

ALTERNATIVES OF MENTAL HEALTH SERVICES IN JAPAN

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Current Policy Developments

Until recently, Japanese psychiatry emphasized hospitalization where "treating and protecting mental patients" was regarded as the overriding objective.

However, now the philosophy of community psychiatry has become as important as hospitalization.

Although the importance of community psychiatry has been long acknowledged in Japan, application has been relatively slow. For one thing, even today, the social rehabilitation of those with psychiatric disabilities is not supported by the government's welfare policy, this is still left to the goodwill of psychiatric hospitals or the patient's family associations.

While many non-governmental psychiatric hospitals have begun rehabilitation services, their good will and efforts alone are not sufficient.

The number of long-term patients in psychiatric hospitals is increasing every year. Now more than 50 percent of residential patients have been in the hospital for more than five years. The average age of the hospitalized patients, becoming older every year, has reached a peak of between 45 to 55 years old.

The patients over 65 years old accounted for 22 percent of all the psychiatric patients in 1989.

According to the Statistics of the Ministry of Health and Welfare in 1990, out of 349,000 hospitalized patients, schizophrenic psychoses was the leading diagnosis with (61%), affective psychoses (4.6%), senile and presenile organic psychotic conditions

(9.3%), alcoholic and drug psychoses (6.0%), neurosis (6.2%), epilepsy (3.5%), mental retardation (4.4%).

Estimated numbers of mentally disordered persons by Ministry of Health and Welfare in 1990 are as follows: the number of psychotic persons is about one million and six hundred thousands, mentally retarded persons about 400 thousands, senile dementia persons about one million, and persons drinking alcohol more than 150 ml per day about 2 million. (Ministry of Health and Welfare, 1990).

In Japan, we have now one million of senile dementia persons and after 20 years the number of them are estimated twice. Among them, 25 percent of patients are treated in hospitals of other facilities.

We have no special hospital or security unit in Japan. With progress of community care and open door treatment for hospitalized persons, forensic psychiatry problem has become more important. The government committee is preparing to make policy decision for the problem.

Current Organization

Japan has 45 prefectural community mental health centers and 852 public health centers. The activities Community Mental Health services of the public health centers are neither well organized nor cooperative with psychiatric hospitals in the community.

According to a 1983 fact-finding survey of mental health by the Ministry of Health and Welfare, more than 30 percent of hospitalized patients could leave the hospitals immediately, if there were enough social support systems in the community. However, 60 percent of the patients' families said that they could not look after discharged patients. (Asai, 1991)

The Mental Health Law is under the jurisdiction of the Mental Health Division of the Health Service Bureau of the Ministry of Health and Welfare. In each Prefectural Government Departments or Bureau of Public Health are in charge of mental health services, and most prefectures have Mental Health Centers, which have responsibility for promoting public mental health services and for information dissemination at the prefectural level through out consultation services, training, education, research, and surveys.

In local districts, consultations, visiting guidance, and other mental health activities are carried out mainly by mental health counselors or public health nurses who belong to the Public Health Centers.

There are 45 Prefectural Mental Health Centers and 852 Health Centers which coordinate the delivery of public mental health services including counseling, day care programs, information dissemination and other services.

As of the end of June, 1990, the institutional care statistics were as follows.

Number of institutions - 1,655

Number of psychaitric beds - 358,128

Number of Inpatients - 349,010

Percent of beds occupied (average per year) - 90.0%

Psychiatric beds per 10,000 population 28.4

18 percent of total psychiatric hospitals are public ones and 12 percent of beds are public.

Number of Outpatient Clinics - 1,765

Type of Admission

Number of Voluntary admission - 184,503 - 52.9%

Number of Admission for Medical Care and Custody - 139,123 - 39.8%

Number of Involuntary Admission by the Prefectural Governor - 12,566 - 3.6%

Free Admission 12,818 - 3.7%

Mean Length of stay in days - 513.8

Mental Health Personnel and Treatment

At of the end of June, 1988, medical personnel in mental hospitals was:

Psychiatrists - 8,725

(Designated Physician of Mental Health) - 7,815

Nurses 37,087

Assistant nurses - 36,402

Nurse aids - 20,342

Qualified Occupational Therapists - 469

Psychiatric Social Workers - 1,235

Clinical Psychologists about - 1,000

Among co-medical staffs, only occupational therapists meet national qualification.

Mental Health Workers (In Public Health Centers) - 1,656

Public Health Nurses - 8,749

We have a nationwide shortage of labor both in medical and other professional fields. Mental hospitals also suffer because of shortage of nurses and other professionals.

In Japan, there are no special hospital and security units for mentally disordered offenders and refractory patients. Most of them are hospitalized in some of the public and private mental hospitals.

There are 1,765 outpatient facilities and clinics, taking care of 700,000 patients. They deliver medical services including case management and counseling for recovering patients.

Theoretically speaking, mental health facilities and services fall into the public domain. The Mental Health Law, amended in 1988, refers to the social rehabilitation needs of the mentally ill, but states that only "municipalities and medical juridical persons may establish social rehabilitation facilities for persons with mental disorders". Consequently, though non-governmental hospitals are aware of the importance of community psychiatry, many of them find it extremely difficult to start loss-producing rehabilitation services without government subsidies.

