patients in cross-agency communities, and to cooperate with the provisions of the Personal Data Protection Law, to revise the regulations on the powers and responsibilities of various agencies, as well as to use the notification, treatment, and discharge preparations according to the principle of informed consent of patients. Mental health-care personnel need to cooperate with patients, family members, and guardians to provide treatment and support and assist patients in linking relevant resources.

To improve community integration and quality of life, the 2022 amendment to Taiwan MHA is intended:

- To emphasize on the promotion of mental health.
- To actively deploy community mental health centers (CMHCs) and multicommunity support.
- To improve patient assistance and front-end prevention.
- To strengthen patient reporting and establish a crisis management mechanism.
- To use mandatory hospitalization replacing for retention.
- To protect patients' rights and interests.
- To prioritize to deal with patients with homicide and violent dangers.
- To prevent prevention of stigma for the mentally ill.

Emphasis on Promoting Mental Health

Article 1 of the MHA considers that our country has a high degree of internationalization, and those who do not belong to our country live or stay in our country, they should also assist in providing the mental health promotion-related services and mental medical treatment they need. Based on the consideration international human rights protection and fairness and justice expands the objects of mental health promotion and mental medical services from citizens to people. To strengthen the promotion of mental health promotion, establish a national patient service database and strengthen patient community services, and increase the management of central and local authorities, including the collection of patient data. To strengthen the promotion of mental health and implement the overall policy, the "prevention and treatment of mental illness" was revised to "prevention, treatment, and resource deployment of mental illness." The persons for mental health promotion include students, labor workers, polices and firefighters, crime victims, prisoners of the mentally ill, and people under custody and protection. The central and local competent authorities shall invite mental health professionals, legal experts, patients, patients' family members, or representatives of patient rights promotion groups and competent authorities of various purposes to hold a consultation meeting for them.

The planning of community service for patients can be divided into three aspects: personal care, social participation, and family support, including the provision of active care or protection and development, and the promotion with diversified service models, all of which help stabilize the patient's condition and support the patient live in the community. To analyze data related to mental public health, improve the efficiency of administrative procedures, facilitate the planning of service plans that meet the needs of patients, provide policy rolling reviews and effect evaluations, and establish a database to provide continuous services, it is necessary to collect mental health and establish a national patient service database for biological, psychological, and social data related to mental illness.

The long-term neglect of mental health in Taiwan has led to an increased societal psychological stress, affecting the overall well-being of individuals and society. Due to the lack of attention and investment in mental health issues, many people may not receive timely mental health services and support, leading to the worsening of problems or ineffective management. The neglect of mental health can result in misconceptions and prejudices about mental health issues in society, further worsening stigmatization and discrimination. Neglecting mental health may cause the health-care system to face greater pressure in dealing with the increasing mental health issues, including pressures on work force, resources, and finances. Neglecting mental health can lead to a lack of appropriate support and resources in educational institutions and workplaces, which can impact the academic and work performance of students and employees. Finally, the Department of Mental and Oral Health under the Ministry of Welfare and Health and Welfare was established in 2013, but its responsibilities were different and it lacked dedicated staffing. Through various efforts and the impact of the 2020 COVID-19 pandemic, the Ministry of Health and Welfare

officially announced the separation of mental health and oral health in 2022, establishing the Department of Mental Health to specifically focus on mental health affairs.

There is no uniform definition of mental health at present, but according to the concept of dimensions, if severe psychological pain or mental illness is taken as one end, the other end is defined by the World Health Organization as complete physical, psychological, and social well-being state [5]. The country's understanding and governance of group mental health is to collect and analyze the data of the above-mentioned various state distribution phenomena and further take measures at all levels (from individuals to society) to prevent and treat psychological pain or mental illness, to achieve low-end mental health. At the same time, the country also promotes mental health with various resources to achieve the ideal of high-end mental health of the World Health Organization.

