

Building Sustainable Support by A One-stop Vocational Rehabilitation Service to Assist People with Psychiatric Disabilities Returning to Work in Taiwan

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Abstract

Over the past three decades, Taiwan has developed a vocational rehabilitation system for people with disabilities, including those with psychiatric disabilities who receive supported employment services. The government has implemented policies and measures to address the employment issues of people with disabilities, including the Disability Welfare Act and the quota employment system, and aims to help individuals with disabilities develop the necessary skills and support to enter and maintain employment. However, due to the separation of administration and responsibilities between the Ministry of Labor and the Ministry of Health and Welfare for vocational rehabilitation and psychiatric rehabilitation, persons with psychiatric disabilities often experience fragmented services when they require medical, psychiatric rehabilitation, and vocational rehabilitation assistance at the same time.

This article outlines the development of a unique psychiatric rehabilitation service in Kai-Syuan Psychiatric Hospital that offers a one-stop solution to support persons with psychiatric disabilities throughout the vocational rehabilitation process. The goal of this service is to provide needed service based on Choose-Get-Keep model and eliminate the feeling of being unsupported. The Kai-Syuan Vocational Recovery Construction Center (KSVRCC) is an innovative vocational center that offers comprehensive employment services to people with psychiatric disabilities. The center is dedicated to providing a holistic approach to vocational rehabilitation, combining psychiatric rehabilitation and peer support services. By utilizing this approach, people with psychiatric disabilities can acquire essential skills, enhance their confidence, and receive the necessary support to actively participate in the workforce. This benefits not only the individuals but also their peers by promoting diversity in the workplace and fostering hope for recovery.

Key Words: Vocational Rehabilitation; Employment; Vocational Recovery; One-stop Services

Introduction

Psychiatric rehabilitation and vocational rehabilitation are integral components of the support system for individuals with mental illnesses in Taiwan. Over the years, significant developments have taken place to address the challenges faced by people with psychiatric disabilities in their recovery journey and reintegration into the workforce. This article explores the evolution of psychiatric rehabilitation and vocational rehabilitation in Taiwan, highlighting key milestones, government initiatives, and the integration of services to provide comprehensive support to individuals with mental illnesses.

In the realm of psychiatric rehabilitation, the establishment of the "Taipei Model" in the 1970s marked a pivotal moment in the shift towards community-based care. The model aimed to reduce the

confinement of individuals with psychiatric disabilities in hospitals and promote their active participation in community life. Rehabilitation centers and halfway houses emerged as essential components of the community-based approach, offering occupational therapy, rehabilitation programs, and support services. As the demand for psychiatric rehabilitation grew, the government introduced measures to incentivize the establishment of rehabilitation agencies and integrated community-based services into the national healthcare system. Simultaneously, vocational rehabilitation in Taiwan underwent parallel development to enhance employment opportunities for individuals with disabilities, including those with psychiatric disabilities. Legislation such as the Disabled Welfare Act and subsequent revisions emphasized the promotion of employment rights and the provision of personalized vocational rehabilitation services. Supported employment and sheltered employment programs were implemented to cater to individuals with different capacities and functional abilities. The government's commitment to equal opportunities and protection against discrimination further reinforced the importance of vocational rehabilitation in promoting workforce inclusion and equality.

Despite these advancements, challenges persist in assisting individuals with mental illnesses in their return to work. The requirement for official recognition of disability status to access vocational rehabilitation services can deter individuals from disclosing their mental health condition. Moreover, sustaining support beyond a few months for individuals who secure employment through supportive employment programs remains a challenge. Addressing these obstacles requires innovative approaches, such as a comprehensive one-stop service model tailored to individual needs and continuous support following employment.

Development of psychiatric rehabilitation services in Taiwan

Psychiatric Rehabilitation has been developing in Taiwan since the 1970s, when Dr. Yeh Ying-Kun introduced the "Taipei Model" of community mental health, which combined psychiatric hospitals with grassroots health centers to provide community-based psychiatric rehabilitation (Wang & Ouyang, 2020). This model aimed to reduce passive confinement and misallocated medical resources in hospitals. However, persons with psychiatric disabilities lacked the necessary skills to adapt to social, economic, and employment challenges after leaving long-term inpatient facilities. To address this, the Taipei Model shifted to become more "community-based," leading to the establishment of the Rehabilitation Center in 1979 and the Ankaang Half-Way House in 1981 leading by occupational therapists in the Taipei City Hospital (Wang & Ouyang, 2020).