In Japan, since 1970 community care programs have been gradually developed for psychiatric patients, however, they have not developed enough to become major site of treatment.

There we had 186 approved day care facilities in 1990, but only 42% of them were public one.

Now we have 45 Mental Health Centers and 852 Public Health Centers. Each Mental Health Centers have day care services and most of the Public Health Centers have Day Services Weekly or monthly.

Since 1982, Ministry of Health and Welfare launched Rehabilitation Program for Outpatients in close collaboration with prefectural governments. Central government allocates funds to prefectural governments to contact with companies designated and registered as vocational parents.

We have now 1,438 companies as vocational parents, but only 2,300 patients are working.

In Japan, we have not yet protected employment system for the mentally disabled persons.

In the near future, we should have well organized vocational rehabilitation systems for the mentally disabled persons almost the same as for the physically handicapped or mentally retarded persons.

In Japan, we have sheltered workshops, beginning in the 1960s, for the physically handicapped, the mentally retarded and the mentally disordered. As of October 1, 1990, there were 2,231 such workshops, of which it is estimated about 500 serve mainly those with mental disorders. We have poor community residence programs - almost only 150 cooperative housing (halfway houses). These sheltered workshops and community residence programs are either run by families or voluntary mental health personnel.

Recently, the national government and local self governing bodies have given a small amount of subsidy to me of the small scale sheltered workshops. Subsidies must be increased as soon as possible.

The amended Mental Health Law in 1988 set forth the legal framework for the following three social rehabilitation facilities, which may be established and operated by prefectural governments, municipal governments, social welfare jurical persons and others.

- 1) Protective Domitries for the Mentally Disordered
- 2) Welfare Homes for the Mentally Disordered
- 3) Sheltered Workshops for the Mentally Disordered

As of June 1990, there were only 31 Protective Domitries, 32 Welfare Homes and 27 Sheltered Workshaps in all over Japan. The number of such facilities has not grown much these two years.

Because, most of these social rehabilitation facilities were established by juridical persons and they are unable to raise funds to build or operate a facility without subsidies. The number of users will not increase unless the charge for using these facilities change.

Facilities needed for social rehabilitation of the mentally disordered in Japan still face many problems. And yet, Japan has obviously started making serious efforts to expand its resources in this regard. In order to solve problems in future, the national government, municipal governments, and other parties involved in psychiatric care must work closely and exert further efforts to develop social rehabilitation strategies based on the New Mental Health Law.

According to a 1983 fact-finding survey of Mental Health by Ministry of Health and Welfare, more than 30 percent of hospitalized patients could leave the hospitals, if there were enough social support systems in the community.

However, 60 percent of the patients' families said that they could not look after discharged patients.

In Japan, Desnstitutionalization has not yet advanced.

Almost one-third of the psychiatric patients has lived in the hospitals. Consequently, we cannot find street people in the community. Mental Health Residential Services has not been developed in Japan. Community residence programs have been run by volunteer mental health personnel or patient family associations-by now, there are only 150 group homes without subsidy.

Conclusions and discussion

To further develop community psychiatry in Japan, there needs to be: First, an ability to generate an appreciation about mental health among the general public and to obtain the support of society. Second, the establishment of strong networks among public health center, welfare bureaus, and child consultation center and the ability to provide crisis intervention, if necessary. Third, and most importantly a good working relationship must be developed with public health nurses, who regularly visit homes where there are potential health problems. More importantly, psychiatric hospitals should not isolate themselves from the rest of society. Psychiatric hospitals must be open, so that residents in the community will feel comfortable about admission to one.

While public education and public understanding about mental illness is fostered, the country also needs to develop a variety of facilities - day care and night care services, supported dormitories, other half-way houses, and sheltered workshops for vocational opportunities and other appropriate programs. With a variety of facilities and services, people with mental disabilities will be able to try, according to their ability, to adapt to a new environment and eventually participate in society as independent individuals. However, psychiatric hospitals should continue to offer prompt medical intervention, if necessary, so as not to arouse unnecessary misgivings in the community.

Given its far-reaching value, rehabilitation services of the mentally ill should not be at the sole expense of psychiatric hospitals. Today, Japan needs a community psychiatry system suitable for our culture and our social needs. Japan also needs a policy which does not impose a financial burden on those willing to undertake community psychiatry.

Without registration for financial support to cover deficits almost inevitably incurred by rehabilitation services for former patients, and with the social stigma still remaining in this society, hospitals have been forced to withdraw from rehabilitation services in some cases.

The Mental Health Law says as follows: The National, Prefectural and Local Governments shall endeavor to enable mentally disordered persons, etc. to adapt themselves to the social life, by expanding and improving the facilities needed for medical care, social rehabilitation and other welfare purpose and education... But, until today, no remarkable change can be found in the social rehabilitation of mentally disordered persons.

Requests need to be made for more subsidies and legal support to promote the rehabilitation and community care of mentally ill people in Japan.

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