Involuntary Psychiatric Admission in East Asia: A Case-Vignette-Based Comparative Analysis in Japan, South Korea, and Taiwan

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Introduction

Background:

・Involuntary psychiatric admission is a key element of mental health systems, yet the legal frameworks differ greatly across settings.

・The Convention on the Rights of Persons with Disabilities (**CRPD**) has prompted many jurisdictions to reconsider how such admissions should respect human rights.

Aim: To compare legal frameworks and practices of involuntary admission in **Japan**, **South Korea**, and **Taiwan**.

Methods

Methods: A qualitative study based on **interviews** and **legal references**.

1. We conducted **interviews** using five vignettes developed by Japanese experts to reflect challenging psychiatric cases, including:

- suspected schizophrenia with persistent refusal of treatment
- refusal of life-sustaining care
- dementia with impaired capacity
- aggression in intellectual disability
- a case in which a minor requested admission despite parental opposition.

We then performed a thematic analysis.

2. Additionally, **legal references** from each jurisdiction were reviewed to ensure accuracy in interpreting admission frameworks.

Participants:

One psychiatrist each from Japan, South Korea, and Taiwan was recruited through opportunistic sampling.

Results

Jurisdiction	Japan		South Korea		Taiwan
Name of Admission*	Involuntary Hospitalization for Medical Care and Protection	Involuntary Hospitalization for Persons with Threat of Bodily Harm to Themselves or Others	Hospitalization by Legal Guardians	Hospitalization by Special Self-Governing City Mayor, Special Self-Governing Province Governor, or Head of Si/Gun/Gu	Mandatory hospitalization
Clinical criteria	・have a mental disorder or disability ・hospitalization required for medical treatment and protection ・voluntary admission is not possible due to their mental disorder or disability	・have a mental disorder or disability ・be at risk of harming themselves or others due to their mental disorder or disability	・a mentally ill person suffers a mental disease of a degree or nature requiring hospitalization or care at a mental medical institution ・mentally ill person needs hospitalization or admission because the person is likely to harm his/her own health or safety or that of a third person**	・be likely to harm his/her own health or safety or that of a third person due to a mental disease ・be necessary for continuous hospitalization	・be detached from reality, resulting in the inability to handle one's own affairs ・harming others or themselves or having the danger of harm ・have the necessity of full-day admission
Consent	**Family/guardian** or municipal mayor	-	**2 or more legal guardians****	-	-
Pre-admission review authority	-	-	-	-	**Review Committee(→Court)**

About the interviewee(age, gender, years of experience in psychiatry)	50s, male, 5-10 years		30s, male, < 5 years		30s, male, 5-10 years
Risk of harm required?	**No**	Yes	Yes	Yes	Yes
How do you transport patients?	Legal provision for transportation exists but seldom applied; private ambulance is occasionally employed	Police	Private ambulance is occasionally employed	Police	Police or **fire brigade**
Legal provision for involuntary physical treatment	**None**		**None**		**None**
Typical placement for dementia cases	**Psychiatric hospitals**		Long-term care hospitals, Elderly welfare facilities		Long-term care institutions/Nursing homes
Is intellectual disability classified as a mental disorder?	Yes		**No** (not in Mental Health and Welfare Act)		Yes
Minimum age for consent to admission	**Not stipulated**		18 years old		18 years old

*Japan and South Korea both have emergency hospitalization forms limited to 72 hours, but these are transitional measures to other admission types in practice and are therefore omitted here.

** In South Korea, after the Constitutional Court held in 2016 that Hospitalization by Legal Guardians was unconstitutional, the criteria for involuntary admission were tightened to require both treatment need and risk of harm, and the number of family members whose consent was required increased from one to two.

Discussion & Conclusion

Key differences: Family involvement, admission criteria, transportation arrangements, practices for specific populations (older adults with dementia, intellectual disabilities, voluntary admission of minors).

Common gap: The absence of legal provision for involuntary physical treatment.

Challenges in Japan: Clarifying the broad admission criteria, reducing dependence on family, embedding community-based alternatives.

The CRPD Committee's position may be interpreted as prohibiting all forms of involuntary admission and treatment. However, in practice, non-consensual interventions remain unavoidable in many clinical contexts. Current frameworks and their practical application across systems reveal both diversity and persistent challenges. Taking CRPD principles into account, there is a need for continued debate on how involuntary admission and treatment should be structured to balance clinical needs, the person's safety, and human rights.

Legal References

Japan: *Act on Mental Health and Welfare for the Mentally Disabled* (Japanese Law Translation) https://www.japaneselawtranslation.go.jp/ja/laws/view/4235

South Korea: *Mental Health and Welfare Act* (Korea Law Translation Center) https://www.law.go.kr/LSW/eng/engLsSc.do?menuId=2§ion=lawNm&query=mental+health&x=0&y=0#liBgcolor0

Taiwan: *Mental Health Act* (Ministry of Justice, Taiwan) https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=L0020030

Conflict of Interest Disclosure: The authors declare no conflicts of interest related to this study.

The name of the ethics review organization: National Center of Neurology and Psychiatry, Japan. The approval number: B2023-102