

## EVOLUTION OF A COMMUNITY CARE FROM A PRIVATE MENTAL HOSPITAL

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### Overview : Mental Health Services in Japan

Psychiatric care in Japan has laid stress on hospitalization. When the Mental Health Law was enacted in 1950, the number of beds occupied by "mentally ill" people was low at 2 per 10,000 general population in the aftermath of World War II. Following Japan's rapid industrial development beginning in 1951, a nationwide compulsory Health Insurance System was instituted in 1958.

The government then decided to increase the number of psychiatric hospitals. Despite that move, the number of doctors per patient at these hospitals was only one-third the number at general hospitals. In 1961, the government started to restrict the number of public hospital beds and to promote private hospitals. As of 1988, more than 85% of the 345,000 psychiatric beds were private and the number of psychiatric beds reached a record high of 28 per 10,000 general population (Figure 1) .

In 1965, the Ministry of Health and Welfare started to partially subsidize outpatients and pointed out the necessity of transforming hospital psychiatric treatment to community-based psychiatric care. Since then, the total number of outpatients has been increasing every year (Figure 2). However, neither a plan nor a budget was provided for community psychiatric care.

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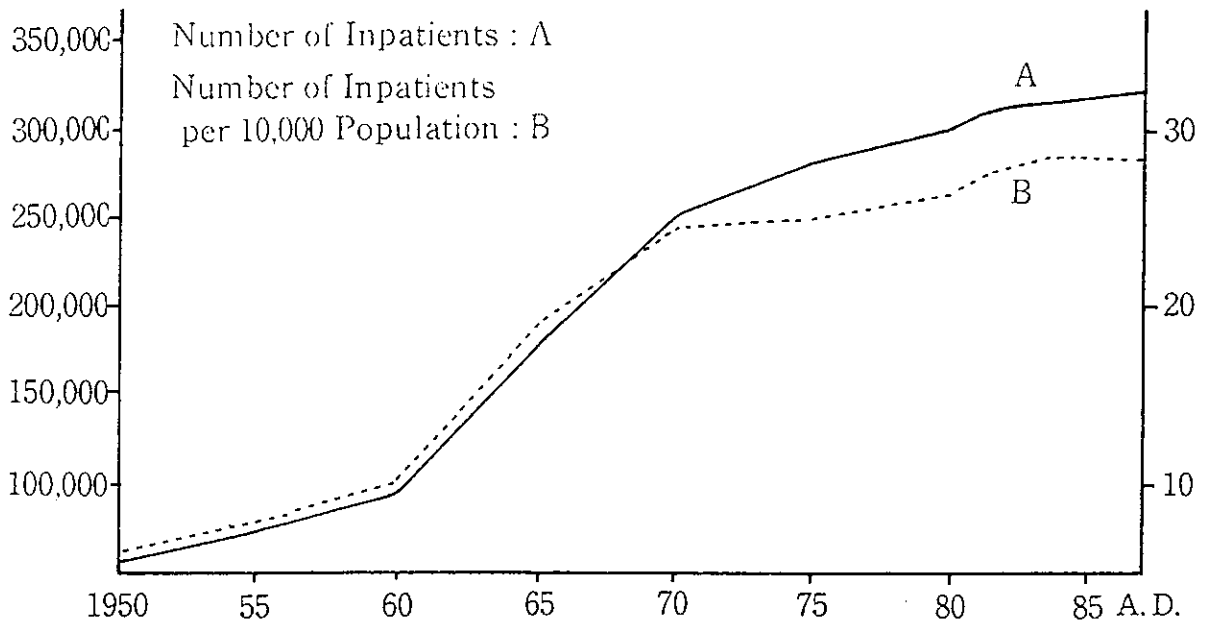