Responding to the successful experimental model, the Department of Health of Central Government in Taiwan approved the "Health Care Plan - Planning for Medical Network Construction" in 1985 and "Pilot Program of Community Psychiatric Rehabilitation for People with Mental Illness" to encourage psychiatric hospitals to promote community-based rehabilitation. The Mental Health Act of 1990 explicitly included community-based services, including partial hospitalization, community rehabilitation, and home-based treatment, into psychiatric care delivery. In this stage, the majorities of psychiatric rehabilitation facilities in communities were owned by hospitals (Hsu, Wu, & Chou, 2017).

To further promote the development of psychiatric rehabilitation agencies, the Department of Health proposed the "Management and Incentive Measures for the Establishment of Psychiatric Rehabilitation Institutions" in 1994 to provide incentives for hospitals or private organizations to found rehabilitation agencies, including community rehabilitation centers and half-way houses. The government provided subsidies for equipment and facilities. Day programs of community rehabilitation centers and residential services of half-way houses were officially included in the National Health Insurance coverage in 1995. Universal National Health Insurance's extensive coverage ensures greater accessibility to treatment and psychiatric rehabilitation for individuals with mental illnesses. This has indirectly led to the establishment of psychiatric rehabilitation agencies owned by Non-profit organizations. Additionally, starting from 2003, it has been mandatory for all psychiatric rehabilitation agencies to undergo regular accreditation assessments to ensure the quality of their

services (Cheng, 2012). Accreditation criteria require a comprehensive service review on agency structure, manpower, risk management, and provided services which should include community integration, health promotion, medication and illness management, and occupational/recreational therapies. These services should be tailored for people with chronic psychiatric conditions who reside in the community. A team of experts regularly revised the accreditation criteria, and in the 2013 version, they introduced the term "recovery" to highlight the importance of addressing patient recovery goals.

However, the needs of people with psychiatric disabilities extend beyond medical care and require collaborative efforts from multiple sectors (Yeh, Liu, & Hwu, 2011). In 1997, the Department of Health and the Ministry of the Interior jointly developed the "Patient Care System Responsibility Division Chart", dividing persons with psychiatric disabilities into six categories based on their symptoms, social functions, and family support, which became the basis for the division of responsibilities between service organizations, health authorities, and social welfare authorities in accordance with amendments to the Protection of Persons with Disabilities Act of 1997, which was revised as Disability Right Protection Act in 2007 (Wang, & Ouyang, 2020). According to the "Patient Care System Responsibility Division Chart", individuals with stable psychiatric symptoms, partial functional decline, potential for rehabilitation, and requiring psychiatric rehabilitation instead of full-time hospitalization are suitable for community services, including day hospitals, psychiatric rehabilitation facilities, or vocational training/employment services (Wang, & Ouyang, 2020).

It is worth mentioning that Taiwan's psychiatric rehabilitation facilities are not solely limited to community rehabilitation centers and half-way houses funded by the National Health Insurance. There are also supported housing programs, sheltered workshops, and clubhouses subsidized by the Social Welfare Bureau. Currently, there are a total of 132,000 individuals with psychiatric disabilities in Taiwan (Ministry of Health and Welfare, 2022a). The community rehabilitation centers and half-way houses provide services to approximately 4,000 and 7,200 individuals, respectively, while the capacities of services provided by the institutions subsidized by the Social Welfare Bureau is even lower (Ministry of Health and Welfare, 2022b).

People with psychiatric disabilities who have employment goals may encounter two significant limitations within this service framework. First, the medicalization of psychiatric rehabilitation which can lead to the institutionalization of people's community life. This may result in people with psychiatric disabilities who have not received medical treatment being perceived as unstable or uncooperative, potentially impacting the quality of services they receive. Second, as a result of the division of responsibilities between the two systems, when people with psychiatric disabilities require employment measures or vocational rehabilitation services, it often marks the end of their psychiatric rehabilitation services. To prevent service duplication and overlapping benefits, individuals with employment goals usually transition to vocational rehabilitation services. However, this transition can disrupt existing relationships and present new challenges for people with psychiatric disabilities.

Parallel development of vocational rehabilitation system in Taiwan

Vocational rehabilitation in Taiwan for individuals with disabilities has its roots in the 1970s when the government initiated policies and measures to address the employment challenges faced by this population. The Disabled Welfare Act was established and enforced in 1980, and the quota employment system was implemented in 1990. This system mandated that public and private enterprises with over 50 and 100 employees, respectively, must employ a minimum of 2% and 1% of individuals with disabilities.

