

# **Violence in Mental Health Facilities in Mongolia**

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## 1. Introduction

Information in this report is based on a study published in 2021<sup>1</sup> for which first-hand information on the treatment of Lesbian, Bisexual, Transgender and Intersex (LBTI) women was gathered by the Psychological Responsiveness NGO through interviews<sup>2</sup> (structured qualitative questionnaires with closed and open-ended questions) with 9 affected individuals from the lesbian, gay, bisexual, transgender, intersex, queer, and other sexually or gender diverse persons (LGBTIQ+) community, 4 caregivers for the individuals from the LGBTIQ+ community, 8 physicians and nurses (from the Narcology Centre, the Psychiatric and addiction cabinet of a district health centre, a psychiatric and addiction cabinet of district health centre, 9 individuals from the management of relevant hospitals and NGOs (namely the National Center for Mental Health (NCMH), the Narcology Centre, psychiatric and addiction cabinet of a district health centre, and the psychiatric and addiction cabinet of a district health centre, the LGBT Centre, the Association for Protecting Population from Durg and Opium (APPDO), Youth and for Health NGO, National Center against Violence (NCAV), and EKPAT Mongolia, and 4 specialists from the NCMH, and the Narcology Centre. To account for the latest developments and ensure the accuracy of previously gathered information, additional interviews were conducted in September 2024 with a representative from the NCMH, a representative from the Narcology Hospital, and a representative of the National Human Rights Commission (NHRC) who acts as the National Preventive Mechanism (NPM).

## 2. Conditions in Mental Health Institutions

The NCMH in Mongolia's capital, Ulaanbaatar, is the only psychiatric institution that offers inpatient treatment for mental health disorders. The NCMH also hospitalizes patients against their free will. Although district hospitals have psychiatric narcology cabinets, patients who have to be hospitalized for serious mental disorders need to be transported to the NCHM. Although improvements have been made in recent years, conditions in the NCHM remain of concern.

The buildings of the NCMH do not meet the necessary standards. One of the buildings was a prison until 1963 before it was transformed into a psychiatric hospital. Despite some renovations, conditions are bad. The 7 sqm per person as recommended by hospital policies and the NHRC can often not be met. An increase in hospitalisation can be seen since 2021 when no longer the State budget (with a set contingent of hospital beds) paid for hospitalisation but the Social Insurance Fund. There is a certain financial incentive for the NCMH to diagnose people with mental illness and hospitalize them.

The Acute Psychiatric Ward of the NCMH has a capacity of 50 patients but has an occupancy rate of about 60 patients, compromising patient's dignity and care. The NCMH also reported that due to the overcrowding, women and men area often kept in the same room, without separation.

In some instances, eight to ten patients shared a room and sometimes two patients were forced to share a bed. A mother whose son was hospitalized for eight days in the NCMH reported that her son

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<sup>1</sup> <https://www.omct.org/site-resources/legacy/Gender-based-Torture-in-Asia.pdf>.

<sup>2</sup> Unless otherwise indicated, all information in this report are based on interviews. They are on file with the author (Psychological Responsiveness NGO).

had to share his bed with another patient and that at night they were tied together. One night he asked to use the toilet, but the nurse said, “don’t you lie, crazy!”

An interviewed doctor reported that because of the high number of patients and the workload of the hospital staff, there are cases of dismissal. This doctor further reported that in the Acute Psychiatric Ward, lighting, ventilation, and conditions of the space outside was of insufficient standard. Moreover, labor laws of those working in the NCMH are not respected and the workplace is not a healthy and safe environment. The NHRC, which is also the National Preventive Mechanism, has first visited the NCMH in 2022 to evaluate the quality and standards of involuntary treatment.<sup>3</sup> It was concluded that the conditions were not in line with legal standards: The work-load for staff was too heavy, working hours too long, social security insufficient, and work-related injuries, verbal abuse from patients and clients were also reported. Due to poor security at the NCMH, one patient recently died, and another patient committed suicide as reported by a member of the NHRC.

It is important to note that interviews showed the administration of sedatives and strong medications were common in mental health facilities. Neglect and discrimination are particularly high among transgender women. A transgender woman who suffers from mental disorder and is illiterate reported in 2021 that it was difficult for her to discuss her problems with doctors: “I felt mistreated and bullied and laughed at for my identity”. Her relationship with the doctor improved when she visited the NCMH with her sister and the director of the NGO LGBT Centre.