Fig. 1 Number of Inpatients

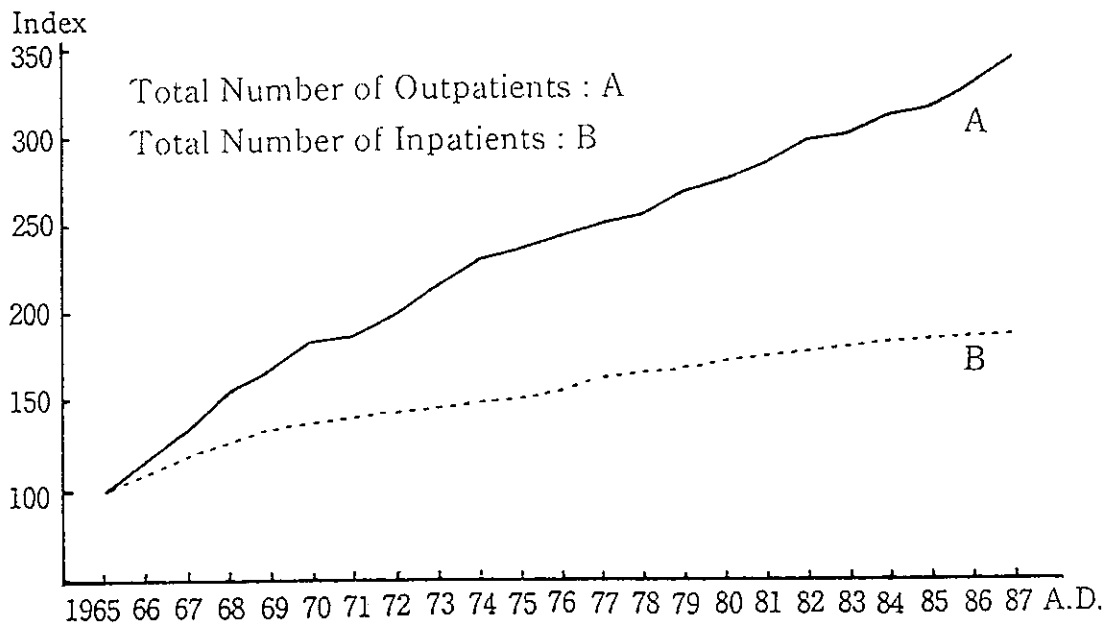


Fig. 2 Total Number of Outpatients and Inpatients

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Although a system of outpatient care had been developed, the percentage of expenses for it in the total psychiatric care expenses has remained almost the same since 1965. This means that the basic pattern of psychiatric care delivery has not changed and that the main facility is still psychiatric hospitals (Figure 3).