In 1997, the Disability Welfare Act was revised and transformed into the Disabled Citizens Protection Act, which included a chapter dedicated to the "Promotion of Employment." This chapter outlined the core services of vocational rehabilitation, such as vocational training, vocational coaching and evaluation, employment services, and follow-up support and counseling for individuals reentering the workplace. Additionally, it specifically stipulated the provision of supported employment and sheltered employment services. Sup-

ported employment services are designed for individuals with disabilities who possess the ability to work but face challenges in securing and maintaining employment in the competitive labor market. On the other hand, sheltered employment services cater to individuals who are willing to work but have limited functional abilities. Sheltered workshops were placed under the jurisdiction of the labor administration.

In 2007, the People with Disabilities Rights Protection Act was further amended, replacing the previous legislation. The text underwent revisions and was promulgated, resulting in the renaming of the "Promotion of Employment" chapter to the "Employment Rights" chapter. Article 33 of the Act stipulates that labor administrations at all levels, either independently or in collaboration with private resources, should provide personalized vocational rehabilitation services that are accessible to individuals with disabilities based on their specific needs. The definition of vocational rehabilitation services, as outlined in this article, has expanded to encompass job accommodations and counseling for self-employment. Furthermore, according to Article 34 of the same law, labor administrations at all levels are responsible for delivering individualized employment services, which include supported employment services and sheltered employment services. The provision of these services is based on the employment aspirations and capabilities of individuals with disabilities, with the determination of sheltered employment being made in accordance with the results of vocational evaluation. The revision also entails an increase in the number of quota employments, thereby expanding opportunities for individuals with disabilities. Moreover, the Act prohibits discrimination in terms of salary and labor insurance.

The Convention on the Rights of Persons with Disabilities was also signed into domestic laws in Taiwan in 2014. Based on the Act to Implement the Convention on the Rights of Persons with Disabilities of 2014, the Government establishes measures of reporting right protection status, revising laws and regulations, monitoring implementations, and presenting national reports to the International Review Committee. The Employment Service Act, although it does not explicitly define vocational rehabilitation, has been revised several times to offer enhanced employment services and subsidies for individuals with disabilities. The focus of these revisions is to promote employment opportunities and prevent discriminations for people with disabilities. The government's ongoing commitment to investing in vocational rehabilitation services for individuals with disabilities, including those with psychiatric disabilities, underscores its dedication to fostering greater workforce inclusion and equality. However, the second report from the United Nations International Review Committee identified areas in need of improvement, such as reasonable accommodations, sheltered employment, and addressing disability-based discrimination (Social and Family Affairs Administration, 2022). Particularly, the committee highlighted the insufficient and ineffective nature of vocational rehabilitation and employment assistance for individuals with psychosocial disabilities.

Individuals with psychiatric disabilities who are officially recognized as having disabilities according to the International Classification of Functioning, Disabilities, and Health (ICF) model are eligible to receive vocational rehabilitation services. However, those with mental illnesses who choose not to disclose their condition or receive vocational rehabilitation services still have the option to seek protection under the Employment Service Act, with assistance from public employment units in finding suitable employment. It's important to note that supportive employment is only available within the vocational rehabilitation system and is typically terminated after six months of stable employment, unlike Individual Placement and Support (IPS) programs that provide ongoing support. To address this issue, the Ministry of Labor has been actively working towards enhancing employment services for individuals with mental illness as part of its Social Safety Net policy objectives. In late 2022, a new policy called the "Employment Service Plan for Persons with Mental Disabilities" was introduced to improve employment services for those individuals who are reluctant to disclose their mental health condition. The plan aims to provide more diverse and comprehensive support for this specific group.

Challenges of assistance for returning to work

As previously mentioned, the psychiatric rehabilitation services in Taiwan were primarily designed to cater to individuals who have been discharged from hospitals. In essence, users of such services often have more significant disabilities, typically related to psychosis. Considering the population served, the process of reintegrating into the workforce within the psychiatric rehabilitation system tends to be lengthy and involves four distinct stages. Each stage aims to assist individuals with psychiatric disabilities in gradually developing the necessary skills and cultivating appropriate work attitudes.

The first stage focuses on occupational therapy, which is provided to all patients with psychiatric disabilities. The second stage is divided into two parts, catering to individuals with varying rehabilitation potential, and providing sheltered employment and simulated work scenarios. The third stage involves gaining community work experience. Finally, the fourth stage entails assisting job seekers through follow-up support and counseling, as well as providing referrals to the vocational rehabilitation system.