Building Community Mental Health Centers and with Multicommunity Supports

Before the strengthening of the social safety net plan has not been promoted, the hospital's mental health care and community care cannot be effectively connected. Patients with mental illness receive good treatment in the hospital, and they need continuous, long-term, and diversified support services from the hospital to the community. That is to say, it must be connected to network services such as medical treatment, mental rehabilitation, nursing, schooling, and employment. Therefore, the principle of multiple continuous services is added to provide patients with diversified, optional, and uninterrupted community support service measures [6]. In addition, the stigma and misunderstanding of mental illness still exist, and how to find resources related to mental health in the community is also a problem. The construction of CMHCs is a key work item in the second phase of the social safety net plan, and the development of "family-based, community-based service model," through caring visits and resource links, to provide sufficient community care and family support for patients with mental illness and their families. The community mental health center provides integrated services, provides psychological consultation and counseling for the public nearby, assists patients with mental illness and suicide attempt or ideation reporting cases in the community through case management, and connects medical and cross-network resources.

Although there has been significant progress in our country's community mental health-care system in the past decade, scholars, experts, practitioners, and rehabilitation recipients have raised the following challenges. First, there is lack of a continuous integrated case management care platform from hospitals to communities. Second, it needs to enhance the quality of care in community rehabilitation institutions. Third, there are still stigmatization and lack of friendly communities. Finally, inadequate support and resource assistance are seen for community rehabilitators. The construction of community mental health system in Taiwan has lagged behind for nearly half a century. "Strengthening the Social Safety Net Phase II Plan" assigns an important mission to CMHCs and aims at setting up a CMH service network. The Ministry of Health and Welfare suggests that each CMHC should establish a mental health group and a case management group. But the scale of each CMHC must also be considered. The number of personnel in CMHCs in small counties and cities should be relatively small, and their functions must be adjusted according to the allocation of work force. If the region lacks primary prevention resources for mental health, CMHCs may need to play more rôles in psychological counseling, assessment, referral, case management, crisis intervention, advocacy, and education. If the area where a CMHC is located has sufficient primary and secondary service facilities such as psychological outpatient clinics and counseling centers, the demand for services such as assessment, screening, treatment, psychological therapy, partial hospitalization, or day care in mental health facilities may decrease. Instead, there may be an increased demand for services such as emergency care, crisis intervention, psychosocial rehabilitation, case management, and substance abuse intervention.

"Strengthening the Social Safety Net Phase II Plan" is based on the first phase. The Ministry of Health and Welfare promotes the construction of CMHCs based on the principle of setting up 1 for every 330,000 people. By 2025, Taiwan will build 71 CMHCs and increase the work force of mental health social workers and caring visitors year by year, and recruit clinical and counseling psychologists, nurses, occupational therapists, and other mental health professionals. It is estimated that by 2025, there will be nearly 420 mental health social workers, 1288 caring visitors, and 781 mental health professionals are serving on the front line of the community, making the social safety network more in density.

Improving Patient Assistance and Front-end Prevention, Strengthening Patient Notification, as well as Establishing a Crisis Management

Patients reported by medical institutions may still need continuous care after returning to the community after treatment. To provide active community care and visits for patients in need, it is stipulated that local competent authorities should report and notify the medical institutions under their jurisdiction for patients, establish a patient care mechanism to guide patients to seek medical treatment regularly, and assist family members in dealing with emergencies [7]. Medical personnel, social workers, educational personnel, police officers, firefighters, judicial personnel, immigration administrators, household registration personnel, village officers, and other community support personnel find suspected mental patients while performing their duties, and may notify assistance from local competent authorities in providing medical care, care or community support services. When a police agency or a fire department discovers a suspected mentally ill person who is in danger of injuring others or himself during the performance of his duties, if he cannot save his life or body in danger without restraint, or prevent

the life or body of others in danger, it is found that he is mentally ill. Those who are sick should be escorted to the nearest appropriate medical institution for medical treatment immediately. The local competent authority integrates its subordinate health, police, firefighting, and other related agencies and establishes a 24-hour emergency mental medical treatment mechanism within its jurisdiction [8].