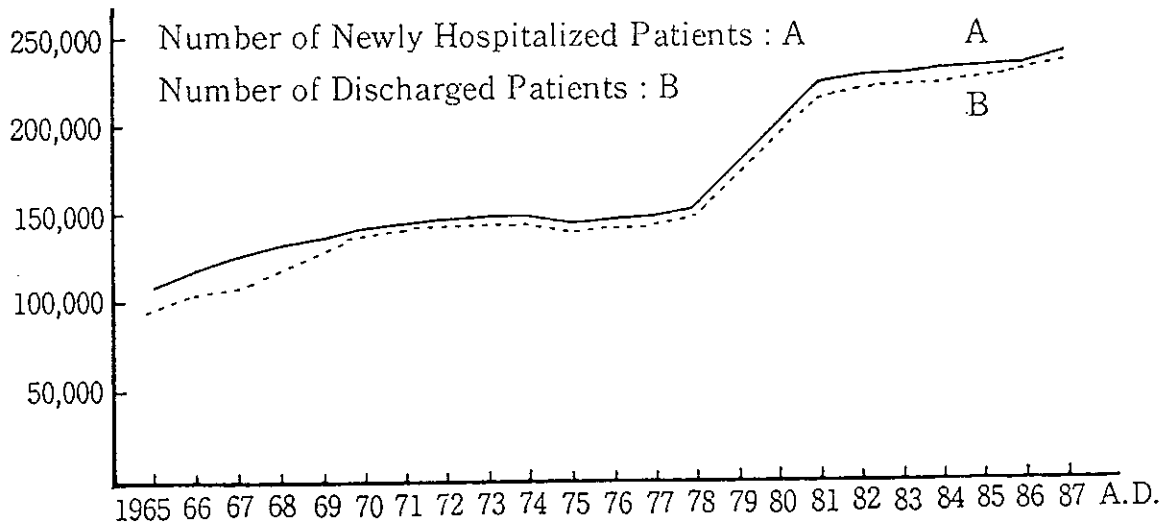


Fig. 3 Number of Newly Hospitalized Patients and Discharged Patients

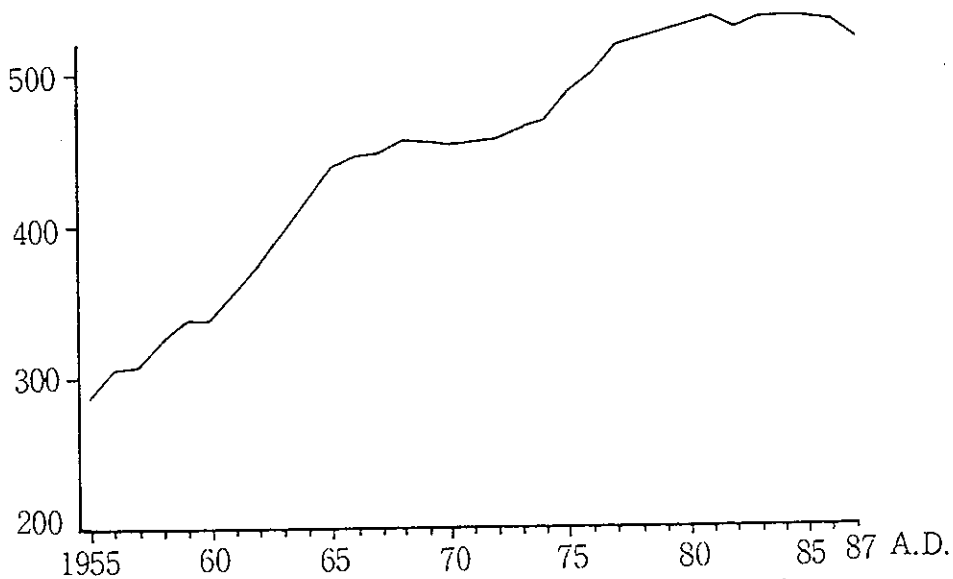
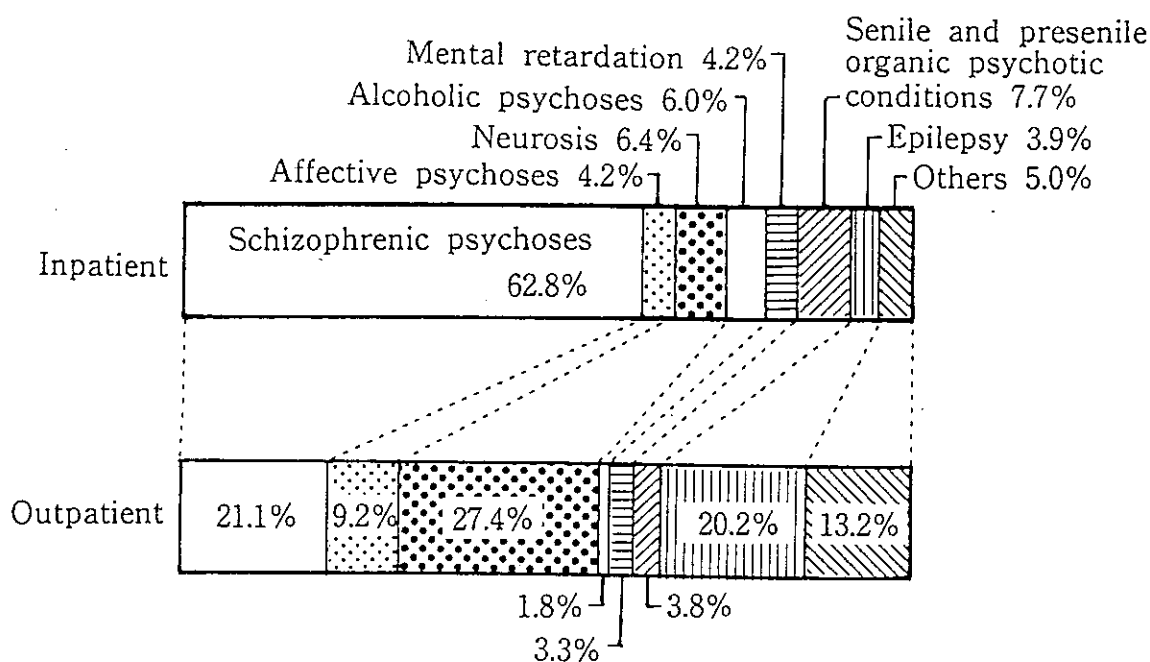


