

ROC Initial Report under the International Convention on the Elimination of All Forms of Racial Discrimination

Mental Health Association in Taiwan

Parallel Report

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This Report covers articles 1, 2, and 5 of ICERD.
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Introduction

Although the first state report of the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) has mapped out the health conditions of different ethnic groups in Taiwan, it mainly focuses on the description of general disease prevention and treatment. There is still a lack of mental maladjustment services, information, and policies for mental health promotion programmes.

According to General Comment No. 20 of the Committee on the Elimination of Racial Discrimination (CERD): any legislation and policy should realise non-discrimination in terms of intention or effect in regard to Article 5 of the ICERD. Thus, the CERD recommends the state “report about the non-discriminatory implementation of each of the rights and freedoms referred to in Article 5 of the Convention one by one” (para. 4), including economic, social and cultural rights, especially “the right to public health, medical care, social security and social services” (article 5(e)(iv)).

In light of the Concluding Observations and Recommendations adopted by the International Review Committee on the third Report on the implementation of the ICCPR and ICESCR in May 2022, regarding the right to health (Article 12 of ICESCR), in Taiwan, “mental health issues have been treated primarily with a psycho-medical approach, focusing on suicide prevention and interventions in persons with mental conditions” (para. 54). The IRC thus recommends “a more comprehensive approach be taken, such as health promotion through education on mental health” (para. 55), and “the development of indicators and benchmarks to measure the realisation of the right to mental health...additional statistical data besides diagnoses and hospitalisation of mental illnesses be developed,

disaggregated by sex, age, ethnicity and other relevant criteria, on an annual basis, so that improvements or failings can be assessed and evaluated clearly” (para. 56).

Viewing that recommendation along with the content of the initial Report on ICERD, there is currently a lack of relevant information in Taiwan, and it is even more challenging to see descriptions of mental health information, mental health education, and mental health promotion strategies for different ethnic groups. The 2005 and 2013 reports of the United Nations Special Rapporteur on contemporary forms of racism explored the role of racial discrimination in health care and the impact of racism (including cultural insensitivity of healthcare professionals and racist hate speech in mainstream society) on other social rights, including the right to health (E/CN.4/2005/18; A/68/333, respectively). The Special Rapporteur has also addressed in other reports how racial discrimination intersects with other social marginalisations based on gender, sexual orientation, disabilities, specific diseases, and socioeconomic status.

Moreover, there have been numerous studies published in the past decade on “racism and mental health inequalities”, such as the mistreatment of migrant workers, the precarious situations facing refugees and asylum seekers, the treatment of immigrant-unfriendly public policies, intergenerational traumas suffered by indigenous peoples and ethnic minorities, and so forth. Consider the theme of World Mental Health Day 2023 as “mental health is a universal human right”, which emphasises the normative dimension and equal enjoyment of mental health. Therefore, it is hard to imagine that the initial Report has failed to address the mental health of, for example, indigenous peoples, immigrants, migrant workers, asylum seekers, and international students in Taiwan.

Below, the Mental Health Association in Taiwan submits its observation and suggestions for the Review Committee and the government.:

Chapter 1. Concerning the Common Core Document

Right to health indicators (paras 31-38 of the Report)

Comments on this article are based on what we have elaborated on earlier, so we will not repeat them here.

Suggestion: Increase national mental health data and corresponding policies, and establish more statistics based on an annual basis, disaggregated by sex, gender, age, race, disability, income, education level and other relevant standards.

Chapter 2. Concerning the Convention-Specific Document

Article 1: Definition of racial discrimination

F. Nationality, citizenship and naturalisation requirements (paras. 34 and 143 of the Report)

The naturalisation of foreigners in our country is mostly “Taiwanese new immigrants”, so the statistics of nationality naturalisation should include the data of all new immigrants. Although paragraph 143 of the Report considers (Mainland) Chinese people’s application for settlement in Taiwan different from that of other countries, it is generally believed that Chinese spouses are also Taiwanese new immigrants and should not be excluded from the statistics. Separation is against the spirit of this Report to eliminate all racial discrimination, including that based on nationalities.

Suggestion: Tables 7 to 9 and 21 etc., should include the data of (Mainland) Chinese (Mainland) Chinese for the statistics related to the number of naturalised people.

Article 2 Elimination of Racial Discrimination (para. 55 of the Report)

Suggestion: The results of previous survey reports on the living needs of “Taiwanese new immigrants” should be briefly explained to support the content of this paragraph.

Article 5 Guarantees of Rights

C. Judicial interpretation system (paras 112-117 of the Report)

Presently, interpreters in Taiwan serve more than one million potential target groups of new immigrants and migrant workers, but the number of interpreters is only about 200, which is significantly insufficient. Since interpreters only need to complete 22 hours of education and training courses, they have to face complex and professional judicial language, so the quality of interpreters varies. If this phenomenon is not improved, it will continue to violate new immigrants’ and migrant workers’ right to a fair trial.

In addition, when a major case of migrant workers occurs and when a forensic psychiatric assessment takes place in the psychiatry department, even through an interpreter, it is still impossible to fully understand the person’s actual conditions.

Suggestion:

1. The certification of judicial interpreters by an impartial third-party organisation controls the number of interpreters. It ensures the quality of interpreters, protecting the right to a fair trial for new immigrants and migrant workers.
2. For the forensic psychiatric assessment of migrant workers, if we can use video calls to cooperate with interpreters to interview their family members

and understand the information related to the appraisal, we can better understand the overall context of the case, help the assessment and diagnosis, and provide better protection of health and rights.