When a patient's condition is stable or recovering, and there is no need for further inpatient treatment, the mental health-care institution shall assist the patient to be discharged from the hospital, and notify the family or guardian of the inpatient, and shall not detain the patient without reason. Before the patient is discharged from the hospital, the patient should be assisted to jointly draw up a discharge preparation plan and provide relevant assistance; if the patient is a serious patient, the local health authority should be notified to send personnel to participate, and the guardian should be consulted. For patients diagnosed with mental illness, the local competent authority of the place of household registration or place of residence shall be notified before discharge to provide case management services, community therapy, community support, and referral or transfer to various services [9].

Mandatory Hospitalization Is Converted to Judge Retention

First of all, the definition of a severe patient has changed. The original definition is that the patient presents weird thoughts and behaviors that are out of touch with reality, so that he cannot handle his own affairs. In view of the variability of the patient's behavioral state, it is difficult to determine whether it is a serious patient or not. Objective criteria, the newly revised law defines a serious patient as a patient showing a mental state out of touch with reality, so that he is unable to handle his own affairs [10]. When a serious patient appears to hurt others or himself or is in danger of harm, it is necessary to be hospitalized for full-time treatment after being diagnosed by a specialist. In other cases, the protector should assist them to go to a mental medical institution for hospitalization. If the serious patient in the preceding paragraph refuses to receive full-time inpatient treatment, the local competent authority may designate a mental medical institution for emergency placement and send it to two or more specialists designated by the local competent authority. Compulsory identification, in the old law, it will be sent to the Review Committee for review, but the new law is in line with the intent of Article 8 of the Constitution, "the principle of judge retention," and the mandatory hospitalization is changed to the court's decision, so the Review Committee will only review the compulsory community treatment. In addition, the emergency resettlement period was changed from 5 days to 7 days; the compulsory appraisal was completed within 2 days from the emergency resettlement day to 3 days from the next day of emergency resettlement. If the court considers that the petition for mandatory hospitalization or extended mandatory hospitalization has not reached the level of mandatory hospitalization, but there are reasons for mandatory community treatment, it may rule on mandatory community treatment according to the petition or ex officio.

Mandatory community treatment items are as follows and can be combined into several items: (a) drug treatment, (b) drug concentration test in blood or urine, (c) screening for alcohol or other addictive substances, (d) psychotherapy, (e) rehabilitation treatment, and (f) other measures to prevent the deterioration of the disease or improve the patient's ability to adapt to life. In addition, to comply with Article 25 of the CRPD, patients have the rights to informed consent for all treatments, and the provision that mandatory community treatment "may be performed without informing serious patients" is deleted. Contact the police or fire department for assistance.

To make mandatory community treatment really effective in helping patients in the "long-term," let patients learn to coexist with the disease and self-manage the disease; and patients get psychological support, learn how to coexist with the disease, and relieve stress. Continue to seek medical care, medication or injections, and be more willing to use psychiatric care or community-supported services to maintain recovery. Therefore, in the provision of services, five majors in the field of psychiatry: physicians, nurses, occupational therapists, social workers, and psychologists, are used to provide professional services, and psychotherapy, rehabilitation, and other related treatments are added [11].