Fig. 4 Average Duration of Hospitalization

The number of patients under prolonged hospitalization is increasing every year (Figure 4). Now more than 50% of residential patients have been in the hospital for more than five years. The age of hospitalized patients is getting older every year and demographically reaches a peak in the 45—55 age group.

According to 1988 statistics of the Ministry of Health and Welfare, out of 345,000 hospitalized patients, schizophrenic psychoses topped the list with 62.8%, affective psychoses (MDI) 4.2%, senile and presenile organic psychotic conditions 7.7%, alcoholic and drug psychoses 6.0%, neuroses 6.4%, epilepsy 3.9% and mental retardation 4.2%. Patients over 65 years old accounted for 19.6% of all psychiatric patients (Figure 5).



Source ; M. H. W. 1988

Fig. 5 Distribution of Clinical Diagnosis

In Japan, community care programs have been gradually developed for psychiatric patients since 1970 ; however, they have not been strong enough to become the mainstream. These community care programs include the following (Table 1):

- (1) Day services(monthly or weekly)at public health centers.
- (2) Day care services in private or public hospitals. In 1990, throughout Japan, there were only 186 approved day care services with 58% of them private.

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- (3) Aid systems for the employers of former mental patients, the only system for the vocational rehabilitation of mental patients.
- (4) Approximately 400 small-scale sheltered workshops.
- (5) Community residence programs.

**Table 1 Community Mental Health Services**

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| <ol style="list-style-type: none"><li>(1) Day services in public health centers and mental health centers</li><li>(2) Day care services in private hospitals and public hospitals</li><li>(3) Aid system for employers of ex-patients</li><li>(4) Small-scale sheltered workshop</li><li>(5) Community residence program</li><li>(6) Social rehabilitation facilities for the mentally disabled under the Mental Health Law(1988)<ol style="list-style-type: none"><li>(A) "Activities of daily living" training facility</li><li>(B) Sheltered workshops</li></ol></li></ol> |
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While (1) and (3) are government programs, (4) and (5) are either run by patient family associations or volunteer mental health personnel. Recently, central and prefectural/municipal governments have given small subsidies to some of the small-scale sheltered workshops.

In Japan, there are only 42 public community mental health centers and 852 public health centers. The community mental health service activities of these public health centers are not well linked with psychiatric hospitals in the community. According to a fact-finding survey on mental health carried out by the Ministry of Health and Welfare in 1983, more than 30% of hospitalized patients could leave the hospitals immediately, if there were enough social support systems in the community. However, 60% of the concerned families said they could not afford to look after the discharged patients.

## Asai Hospital : Community Health Care Center

In Japan, some of the pioneering private mental hospitals have been providing community mental health services in order to promote the rehabilitation of psychiatric patients. As one of those hospitals, the transformation of the Asai Hospital from a small private mental hospital to a community mental health center over the 30 years since 1959 will be described here in its historical perspective.

