Parallel Reply to the Convention on the Rights of Persons with Disabilities:

The assessment of the right to mental health promotion

Submitted by: Mental Health Association in Taiwan (MHAT)

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In relation to:

Comments of IRC, paragraphs **21, 22**, and **24**

CRPD, articles **24** (education), **25** (health), and **27** (work and employment)

General Situation

1. Eligibility restrictions for various supportive services:

For now, the basis for obtaining services is based on whether a certificate of mental or physical disability or a relevant manual is obtained, which requires a 6-month medical examination, rather than based on a person's psychiatric diagnosis and actual needs.

2. Resource allocation (Ministry of Health and Welfare [MOHW], Ministry of Labour [MOL]):

Among groups of all kinds of disabilities, persons with mental disabilities are more marginalised than others, and yet, the resources have been distributed inequitably that disable appropriate services.

3. Concerns regarding the design of programmes for persons with different abilities:

People with mental disabilities are more affected by the chronicity of mental illness than persons with other disabilities, such as social withdrawal, poor interpersonal relationships, lack of life motivation, and other negative symptoms, resulting in discontinuity from utilising services. Workers need to spend more time on motivating/incentivising these people. Thus, the performance indicators are hardly satisfied in the short term, but this has often put service providers in a situation where they face fines/penalties by commissioned governmental agencies. However, suppose the programmes are designed for persons with different abilities. In that case, it usually is that the interests of people with mental disabilities are compromised, resulting in them being hard to access services.

4. The training and employment of peer workers with mental disabilities (peer service providers) have not been taken seriously by the government, and the distribution of accountability and responsibility between governmental agencies lacks clarity:

Human needs are comprehensive; welfare services for mental and physical disabilities should include a variety of disabilities. But, when it comes to persons with mental disabilities, the government tends to assign the MOHW's 'Department of Mental Health' to be singly responsible, without commitment to inter-sectoral collaboration.

According to the *People with Disabilities Rights Protection Act*, the matters related to peers with disabilities falls under the supervision of the Social and Family Affairs Administration (MOHW), while the employment of peer workers

with disabilities is governed by the Workforce Development Agency (MOL). Therefore, with little attention to and interest in persons with mental disabilities, these governmental agencies tend to blame each other when accountability is requested.

This situation has substantively limited the relevant budget. For example, each county/city government could only subsidise one NGO 18 hours of peer training for persons with disabilities, which can impossibly meet the needs of peer workers with mental disabilities. The government, across sectors, is still filled with fear, ignorance, and stigma against people with mental disabilities.

The government's reply to IRC's comments lacks consideration of the above situation stated; hence we make suggestions accordingly:

Paragraph 21(a), (b), (c), and (d) of IRC's comments (related to the CRPD Article 24: Education)

1. In Taiwan, it is difficult for persons with mental disabilities to have the opportunity to receive an education. Curriculum designed to account for the disability status and needs – regarding their continuity, attention, and comprehension – is scarce. The lack of personalised assistance makes them hard to achieve complete integration into society.
2. We recommend that mental rehabilitation institutions serve as a base or be combined with community care services to provide relevant recovery colleges and make them accessible, for instance, the Recovery College in the UK, and the Mindset College in Hong Kong. Courses are offered by the rehabilitated, caregivers, and professionals.

Paragraph 22(b) of IRC's comments (related to the CRPD Article 25: Health

1. The payment offered by the National Health Insurance is only provided for the persons with mental disabilities themselves. Psychosocial education is offered to their family members or caregivers, and most services are not covered within the scope of health insurance benefits except for family therapy. Hence, hospitals tend to only pay attention to services covered by NHI, resulting in the scarcity of support and mental health education for family members and caregivers.

Paragraph 24(a) and (c) of IRC's comments (related to the CRPD Article 27: Work and employment

1. According to the 2019 MOL data, among the various categories of disabilities, the employment rate (17.2%) and salary of persons with mental disabilities are both ranked in the bottom 1/3.
2. Over the past 10 years, the international community has begun to emphasise training mental patients' own experience with illness as a means towards recovery, training to be specialists in peer support work, and being part of a professional team helping others who are also mentally suffering. For example, the Hong Kong government provides 50 vacancies annually to hire peer support workers for mental health integrative community centres, halfway homes, or vocational rehabilitation units.
3. Since 2020, the MOHW has finally started to fund and subsidise NGOs to provide training, but to struggle to bid has been very difficult for these organisations every year. Meanwhile, the health and welfare authorities have passed the buck to each other, overlooking the importance of peer support and rendering the job market limited. We recommend that Taiwan follow the example of Hong Kong to conduct pilot training first and then open vacancies to integrate training and application.