



Letter to the Editor

The long-term impact of the historical practice of using a temple asylum as an alternative psychiatric care



Body text

In the 1970s, as the National Health Insurance (NHI) had not yet been introduced in Taiwan, only a small percentage of psychotic patients were provided with conventional treatments. Moreover, as family members were usually the primary caregivers for patients with mental illnesses, the feeling of guilt and shame, brought about by the stigma, led many of these family caregivers to hide the patients within the confinement of their homes. As such, the patients had even fewer opportunities to receive conventional treatments (Lin and Lin, 1981).

While the NHI now covers over 99% of the Taiwanese population (Lee et al., 2018), more than 1,000 patients with psychosis in Taiwan had been illegally confined to a temple asylum for decades, and were not provided with evidence-based treatments or care. In 2018, with intervention of the authorities these patients were finally evacuated from the temple asylum (Department of Health, Kaohsiung City Government, 2018).

The history of the temple asylum dates back to the early 1970s, when a monk used a straw rope to tie himself and a patient with pyromania and do everything accompanied with him. Unexpectedly, the patient improved over time. The monk therefore flaunted to the public that his method could alleviate psychotic symptoms. Hence, with more and more patients with psychosis being sent there, the temple turned into an asylum and the number of its patients reached to more than 1,000 at one point in time. The asylum was advertised as being able to provide lifelong care for psychotic patients and moreover, many of the family members were still charged a large amount of money for committing these patients to the asylum. Furthermore, the straw rope originally used by the monk was later on replaced by metal chains (Chang and Lai, 2002) to tie up patients ranging from those with mild psychotic symptoms to patients with vivid psychosis. Unfortunately, physical violence and abuse occurred frequently to these patients.

Following the enactment of the Mental Health Act (MHA) in 1990 and the amendment of the MHA in 2007, the approval from a committee consisting of psychiatrists and specialists from other fields of expertise is further required before imposing the compulsory admission (Shieh et al., 2016). After that, the number of compulsory admissions was significantly reduced by 83% (Hsu et al., 2017).

In 2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities (CRPD) to advocate that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms (United Nations, 2006). These patients in the temple asylum suffered from malnutrition and other diseases related to the poor environment and living conditions. Violations of medical ethics and those patients' right to life were found in almost all aspects of the temple asylum.

Under the NHI, the cost of the long-term care required for patients with psychosis is much higher than that covered by the NHI. For some families, it is an easier solution to commit these patients to the temple

asylum for lifetime instead of seeking formal inpatient treatment.

In 2017, an outbreak of amoebic dysentery occurred in the temple asylum and thirty-two of the patients therein were infected. The outbreak prompted the authorities to require the temple asylum to improve its sanitation and living conditions, but the temple asylum failed to meet the requirements. Ultimately, these patients were evacuated from the temple asylum as a result of the legal action supported by the Ministry of Health and Welfare. An official investigation into the temple asylum found that the 503 patients there were cared for by only seven staff members and one nurse, and there were no regular visits by psychiatrists. Ninety-seven patients expired from unknown causes within a span of eight years, according to the records found in the temple asylum.

The patients evacuated from the temple asylum were then assigned to different hospitals. These hospitals had difficulty reaching many of these patients' families, and disagreements regarding treatment plans among family members and between the hospitals and the patients' families were commonly observed. Most of these patients' families prefer placing these patients in long-term care facilities, such as the temple asylum.

After the evacuation, the patients have finally been able to receive evidence-based treatment, and their psychotic symptoms have continued to subside. The issue of malnutrition seen on most patients has also been improved. However, some of these patients' family members are still unwilling to address the issue of or decide on the future treatment plans for these patients. Some of the family members even request the hospitals to provide long-term care for these patients. The psychotic treatment model has improved a lot in recent decades. It is a very challenging job to eliminate families' misunderstanding and it is perhaps an opportunity to implement shared decision making in Taiwan.

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Declaration of Competing Interest

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