The goal of the Asai Hospital, located in Togane City about 70 km east of Tokyo, is to provide comprehensive, integrated medical and psychiatric care. Founded in 1947 by Toshio Asai as a psychiatric clinic, it became a psychiatric hospital in 1959. It has continuously expanded its range of services, which now include not only psychiatry, but also neurology, internal medicine, dentistry and comprehensive medical checkups for diagnosis and prevention (Table 2).

**Table 2 Brief History of Asai Hospital**

1947	Asai Psychiatric Clinic established in Togane City.
1959	Registered as Medical Entity of Seiwa Association Asai Hospital—26 beds.
1963	Qualified for registered nursing, Class III—100 beds.
1966	Qualified for registered nursing, Class II—201 beds.
1970	Hospital expansion—282 beds.
1977	Dentistry department established.
1978	Hospital expansion—355 beds.
1979	Registered psychiatric day care service opened. Comprehensive computer system introduced.
1980	CT scanner equipped. Qualified for registered nursing, Class I.
1982	Registered psychiatric occupational therapy started.
1983	Hospital expansion—411 beds: psychiatric 324 beds general 87 beds.

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- Sports therapy facilities approved.
- 1986 A new ward with 30 beds—441 beds.  
Cooperative housing opened.
- 1987 Magnetic resonance imager (MRI) introduced.
- 1990 Special hospital (100 beds) and day care for senile dementia opened.

We have been providing comprehensive psychogeriatric services for the elderly by offering a wide range of services from short-term diagnostic and treatment to domiciliary care and day care.

The Asai Hospital also functions as a regional medical center for the approximately 200,000 people living in Togane City and its vicinity. It provides emergency medical and psychiatric services, community consultation services for rehabilitation and liaison programs, day care programs, cooperative housing (halfway houses) and even dental care for school children on weekends and holidays. The hospital currently treats an average of 200 patients each day in its outpatient departments, and plans to further expand outpatient functions to better serve the health needs of the community.

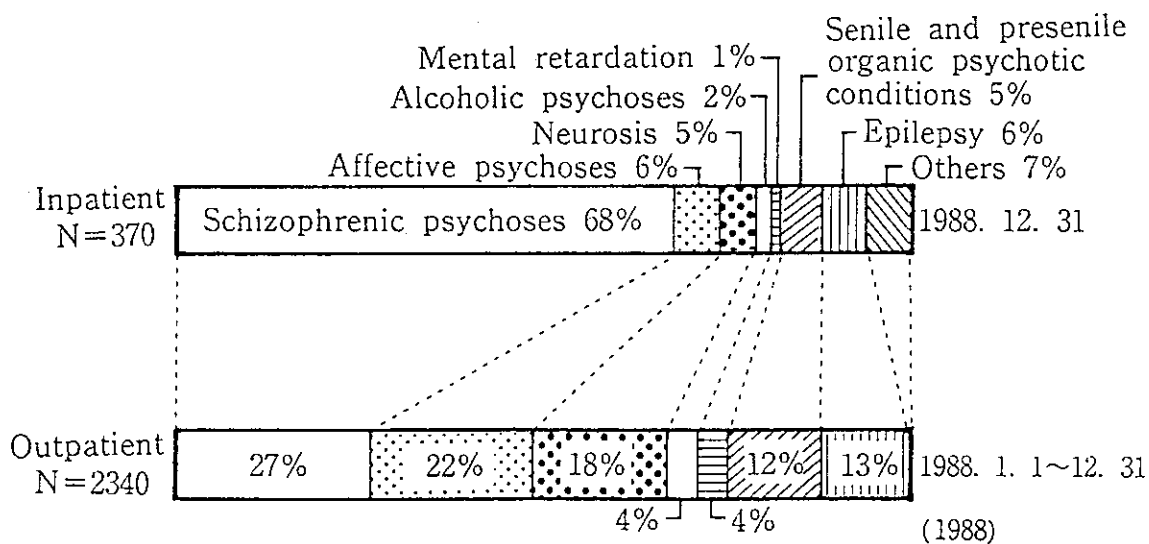


Fig. 6 Distribution of Clinical Diagnosis in Asai Hospital

The hospital is equipped with the latest modern facilities and diagnostic equipment, including a whole-body CT scanner, magnetic resonance imager (MRI), ultrasonic monitors, EEG equipped with simultaneous video monitor and automatic biochemical analyzers. The newest technology has been utilized to ensure the highest possible quality of diagnosis and treatment. In addition, a fully integrated computer system has been introduced for the prompt and systematic collection of medical and administrative information which results in greater therapeutic effectiveness and administrative efficiency.