Another case was reported by a brother of a 36 old woman with a mental disorder. She was hospitalized and treated in the NCMH as her brother was no longer able to care for her at home. Her brother reported that the NCMH resembled a prison with long corridors and iron doors. He was only able to meet his sister in a meeting room next to the entrance. He was not able to see where his sister lives, whether men and women were separated. He further said that he only saw male guards. A few days after hospitalization and his visits, his sister disappeared, most likely just walked away. He reported it to the police who unfortunately did not find her. He then posted an appeal on Facebook with a picture of her. A person called and his sister was found under a bridge in the outskirts of the city.

Also the conditions in the Narcology Hospital are insufficient. While a new hospital building is under construction, the current hospital is based in a former hotel. Interviewees reported that it was difficult for women to get necessary sanitary products, as they were not allowed to leave the premises and there was no shop inside the hospital.

### **3. Verbal Abuse in Mental Health Facilities**

Several interviewees reported verbal abuse received from workers at mental health facilities. One caregiver reported about the treatment of a client she accompanied to the NCMH for alcoholism. The doctor at the NCMH talked in a commanding voice, used violent vocabulary, and provided unnecessary advice. He further accused and reprimanded the client for her situation, leaving the woman visibly embarrassed.

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<sup>3</sup> Interview with a member of the NHRC, on file with the authors

The same caregiver reported another case in which she accompanied a client, a lesbian woman, to a neurologist. The doctor said to the client that her sexual orientation will change if she has a child. The doctor further remarked that, as the client was already over 30, it was already late for her to have a child. These comments were followed by the doctor asking why such a beautiful girl like her did not have a husband. The caregiver stated that the situation amounted to sexual harassment.

Transgender women are exposed to similar treatment by medical professionals. An interviewee reported that it was common for psychologists to advise “to be a man and get a wife”. Similarly, interviews exposed that it was common for doctors to think and advise that giving birth is important for a woman and would improve their mental health. These practices led to affected individuals reporting that they are reluctant to reveal their gender identity or sexual orientation when in medical settings out of fear of verbal abuse.

#### **4. Insufficient regulations**

Several laws and programs regulating mental health are insufficient. The Mental Health Law was adopted in 2000 and revised in 2013. The law is particularly insufficient when it comes to community-based rehabilitation centers such as Drop-in Centers for drug users. There were attempts in 2023 to revise this law but a working group under the Ministry of Health has yet to be established.

Based on the provisions of this law, the government implemented its First National Mental Health Program from 2002 to 2007<sup>4</sup> and its Second National Mental Health Program in 2010 to 2019. The program’s goals were to reduce the spread of mental and behavioural disorders by promoting mental health of the population and expanding the scope of mental health first aid and community-based mental healthcare. The National Mental Health Program as such was discontinued after 2019. Some of its goals were integrated into the National Program to Combat Non-Communicable Diseases (2017-2026)<sup>5</sup>. Mental health related issues were also included in the Vision 2050 National Program but only as they relate to drug or alcohol addiction.

In 2024, the Mental Health Comprehensive Action Plan (2024-2027) was approved. However, the limited funding allocated to its numerous targets raises concerns about the government's genuine commitment to addressing mental health issues.

In the context of regulations, it is also important to note that there appears to be a lack of awareness regarding them. Interviews with service providers particularly revealed that the knowledge about regulations on isolation and restraint methods was poor. Annex 4 to the Order No.180 of the Minister of Health from 2014 provides a list of isolation and restraint method for people with mental health issues who may endanger themselves and others. This regulation further stipulates that the method of mitigation and isolation should be performed only under the strict supervision of a physician and should be recorded. Given the lack of knowledge about these regulations, it is doubtful that they are implemented.

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<sup>4</sup> *The Government of Mongolia’s Resolution No. 59, 2002, Mongolia.*

<sup>5</sup> *The Government of Mongolia’s Resolution No. 24, 2017, Mongolia.*

## 5. Lack of Accountability

Lack of investigations, prosecution and punishment of attacks against lesbian, bisexual, transgender and intersex women is of particular concern, as has previously been criticized by the HRC and CAT<sup>6</sup>. This was also reported by an interviewee in this study, who was assaulted for being a transgender woman. When she wanted to submit a complaint and consulted with an NGO, she was told that this would be useless as the police do not care.