Professionals working in psychiatric rehabilitation encounter two significant challenges when supporting individuals with mental illness in the workplace. The first challenge arises from the requirement for individuals with psychiatric disabilities to be officially recognized as having a disability in order to access vocational rehabilitation services. However, our previous experiments with the Individual Placement and Support (IPS) approach revealed that approximately one-third of individuals with psychiatric disabilities were reluctant to disclose their mental illness and preferred to distance themselves from mental health labels, including employment specialists associated with hospital-based psychiatric rehabilitation. To tackle this challenge, we have developed a comprehensive one-stop service based on the Choose-Get-Keep model (Rogers, Anthony, & Farkas, 2006). This model offers flexible training and referrals tailored to the specific needs of each individual, departing from the traditional step-by-step approach.

The second challenge lies in the establishment of a support system for individuals who secure employment through supportive employment programs, as this support may not be sustained beyond three to six months. While the vocational rehabilitation system has demonstrated a success rate of over 50% in achieving stable employment for individuals with psychiatric disabilities for a duration of three months or more, national surveys on the employment status of individuals with disabilities have revealed that the employment rate for individuals with psychiatric disabilities remains the lowest among all disability categories, standing at only 18%. This significant disparity highlights the difficulties faced by individuals with psychiatric disabilities in maintaining employment. To address this challenge, our primary objective is to establish continuous and immediate support following employment, particularly after employment specialists have concluded their services.

Empowering people during vocational rehabilitation process

The Kai-Syuan Vocational Recovery Construction Center (KSVRCC) is not just a single service but a combination of occupational therapy, workshop training, sheltered and transitional employment within the hospital setting, vocational counseling and assessment, vocational training, supported employment services, continuous peer group support, and outpatient consultation from the vocational rehabilitation system and community rehabilitation centers.

The core philosophy of KSVRCC is that recovery and vocational rehabilitation are fundamental rights. Each person's recovery journey is unique, and the vocational rehabilitation services required may vary, with progress sometimes fluctuating (Deegan, 1988; Liu, 2011; Song, 2005). KSVRCC is dedicated to providing suitable services at every moment, empowering individuals with the necessary vocational rehabilitation resources and creating a smoother path towards vocational recovery. These services have been gradually established based on the advantages of the hospital itself to meet the employment needs of individuals with psychiatric disabilities.

In 2008, in addition to the existing occupational therapy and workshop training provided in community rehabilitation centers and half-way houses, efforts were made, with the support of Superintendent Chen Cheng-Chung and the dedication of Director Guo Ming-Hui from the Occupational Therapy Department, to structure and establish a transitional workplace within the hospital, thereby strengthening the impact of job training. The hospital administration's efforts to help people with psychiatric disabilities find valuable jobs in competitive workplaces. In 2010, the hospital administration began applying for subsidies under the Supported Employment Program from the Labor Affairs Bureau of Kaohsiung City Government. In 2013, applications were made to the same bureau for vocational evaluation services specifically for people with disabilities, as well as a vocational training program on business general affairs.

Starting in 2015, Illness Management and Recovery (IMR) groups has been hold regularly for those who are actively pursuing employment goals in our psychiatric rehabilitation system (a community rehabilitation center and two half-way houses), using materials from the Vocational Illness Management and Recovery model developed by Boston University (Hutchinson, Farkas, & Gagne, 2015). During the period from 2016 to 2021, we successfully obtained special funding assistance from the Kaohsiung-Pingting-Penghu-Taitung Regional Branch of the Workforce Development Agency, Ministry of Labor, to establish peer support groups for individuals with psychiatric disabilities who are actively employed. These groups conducted regular face-to-face activities aimed at information sharing, providing mutual support, and facilitating ongoing learning. Additionally, we utilized the LINE app as a platform for virtual support and encouragement, ensuring continuous engagement and connection among group members.

In 2017, recognizing the need for manpower in long-term care services and in response to the motivation of People with psychiatric disabilities to contribute to society, we applied to the Labor Affairs Bureau of Kaohsiung City Government for the first official care attendant vocational training course specifically designed for individuals with disabilities in Taiwan. In that same year, a dedicated space and schedule were established within the outpatient department to consolidate existing vocational rehabilitation services and initiate vocational recovery consultations. This initiative aimed to provide comprehensive information on vocational rehabilitation and employment, as well as facilitate referrals to the case management system of vocational rehabilitation services offered by the Labor Affairs Bureau. At this stage, with the support of Superintendent Chen Ming-Zhao and Superintendent Chou Huang-Chih, all employment-related psychiatric rehabilitation services and vocational rehabilitation services within the hospital were integrated and connected under the name "Waiving toward Tomorrow Kai-Syuan Vocational Recovery Construction Center," symbolizing hope and effort towards a brighter future.