The Asai Hospital has total capacity of 441 beds (87 general, 354 psychiatric). It houses seven psychiatric wards, five open and two closed, and another two medical wards (87 beds) for neuromedical treatment.

At the Asai Hospital, the principle of a constructive multidisciplinary team approach is applied throughout each stage of treatment. Before a patient is admitted, the head of nursing, nurses from the ward, a psychologist and a psychiatric social worker meet with the family to assess the patient's condition and major problems. This provides the basis for a treatment plan aimed at eventual rehabilitation and return to the community.

The treatment plan is reassessed at regular two-week intervals by the patient's doctor, responsible nurse, psychologist, psychiatric social worker and occupational therapist at treatment evaluation conferences. It is at this conference that the patient's "nursing level" is determined in accordance with changes in his or her condition and ability to assume responsibility for personal behavior. As the patient's condition improves, the required level of nursing care diminishes, i.e., the patient is encouraged to move around freely and participate in a wider variety of activities on his or her own accord, including daily personal care, self-management of medication, occupational therapy and recreational programs.

The results of the treatment team conferences have direct and immediate effects on treatment. They allow the program of medical and nursing care to be finely calibrated to the needs and progress of each patient.

At the monthly continuing education seminars and symposia, research reports reflecting broad interdisciplinary interest in psychiatric services are presented.

Following initial treatment, the primary concern of the hospital staff shifts to social and functional rehabilitation. Co-professional treatment teams help patients participate in rehabilitation activities. Under the guidance of specially qualified teachers and therapists, patients participate in any of 30 physical and occupational therapy activities, such as painting, handicrafts, weaving, pottery and ceramics, tea ceremony, flower arranging, cooking, tennis, archery and swimming. Each patient's activities are part of an individual program carefully structured and adjusted to the needs of individual patients through frequent therapeutic conferences. Each program is formulated with respect for the patient's autonomy, so that each may participate purposefully in his or her own rehabilitation.

Throughout the year, patients participate in various recreational outings, such as clam digging, hiking, sketching and trips to spots of scenic or historical interest.

In 1979, a day care program was established for patients who require a gradual readjustment to social life, and also for those patients from the community seeking help to overcome a crisis without hospitalization or re-hospitalization (Table 3).

**Table 3 Asai Hospital Day Care Center**

Established:	1978
Population Served:	Adult with acute and chronic psychiatric difficulties.
Capacity:	40
Average# of Clients:	20—30 daily
Age Range Served:	18—50
Average Age:	30
Average Length of Stay:	7.7 months
Staff:	Multidisciplinary team made up of psychiatrists, psychologists, psychiatric social worker, occupational therapist, registered nurse and activities therapists.
Program Hours:	Monday through Friday 9:30 am to 3:30 pm
Program Descriptions:	The Day Hospital offers intensive psychiatric services for patients recently discharged from inpatient facilities as well as patients who require more care than can be provided by outpatient visits.

A variety of therapeutic programs and activities are provided five days a week under the guidance of co-professional teams composed of a doctor, nurses, occupational therapist, clinical psychologist, psychiatric social workers and specialized teachers. Through such group activities as sports, occupational and art therapy, cooking and social skills trainings, patients learn to establish social relationships based on self-respect and personal independence. Almost 61% of day care patients reach the goal— ready to work, return to school or adapt well at home (Figure 7).