Another interviewed transgender woman reported about the case of her friend who during a night out was badly beaten and severely injured with a knife, which resulted in her nose being cut off. The police who arrived at the scene told the victim to calm down and not to worry since the offenders had been sent away. She subsequently went to the hospital to have her wounds treated. The doctor blamed the victim for her situation since she was a man and wore women's clothes. The interviewee further stated that "reporting about ill-treatment to the police or complaining about ill-treatment is ignored and dismissed as nonsense". Although the perpetrators were known, there has not been any investigation or prosecution. The victim has never received any information in that regard and has never been summoned to participate in a trial. Adding insult to injury, the victim has never received any compensation. The interviewee stated that the victim has not pursued the matter any further but was just happy to be alive.

While there are Ministerial Orders that regulate involuntary treatment<sup>7</sup>, there is no judicial review for involuntary placement, and it is for doctors to decide about such placements which is not compliant with the CAT Convention<sup>8</sup>. According to an interviewee, complaints by persons concerned or family members about abuse or involuntary treatment are resolved through discussions between the care providers and the persons concerned. Although complaints can be filed with the Ministry of Health, the head of the hospital concerned, or the director of the NCMH, there is no information available as how such complaints are handled.

It is further important to mention the role of the NHRC. While the NHRC has in the past played a positive role in cases alleging torture, it does typically not recommend redress and investigation. Its conclusions tend to be limited to finding a violation and urging the governmental entity concerned to follow its laws and procedures.<sup>9</sup>

## 6. Lack of Training of Health Care Providers

Doctors and other medical professionals lack accurate training and knowledge about sexual orientation, gender identity, particular needs of women addicted to drugs and pregnant women with mental disorders. Trainings on working with patients belonging to sexual minorities are particularly lacking. Interviewed staff members neither in the NCMH nor in the Narcology Hospital were aware of any such trainings. The UN Committee on the Elimination of Discrimination Against Women, raised concerns about the "lack of awareness-raising among medical personnel on discrimination

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<sup>6</sup> HRC, *Concluding Observation on Mongolia*, UN Doc. CCPR/C/MNG/CO/6, August 22<sup>nd</sup>, 2017, para. 11; CAT, *Concluding Observation on Mongolia*, UN Doc. CAT/MNG/CO/2, September 5<sup>th</sup>, 2016, para. 29.

<sup>7</sup> Ministerial Order No.180 on Mental Health Care dated May 30, 2014.

<sup>8</sup> See CAT, *Concluding Observation on Azerbaijan*, UN Doc. CAT/C/AZE/CO/4, January 27<sup>th</sup>, 2016, paras. 26-27.

<sup>9</sup> *National Human Rights Commission of Mongolia Act, Article 9*, Mongolia.

against lesbian, bisexual, transgender and intersex women in the health system” and recommended that Mongolia “sensitize health-care providers to the physical and psychological health issues that lesbian, bisexual, transgender and intersex women experience, the discrimination and stigmatization that they face, and the need for equality and non-discrimination in the provision of health care”.<sup>10</sup>

An interviewee from an NGO mentioned that she wished there were specific guidelines and manuals to provide psychological counselling to LGBTI women. There is a need to include specifically developed handbooks and guidelines in the curricula of universities. They also held the view that the quality of the current curricula and education of psychologists and social workers should be evaluated, since their program was developed in the 1970s and 1980s.

Moreover, many LGBTI women who seek mental health services are victims of sexual abuse.<sup>11</sup> This trauma often remains unaddressed as health professionals lack the relevant education and training. Persons concerned reported that they felt revictimized during their psychological treatment. One interviewed victim of sexual violence explained that she went to see a doctor and was scolded, embarrassed, and requested to talk about what happened in front of several people in addition to the doctor present. When victims are forced to disclose information concerning their ordeals to a large number of people this often leads to re-traumatization.