F. Right to the security of person (para 125 of the Report)

In the Report, Table 17 shows that the proportion of foreigners being interrogated accounts for only 1.1% of the total number of interrogations, so police interrogation is not specific to nationality, race, or identity. However, using percentages to explain this table is wrong because there is a clear gap between the number of natives and the number of foreigners.

Suggestion: The number of interrogated people in the country should be divided by the total number of domestic people in the current year, and the number of foreigners interrogated should be divided by the total number of foreigners in the current year. It is more appropriate to compare the two categories.

G. Right to vote and participate in policymaking (paras 128-131 of the Report)

According to the “Basic Survey on Social Changes in Taiwan” carried out by Academia Sinica, the long-term follow-up results found that although the tolerance of citizens in Taiwan has increased slightly in the past 20-30 years, the public attitude towards the right to work, medical care and citizenship for new immigrants is still very conservative. It shows that, although the government has made some achievements in some laws and regulations, political-ethnic antagonism, social value differences, and perceived threats to the economic interests of the public are still obstacles for new immigrants to enjoy the right to participate in politics.

Suggestion: Those mentioned invisible/indirect discrimination is not only manifested in civil rights but also in the rights to work, medical care and education, and should be taken seriously by governments at all levels. Therefore, the government should propose specific work goals and timetables to overcome this social problem of widespread discrimination.

**U. The right to public health, health care, social security and social services
(paras 203-211 of the Report)**

Many social services, insurance and health care services have begun to increase multilingual information. The Council of Indigenous Affairs has set up cultural and health stations in the indigenous areas and metropolitan indigenous settlements. However:

General situation

1. The professional workforce is obviously insufficient to meet Taiwan's multicultural and multilingual needs.
2. Professionals (especially in healthcare and education) are not trained enough in terms of cultural sensitivity and cultural competence, and there is no focus on improving mental health to remove harmful environments and empowerment.
3. Health promotion programs (such as cultural health stations, counselling for migrant workers, and handbooks for pregnant women) lack the mental health aspect.

Suggestion:

1. Improve the cultural competence of social, medical and care service professionals, and implement the "Indigenous Health Act" adopted in June

2023, combined with the promotion of mental health literacy to ensure “mental health in all policies” and propose an integrated, holistic solution.

2. Provide all children in Taiwan (including native, foreign and stateless) with mental health development, mainstream the concept of mental health in policies, society and the media, make mental health promotion a part of formal education, and then action on training for teachers and students.
3. Understand the current situation of racial discrimination in Taiwan (whether direct or indirect, obvious or subtle, institutional or everyday, public or private, including discriminatory speech) and its impact on the mental health of all people, especially minority groups.

On Indigenous Health

1. Languages of indigenous peoples and the cultural safety in service, learning, and research that integrate indigenous health affairs are not considered.
2. There is a big difference between the long-term care service models accepted by the indigenous peoples in urban and rural areas, limited by the lack of workforce and medical resources, and the long-term care resources available to the elderly, disabled and demented in the tribe are seriously insufficient. The health needs of indigenous communities are far from being met.
3. Influenced by geographical and transportation locations where the indigenous tribes are located, poor accessibility of medical and welfare resources and differences in life and culture, the services provided cannot meet their needs based on dominant ideologies. In particular, social work and psychological counselling services seem unable to be provided in the context of indigenous culture and may be potentially harmful.

Suggestion:

1. Cultivate Indigenous students in departments related to social work and psychological counselling in colleges and universities, and develop tribe-based thinking and working methods.
2. Suppose the review of government-related social service subsidy programs is a plan to serve indigenous people. In that case, it should be considered from the perspective of the culture of the indigenous people rather than defined in terms of the mainstream culture of the Han people.
3. To implement the long-term care policy for local ageing, to meet the health needs of people in remote villages, outlying islands or tribes, and to connect with external civil and government resources, it is also advisable to learn from the culture of indigenous tribes. Long-term care services can be obtained from tribal organisations and churches. Diversified long-term care service models and bases have emerged from the community development associations and traditional systems to support the development of local resources.
4. At present, the practice of cultivating the tribal workforce to invest in long-term care and allowing “indigenous people to serve indigenous people” will help to develop trust. It will also encourage the indigenous people workers who have invested in long-term care services to have more empowerment in their care knowledge, allowing long-term care tailored to the service and cultural revitalisation has become the focus of tribal services.

On new immigrant Health

1. The existing publicity and information services for long-term care policies lack multilingual and multilingual translation services, and extending long-term care service resources to all people is insufficient.
2. The medical treatment and resettlement of new immigrants suffering from domestic violence and mental illness are limited to the restrictions on obtaining their nationality and identity and the stigma of mental illness.

Women are disadvantaged in welfare status in asylum placement, and triple discrimination makes it difficult for them to recover.

3. Even if they are hospitalised due to psychiatric illness, new immigrants or immigrant workers still have difficulty in treatment due to the problem of interpreters entering the psychiatric ward, language communication barriers, and confusion of symptoms.

Suggestion:

1. Emphasis is placed on new immigrants' understanding of long-term care services and resource distribution. Through multiple publicity channels, information platforms, and multilingual translation materials from the Ministry of Health and Welfare, new immigrants with long-term care needs can be approached and accessible.
2. There should be a project to assist new immigrants who cannot obtain appropriate medical and welfare services without an ID card, to protect their rights and interests in health care and welfare, and all county and city governments should have sufficient budgets.
3. Include training courses on mental health, resilience and discomfort, and awareness of mental illness in in-service education training for new immigrants.