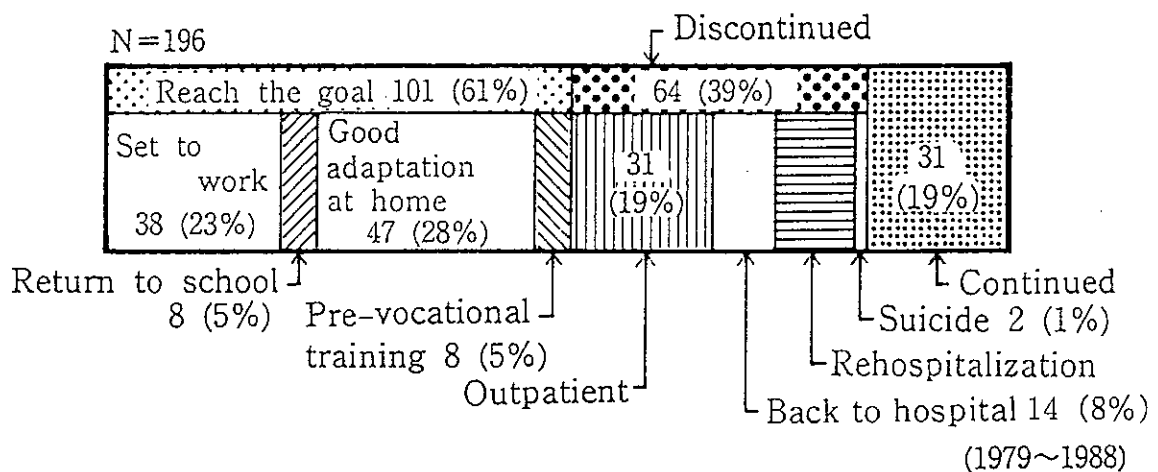


Fig. 7 Prognoses of Day Care Patients

Doctors and psychiatric social workers are assigned on a full-time basis to the hospital's social rehabilitation counseling center, helping in and outpatients and their families to plan readjustment in the home and workplace, arranging for work therapy with the cooperation of employers in the community, and drawing on a broad range of community contacts to establish a support network for patients. An outside work therapy program has met with great success, thanks to 32 workplaces which provide jobs in the community.

Mental health is a community concern ; it reaches far beyond the hospital walls. The Asai Hospital is an important part of the surrounding community. It serves as a psychiatric and medical counseling center and works closely with local health, education and welfare agencies in promoting community mental health. Such events as the annual spring Hanten-Boku Festival, Bon Odori in summer, Cultural Festival in fall and various arts and handicraft exhibitions have become

community events, drawing widespread participation by the general public and promoting community understanding of mental health concerns.

Cooperative housing (halfway houses) for patients who are either homeless or not quite ready for a full return to the community has been established with community participation and support. The houses are within easy walking distance of the hospital and are operated under the guidance on an experienced care giver. Here residents learn together as they readjust to social life, while working in the community and/or commuting to day care therapy at the hospital.

The Asai Hospital carries on an active international exchange program. Professor Tsung-yi Lin serves as an advisor to the hospital, providing input from an international cross-cultural perspective. The Asai Hospital has also welcomed many mental health professionals from Canada, the People's Republic of China, Taiwan, the United States, France, the United Kingdom and other countries. Each year, beginning in 1983, the hospital has hosted two to four medical research fellows from the People's Republic of China, who study at the hospital for one year. Joint research projects have also been carried out with institutions and scholars in Beijing, Shanghai and Vancouver. This program of international exchange has broadened the scope of the work of the Asai Hospital and deepened the mutual respect and understanding among all the participants.

The Mental Health Law of 1988 states as follows: "The National, Prefectural and Local Governments shall endeavor to enable mentally disordered persons, etc. to adapt themselves to social life, by expanding and improving the facilities needed for medical care, social rehabilitation and other welfare purposes and education..." However, to date, we can see no remarkable changes in the social rehabilitation of mentally disordered persons.

Based on our 30 years of experiences, we believe that community care has not yet been fully established, and that it depends strongly on the policy of national and local governments. In order to promote the rehabilitation and community care of the mentally ill, we need to push for more subsidies and legal support.

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