## 7. “Conversion Therapy” Primary Method of Treatment

UN entities and human rights mechanisms have expressed concern about practices of so-called “conversion therapy”<sup>12</sup>. Special procedures, including the Special Rapporteur on torture and other cruel, inhuman, and degrading treatment and punishment, have criticized the practice of conversion therapy intended to “cure” individuals of their same-sex attraction as being unscientific, harmful, and contributing to stigma.<sup>13</sup> The CAT has concluded that conversion therapy can amount to torture, cruel, inhuman, or degrading treatment.<sup>14</sup> Sentiments echoed in 2020 by the Independent Forensic Expert Group, concluding that “conversion therapy constitutes cruel, inhuman, or degrading treatment when it is conducted forcibly or without an individual’s consent and may amount to torture depending on the circumstances, namely the severity of physical and mental pain and suffering inflicted”.<sup>15</sup>

Conversion therapy takes as a point of departure the belief that sexually diverse or gender-diverse persons are somehow inferior (morally, spiritually, or physically) to heterosexual and cisgender persons and must modify their orientation in order to remedy that inferiority. International human

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<sup>10</sup> CEDAW, *Concluding Observation on Mongolia*, UN Doc. CEDAW/C/MNG/CO/10, July 12th, 2022, para. 32.

<sup>11</sup> The LGBT Centre, *Submission to the Human Rights Council at the 36th Session of the Universal Periodic Review: Mongolia*, 2019, <https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=7822&file=EnglishTranslation>

<sup>12</sup> See HRC, *Concluding Observations on Ecuador*, UN Doc. CCPR/C/EQU/CO/6, August 11<sup>th</sup>, 2016, para. 12, Human Rights Council, *Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. Practices of so-called “conversion therapy”*, UN Doc. A/HRC/44/53, May 1<sup>st</sup>, 2020.

<sup>13</sup> UN General Assembly, *Report by Sir Nigel Rodley Special Rapporteur of the Commission on Human Rights on the question of torture and other cruel, inhuman or degrading treatment or punishment*, UN Doc. A/56/156, July 3<sup>rd</sup>, 2001, para. 24.

<sup>14</sup> See CAT, *Concluding Observations on Ecuador*, UN Doc. CAT/C/EQU/CO/7, January 11<sup>th</sup>, 2017, para. 49.

<sup>15</sup> See Independent Forensic Expert Group, *Statement on conversion therapy*, Journal of Forensic and Legal Medicine, No.72, (2020).

rights law, however, takes the view that LGBTQI+ individuals are equal to others and their sexual orientation and gender identity are a natural part of their development.<sup>16</sup> A health care provider who was interviewed for this study, reported that she knew of LGBTI women with mental health issues who were treated with “conversion therapy” since many doctors believe that being a lesbian is a curable disease. Another reported case was about a lesbian woman who was advised by a doctor to get pregnant and to marry in order to improve their mental health and “cure” their sexual orientation.

## 8. Criminalization of Drug Use

Interviews revealed that many LGBTI women in Mongolia struggle with substance abuse, in particular transgender women who are sex workers. Transgender women are often disowned by their families and not accepted by society at large. This makes it difficult for them to find work and sustain a living. As a consequence, many transgender women are forced into sex work, circumstances which make them vulnerable to substance abuse. Interviewees indicated that sex workers get paid more if they use crystal methamphetamine. Drug use in sexual settings, particularly among sexual minorities, has generally increased as it is associated with fostering social and sexual connections, the exploration of sexual desires, riskier sex practices, and because it can provide acceptable excuses for engaging in sexual behaviours that deviate from heteronormativity.<sup>17</sup>

People who use drugs belong to a highly stigmatized and criminalized population and their experience within the healthcare setting is characterized by humiliation, punishment, and cruelty.<sup>18</sup> Possession and use of any type of drugs is illegal. If found guilty, one could face up to two years in prison. Drug-related crimes have increased substantially in the last years.<sup>19</sup> Although the national program combating illicit trafficking in narcotic drugs and psychotropic substances provides for the establishment of a rehabilitation centre for people with a disorder caused by narcotic drugs or psychotropic substances<sup>20</sup>, there are no rehabilitation centres. There are only limited medical services that provide detoxification treatment and psychological counselling at major hospitals like the NCMH and the Narcology Centre. Since drug use is criminalized, patients who are also drug users and who are ill-treated in health centres and hospitals are afraid to file a complaint. Victims are afraid they will be arrested and detained when contacting law enforcement.

