

Letter from . . .

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In his memorial speech given on the 30th anniversary of the Chinese Society of Psychiatry in Taiwan, the founder of the Society, Professor T. Lin, spoke on the evolution of psychiatry in Taiwan. He stressed that the “building up of psychiatry from almost nothing against all odds” just after World War II in an area where “the general attitude of the medical profession as well as the lay public to psychiatry was characterised by indifference and contempt arising from their ignorance and also prejudice against mental illness” (Lin, 1961) is like Robinson Crusoe surviving on his desert island. Today, the Society with its 518 members has had considerable success in the development of psychiatry in Taiwan.

One of the more important of the Society’s achievements has been the passing of the recent Mental Health Act, with overwhelming public support. The Act includes provisions for psychiatric care and facilities, the care and protection of patients, and the rights of patients. Although the ‘delivery’ of the Mental Health Act had been much delayed, it has been a major breakthrough in a society that “generally believed that psychiatry is little needed because of its traditional philosophy and extended family system that act as protection against mental illness” (Lin, 1961). Moreover, the Act represents great progress in respect of human rights and ethical practice for all psychiatrists and their colleagues.

Another major achievement has been the Society’s involvement in establishing mental health care delivery systems. A huge budget, increasing annually, has been allocated by the government for distributing care for the mentally ill patients throughout the various geographical and administrative districts (Fig. 1). This delivery system has been operational for more than five years, and has led to an upgrading of facilities and expansion in psychiatric manpower. A supervisory committee formed by the governing body, the Society, and lay officers carries out regular assessment and evaluation every three years for accreditation of psychiatric centres in their continuing care for the mentally ill.

Through this psychiatric delivery system, medical costs for those families on low incomes have been

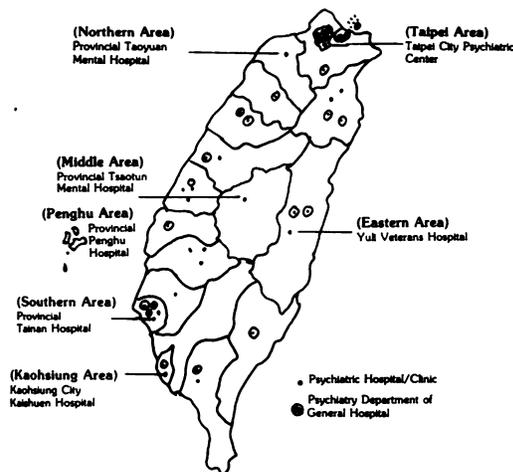


FIG 1. Psychiatric Care Network in Taiwan*

*Department of Health (1990). Public Health in Taiwan Area, R.O.C.

subsidised by the government. Also, under the Mental Health Act, the government is responsible for the cost of all compulsory admissions. All medical costs for psychiatric care are in fact to be integrated into the National Health Insurance by 1994, when patients with mental illness will have free treatment. Hospitals will continue to receive supervisory accreditation in order to maintain the quality of care for mentally ill.

Many factors contributed to the successful establishment of the psychiatric delivery service system; the most important was the need for better psychiatric services based on good epidemiological surveys and research on mental disorders in Taiwan. Psychiatric epidemiological studies in Taiwan started more than 40 years ago, from empirical data collection to hypothesis-testing research that carried on until the present. This provided government with basic information that was needed for change. The studies were conducted by psychiatric epidemiologists and not

government officers. Thus, service-orientated epidemiological surveys, integrated with mental health programmes, are essential for the development of psychiatry. The need for research and evaluation of the effectiveness and outcome of mental health care has also been suggested (Soong, 1988), with the full support of the health authority concerned.

Another scheme for which the Society is responsible, in conjunction with the Health Authority, is the certification of the Board of Psychiatric Specialty. Quality control is vital in psychiatric training. The screening and review of the psychiatric specialist helps safeguard the quality of psychiatric practice, and the Society has long been taking the leading role in setting professional qualifications.

Taiwan has emerged recently as a successful economic state among the developing countries. Psychiatry, has likewise undergone drastic changes in the past few decades. The Society has always actively participated not only in psychiatric services

but also in psychiatric manpower training and continuing education. Research and teaching serve as a milestone for the planning of good psychiatric services. More intensive research will be needed for future improvement (Rin, 1987). Taiwanese psychiatry, although young relative to the 150 years of British psychiatry, could provide valuable unique experience for those regions where psychiatry has long been deprived and alienated.

References

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Conference briefing

Primary care for people with mental handicap – a clear message to psychiatrists

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Approximately 50 people attended this meeting organised by the Royal College of General Practitioners on 5 March 1992. A combination of GPs, psychiatrists, social workers, community directors, psychologists and other case workers confirmed the multidisciplinary nature of this field.

The role of the general practitioner eloquently detailed by Dr M. Baker stressed the variety of the need and the lack of clear direction. Importantly, he stressed that many GPs do not know their responsibilities, are not able to access services and need help; particularly in areas such as rare disorders, behaviour disorders, family dynamics and therapeutics – a clear message to psychiatrists.

Professor Joan Bicknell, in discussing caring for the mentally handicapped in the community, focused on primary care, stressing a needs-led service. Key areas such as the transition from child to adult services were identified and she highlighted that a

network around the GP was necessary “to inform him so that he can be informative”.

The remainder of the day was spent in small multidisciplinary groups discussing medical problems, who can help, and a chronological view of needs and services. Practical issues of communication, health screening, practice registers and education for the primary health care teams were generally agreed conclusions.

The messages from this meeting are clear to psychiatrists. Firstly, general practitioners need support and specialist advice. Secondly, research is vital in health needs, education of GPs, the screening of people with mental handicaps and special support systems for GPs. The psychiatrist in mental handicap is ideally situated and has the skills to perform these tasks. However, it must be done in collaboration with GPs as in isolation we lose sight of the needs of the primary health care teams.