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The Necessity of the Judicial Hospitalization for Acutely Exacerbated Person with Severe Psychiatric Disorder

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On December 31, 2018, Dr. Lim Se Won, a psychiatrist at Kangbuk Samsung Hospital, was stabbed to death by his patient who suffered from bipolar disorder. The patient was in acutely psychotic and perplexed state and that was his first out-patient clinic visit without appointment after discharged from the hospital one year ago. The tragedy, while horrific, is far from unimaginable for anyone who works in a psychiatric setting. Although the crime rate of individuals with psychiatric disorders is not as high as that of those without such conditions, patients in an acute exacerbated state is a danger to themselves and others.

Such events tend to be followed by claims related to an “effective” way to isolate patients with psychiatric disorders from society, cancelation of sentence mitigation on the basis of psychiatric disorders, and intensification of discrimination against people with mental illnesses. It is clear that the victim of this incident was the psychiatrist and the perpetrator, the patient. However, we must reflect on the systemic barriers faced by people with psychiatric disorders that stop them from seeking and receiving timely and appropriate care and how those contribute to regrettable events.

The top priority of managing patients with chronic psychiatric disorders in Korea has been deinstitutionalization. Considering the past when patients with psychiatric disorders were abused and neglected, emphasis on deinstitutionalization was a good starting point toward community-based psychiatric care. However, this movement engendered a public impression that a psychiatric admission is not a therapeutic intervention but rather a violation of human rights by confinement. As a result, human rights organizations have advocated that deinstitutionalization movement should be consolidated. Such a social pressure led to the Mental Health Act of 2017, which complicated the psychiatric hospitalization processes significantly. Furthermore, the new Mental Health Act put families of the mentally ill in charge of taking patients who refuse to visit doctor to hospitals and to pursue involuntary admission.

This made it harder to respond timely to any acute exacerbation which requires immediate intervention. Overall, deinstitutionalization poses little benefit to the families of psychiatric patients who take on the primary care burden in the community-based care model. The economic cost of managing patients in an inpatient setting is also much lower than that of community care. Thus, institutionalization is preferred in practice.

The most important foundation psychiatric community care is a well-established system that can cope with acute exacerbation. While aggravation of symptoms during a hospital stay is confined in the institution, acute deterioration of conditions in the community setting poses a much broader and more serious threats. Admission of a psychiatric patient with acute exacerbation can be compared with intensive care units care of severe physical illness. To cope with acute crisis effectively and to reduce the burden from caregivers, we need prompt judicial admission decision and transportation service for patients by public resources.

Moreover, the decrease in the number of the psychiatric wards of the tertiary medical centers prevents early intervention. As the most suitable setting to evaluate and to make overall treatment plan of individuals with acute or early phase of disease, psychiatric wards of the tertiary medical centers can enforce the intake point hospitalization in charge of dealing with acute exacerbation. Unfortunately, lack of financial profitability has led to a decrease in the number of the wards.

Another that prevents patients from seeking timely psychiatric care is the discriminatory insurance practice. Most of the insurance policies do not cover psychiatric treatment, and they often reject to individuals with psychiatric histories. The U.N. Commission on Human Rights urges to stop such discriminatory practice. However, with no responsible body monitoring and regulating health insurance practices, insurance companies do not cease to discriminate.

Following Dr. Lim's death, the Department of Health and Human Services (DHHS) announced that it will make it mandatory for a psychiatric patient to report his/her discharge from psychiatric hospitals to the authorities. Under the current law, a psychiatric patient can report his/her discharge to authorities only if the patient and his/her care givers want to do so.

Most patients and their families refuse to report, because they are afraid to disclose their history of psychiatric disorders. If the government ever to actually wanted to encourage discharge reporting, it should have ensured that the advantages of reporting discharge should outweigh its disadvantages. However, that is not far from the reality.

The announcement from DHHS, which clearly undermines the rights and privacy of people with psychiatric disorder, signals that it fails to recognize its responsibility to support mental and social well-being of people with psychiatric disorders.

Discrimination against the mentally ill leads to stigma, and the stigma marginalizes them even further. Recognizing that an early intervention system is essential to managing psychiatric disorders in a community, it is time to impose public pressure to eliminate social discrimination and to introduce judicial admission decision system.¹

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