Protection of Patients' Rights and Interests, as well as Prevention of Stigma

To protect the right of the mentally ill to live and facilitate the establishment of community mental care resources, we refer to the Law on the Protection of the Rights and Interests of the Disabled, specifying the relevant mental care institutions, providing services such as living arrangements in the community, and encountering any form of opposition from residents, Local authorities should assist them in removing obstacles. The guardian of a serious patient will be his legal representative, guardian, or assistant after consulting the serious patient; if such person cannot be the protector, the spouse, parent, family member, or someone who has a particularly close relationship with the patient shall act as the protector. One person pushes another person to do it, and the person with special close relationship refers to the person who has a particularly close relationship in identity, property or life, but does not include the person who has the obligation to protect the patient according to the law or contract, such as juvenile protection officer, school staff, accident drivers, military, police and firefighters, etc. Therefore, "persons who have a particularly close relationship with the patient" include cohabitants or close friends. The certificate of diagnosis of a serious patient is no longer permanently valid, and the period of validity of one to 3 years should be recorded. Before the expiration of the period mentioned in the preceding paragraph, the serious patient or his guardian believes that his condition is stable, and the diagnosis by a specialist doctor determines that it is no longer a serious condition. In the case of a patient, the institution

where the diagnostician is practicing shall immediately notify the protector and the local competent authority. Before the validity period of the certificate of diagnosis of a serious patient expires, the protector shall assist him to receive a diagnosis by a specialist to confirm his status as a serious patient; when the period expires, if the diagnosis is not confirmed, the certificate of diagnosis shall lose its validity. In addition, the protection of the rights of serious patients is more stringent. Mental health-care institutions should explain the illness, treatment policy, prognosis, reasons for hospitalization, rights they should enjoy and for other related matters, if the patient is not a serious patient, his family members should be informed only with his consent. In clinical practice, it is likely to cause conflicts between doctors and patients or family members.

When the procuratorate handles a homicide or injury case and finds that the defendant or criminal suspect is suspected of being mentally ill, the defendant, after being interrogated by a judge, believes that the crime is serious, and there are sufficient facts to believe that the reasons for the first and second items of Article 19 of the Criminal Law may exist. If there is a danger of endangering public safety and it is urgently necessary, the court may, upon the petition of the prosecutor during the investigation, or on the petition of the prosecutor during the trial, or ex officio, issue an order for admission to a judicial psychiatric hospital for a period of < less than 6 months, hospitals, psychiatric institutions or other appropriate places for temporary placement.

Areas of Underdeveloped Mental Health Legal Services in Taiwan

In response to legal and policy requirements, in addition to the relevant areas of past criminal responsibility, trial capacity, guardianship assistance declaration, and MHA, assessments have been added in various fields. The demanded areas also include:

- Risk assessment for recidivism of sexual offenders under the Penal Code.
- Treatment and counseling assessments for offenders as stipulated in the Sexual Assault Crime Prevention Act.
- Observation and rehabilitation assessments under the Narcotics Hazard Prevention Act.
- Assessment of treatment plans for domestic violence offenders under the Domestic Violence Prevention Act.
- Evaluation of addiction treatment, psychiatric treatment, and psychological counseling as listed in the deferred prosecution system under the Code of Criminal Procedure.
- Assessment of mental injury in tort law and related issues in family law.

These above-listed areas demonstrate the expansion of forensic psychiatry, which requires further academic research and clinical professional consensus to enhance the professional quality of forensic psychiatry. Although the Academy of Psychiatry and the Law was established in 2017 in Taiwan. But due to low fees for assessments and treatments for those forensic patients, few individuals are willing to become forensic psychiatrists in Taiwan. Consequently, many psychiatric patients in Taiwan miss out deserved complete assessment and treatment opportunities.

Conclusion

Through the 2022 amendment to MHA in Taiwan, the case management services for mental patients will be improved, the network and management of mental care will be established and improved, and cross-agency cooperation will be strengthened in combination with medical and community-based support systems, to protect the rights of mental patients to life, health, and medical treatment. The society will be more stable, correct the public's discrimination and stigma against the mentally ill, and establish a friendly and supportive environment for the mentally ill.

But the members of the Taiwanese Society of Psychiatry still need to pay attention to and to work hard in the areas of underdeveloped mental health forensic service.

Data Availability Statement

Data sharing is not available to this article because no datasets were generated or analyzed during the writing for this review.

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Conflicts of Interest

The authors declare no potential conflicts of interest in writing this article.

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