The national program on combating illicit trafficking in narcotic drugs and psychotropic substances has been approved by the Annex of Government Resolution No.77 in 2017. Article 3.3.9 of the program put forward the need for "the establishment of a rehabilitation centre for people with a

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<sup>16</sup> Human Rights Council, *Report of the Independent Expert on the protection against violence and discrimination based on sexual orientation and gender identity, Practices of so-called “conversion therapy”*, UN Doc. A/HRC/44/53, May 1<sup>st</sup>, 2020, para. 63.

<sup>17</sup> Bohn, Annette, Deimel Daniel, Köhler, Thorsten, Sander, Dirk, Scherbaum, Norbert, Shecke, Henrike & Lea, Toby, *Crystal Methamphetamine Use in Sexual Settings Among German Men Who Have Sex With Men*, *Frontier Psychiatry*, 2019, <https://www.frontiersin.org/articles/10.3389/fpsy.2019.00886/full>.

<sup>18</sup> Human Rights Council, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, UN Doc. A/HRC/22/53, February 1<sup>st</sup>, 2013, para. 72.

<sup>19</sup> Xinhuanet, *Mongolia opens centre for prevention of drug-related crimes*, April 12<sup>th</sup>, 2019, [http://www.xinhuanet.com/english/2019-04/12/c\\_137971916.htm](http://www.xinhuanet.com/english/2019-04/12/c_137971916.htm).

<sup>20</sup> *Annex of Government Resolution No.77, Article 3.3.9, 2017, Mongolia.*

disorder caused by narcotic drugs or psychotropic substances and intoxicated to provide voluntary and involuntary treatment, including psychological assistance". However, there is no information about the establishment of rehabilitation centres. In addition, there are limited medical services (only detoxification treatment and psychological counselling) at major hospitals, such as NCMH and the Narcology center. On the other hand, the legal environment for drug addicts and people with drug-induced issues is limited and hidden, so it is not possible to file a complaint if their rights are violated.

In addition, because drug use is criminalized and stigmatized, drop-in centres for intravenous drug users, like other countries have established, is far from becoming a reality in Mongolia. Drop-in centres are typically set up in order to prevent HIV infection and to reduce the health issues associated with injection drug use.<sup>21</sup> Moreover, drop-in centres are typically staffed with nurses or other healthcare workers. Since many transgender women struggle with drug use, the establishment of these centres could greatly benefit sexual minorities.

## 9. Recommendations

1. Use restraints as a measure of last resort when all other alternatives for control have failed, for the shortest possible time and under strict medical supervision
2. Carry out prompt, impartial, thorough and effective investigations into all allegations of violence, verbal abuse, and other forms of torture and ill-treatment in health-care facilities and ensure that those suspected of having committed such acts are immediately suspended from their duties throughout the period of investigation, while ensuring that the principle of presumption of innocence is observed;
3. Take immediate measures to improve the material conditions and reduce overcrowding in health-care facilities
4. Invest in alternative and community-based services
5. Ensure the allocation of adequate financial and human resources to health-care facilities including through the provision of staff specialized in providing care for such patients
6. Ensure that sufficient legal and procedural safeguards for patients in health-care facilities are implemented, both in law and in practice, and that they are accompanied by periodic judicial reviews of, and effective avenues of appeal against, involuntary institutionalization;
7. Provide regular, specialized, and gender-sensitive training for health-care professionals including on the special needs of persons from the LGBTIQ+ community in order to ensure the highest standard of care;
8. Ensure that health-care facilities where persons are kept without their free will, including the Narcology Hospital, are adequately monitored including by the National Preventive

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<sup>21</sup> See United Nations Office of Drugs and Crime and National Aids Control Organisation India, *Drop-in Centre for Injecting Drug Users*, 2012, <https://www.unodc.org/southasia/en/menu/publications/sop-on-drop-in-centre-for-injecting-drug-users.html>.

Mechanism and that effective safeguards are in place to prevent any ill-treatment of persons in such facilities.

9. Ensure that relevant civil society organisations are able to visit and monitor health-care facilities where persons are kept without their free will.
10. Repeal punitive drug laws and shift focus towards rehabilitation, harm reduction, and community-based treatment for substance users, particularly for vulnerable LGBTQ+ populations
11. Prohibit all forms of conversion therapy