During the COVID-19 pandemic, many industries and business experienced a decline and suffered from economic contraction, leading to a significant decrease in employment opportunities, and many psychiatric rehabilitation activities were stopped for the reason infection control. Superintendent Chou Huang-Chih still actively promoted long-term care services for people with mental illness served by the Kai-Syuan Psychiatric hospital, focusing on "intergenerational mutual assistance, family co-care, community integration, and vocational reconstruction". This effort allowed KSVRCC expending vocational rehabilitation services and increasing job opportunities in long-term and nursing homes. Individuals who have completed the two vocational training programs have a greater opportunity to apply their employment skills within our hospital before seeking employment in the job market.

A major distinctive feature of KSVRCC is its unwavering commitment to peer services as a crucial element. In the face of limited professional resources, the center has spent years cultivating the power of peer support through activities and modern technology, mainly using LINE app. Peer support is the core of this one-stop service, and it has integrated professional services in psychiatric rehabilitation and vocational rehabilitation, creating abundant support resources. Currently, the KSVRCC has a team of more than 20 active peers who are currently employed outside the hospital. Collaborating with their peers in psychiatric rehabili-

tation, they actively contribute to the center by conducting weekly vocational illness management and recovery education groups for both families and peers, as well as organizing engaging weekend recreational activities. People with psychiatric disabilities often feel isolated in their workplace and communities, and frustrated for not having better memory and skills they needed to get better salary when they work in the competitive labor market. Peer services have played a crucial role in instilling hope and providing role models for individuals who possess the willingness but face barriers to entering the workplace. In addition, by offering peer support, individuals are able to establish social connections and practice essential social skills, ultimately enhancing their interactions within the workplace. These peer-based initiatives not only provide valuable support but also contribute to the overall well-being and success of individuals with psychiatric disabilities.

In summary, the KSVRCC is an innovative and comprehensive one-stop center that has made significant strides in promoting vocational rehabilitation for individuals with psychiatric disabilities in psychiatric rehabilitation settings. The hospital's efforts to incorporate recovery principles and the Model of Human Occupation into service principles, such as workshop training and the transitional employment program, have been instrumental in its success. Additionally, the center has effectively utilized funds and services from the vocational rehabilitation system, further enhancing its services. The commitment to peer support, along with the integration of professional services in psychiatric rehabilitation and vocational rehabilitation, has resulted in the creation of abundant support resources, ensuring a smoother path to recovery.

Conclusion

In conclusion, the development of psychiatric rehabilitation and vocational rehabilitation in Taiwan has significantly contributed to the support and empowerment of individuals with psychiatric disabilities. The establishment of community-based services, the integration of psychiatric rehabilitation and vocational rehabilitation, and the emphasis on personalized support have played crucial roles in promoting recovery and employment opportunities. However, challenges remain in ensuring seamless transitions, sustaining long-term support, and addressing the stigma associated with mental illness.

Efforts such as the KSVRCC exemplify the innovative approaches taken to empower individuals with psychiatric disabilities during the vocational rehabilitation process. The center's commitment to peer support, integration of professional services, and collaboration with external resources has created a comprehensive support system. The progress of KSVRCC underscores the importance of tailoring services to individual needs, promoting social connections, and providing ongoing support beyond the initial phases of employment.

To further enhance the effectiveness of psychiatric rehabilitation and vocational rehabilitation in Taiwan, continued collaboration between healthcare providers, government agencies, and social welfare organizations is essential. This collaboration can facilitate the development of inclusive policies, the sharing of best practices, and the allocation of resources to meet the diverse needs of individuals with psychiatric disabilities. Additionally, raising awareness and addressing the stigma associated with mental illness can create a more supportive and inclusive society, fostering greater understanding and acceptance of individuals with psychiatric disabilities in the workplace.

Overall, the progress made in psychiatric rehabilitation and vocational rehabilitation in Taiwan is commendable. By integrating recovery principles, promoting vocational recovery as a fundamental right, and establishing comprehensive support systems, the country has taken significant strides in empowering individuals with psychiatric disabilities. Continued efforts to address the challenges and build upon the successes will contribute to creating a more inclusive society where individuals with mental illnesses can thrive and achieve their full potential.

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