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PSYCHIATRIC REHABILITATION IN JAPAN

by

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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 philosphy of community psychiatry has become as important as hospitalization.

Although the importance of community psychiatry has long been acknowledged in Japan, implementation 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 patients' family associations. While many non-governmental psychiatric hospitals have begun rehabilitation services, their goodwill and effort alone are not sufficient.

The number of long-term patients in psychiatric hospitals is increasing every year. Now more than 50 per cent of residential patients have been in hospital for more than five years. The age of hospitalized patients, becoming older every year, has reached a peak of between 45 to 55 years old. Patients over 65 years old accounted for 22 per cent of all 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 (61%), affective psychoses (4.6%), senile and pre-senile organic psychotic conditions (9.3%), alcoholic and drug psychoses (6%), neurosis (6.2%), epilepsy (3.5%), and mental retardation (4.4%).

Figure 1

ESTIMATED NUMBERS OF MENTALLY DISORDERED PERSONS

Psychotic persons	1,600,000
Mentally retarded persons	400,000
Senile dementia	1,000,000
Persons drinking more than 150ml alcohol per day	2,000,000

Ministry of Health and Welfare, 1990

In 20 years' time it is estimated that the number of people with senile dementia will have doubled. Currently, 25 per cent of these patients are being treated in hospitals or other facilities.

In Japan there are neither special hospitals nor security units for mentally disordered offenders and refractory patients. Most of them are hospitalized in either public or private mental hospitals. With the progress of community care and open door treatment for hospitalized persons, the problems presented by mentally disordered offenders have become more important. The government is developing new policies to address this issue.

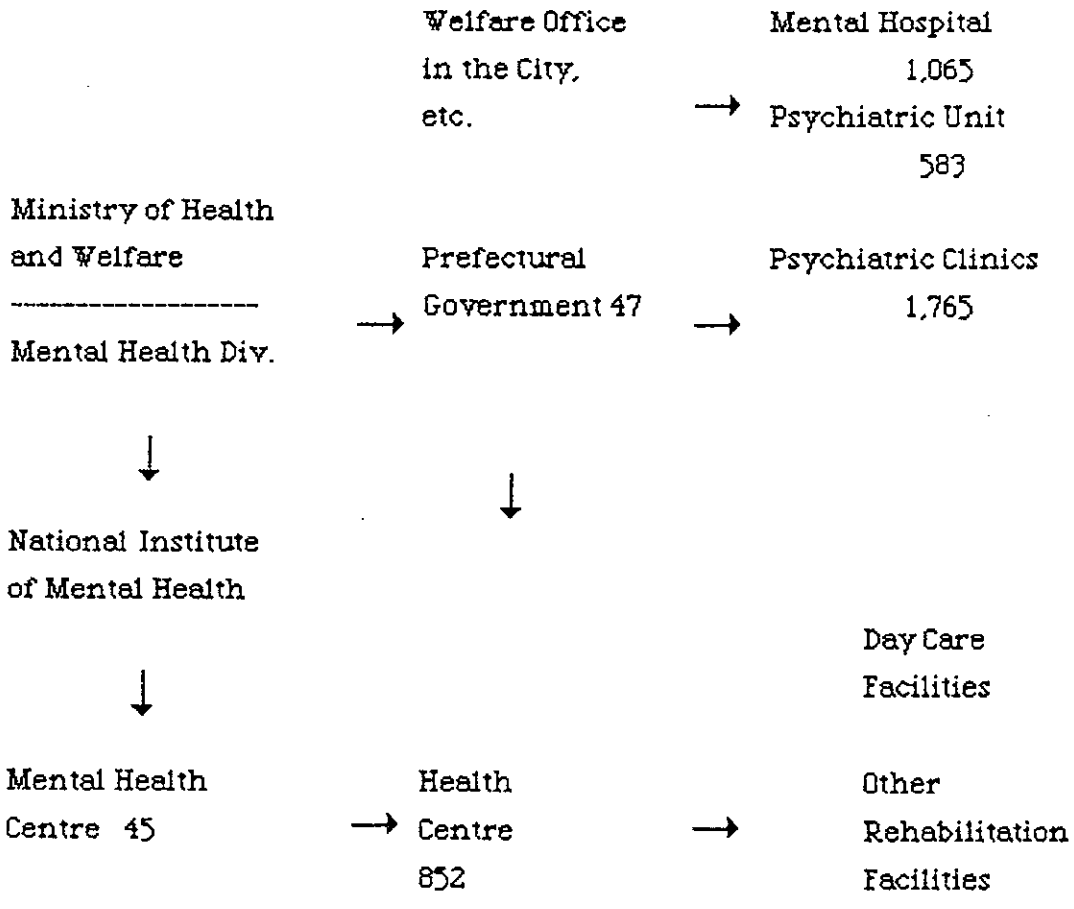
Current organization

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 Prefecture government Departments of Public Health are in charge of mental health services. Most prefectures have a Mental Health Centre which has responsibility for promoting public mental health services and for information dissemination at the prefectural level through consultation services, training, education, research and surveys.

In local districts, consultations, supportive visits and other mental health activities are carried out mainly by mental health counsellors or public health nurses who belong to the Public Health Centres.

Figure 2

THE RELATIONSHIP BETWEEN ADMINISTRATIVE DEPARTMENTS AND INSTITUTIONS



There are 47 Prefectural Mental Health Centres and 852 Health Centres which co-ordinate the delivery of public mental health services including counselling, day care programmes, information dissemination and other services.

Figure 3

INSTITUTIONAL CARE

Number of Institutions	1,655
Number of Psychiatric Beds	358,128
Psychiatric Beds per 10,000 population	28.4
Percentage of Beds Occupied	90%
Number of Outpatient Clinics	1,765
(18% of total psychiatric hospitals are public ones and 12% of beds are public)	

Ministry of Health & Welfare, 1990

Figure 4

TYPE OF ADMISSION

	N	%
Total Number of Inpatients	349,400	
Voluntary admissions	184,503	52.9
Involuntary admissions for medical care and custody	139,123	39.8
Involuntary admissions by the Prefectural Governor	12,566	3.6
Free admissions	12,818	3.7

Ministry of Health & Welfare, 1990

At the end of June 1988 the medical personnel employed in mental hospitals was as follows:

Figure 5

MENTAL HEALTH PERSONNEL

Psychiatrists		8,725
(Designated Physician of Mental Health		7,815)
Nurses		37,087
Assistant Nurses		36,402
Nurse Aids		20,342
Occupational Therapists (qualified)		469
Psychiatric Social Workers		1,235
Clinical Psychologists	about	1,000
Mental Health Workers (in Public Health Centres)		1,656
Public Health Nurses		8,749

(Among para-medical staff, only occupational therapists meet national standards of qualification)

Ministry of Health & Welfare, 1990

There is a nationwide shortage of labour both in medical and other professional fields. Mental hospitals also suffer because of a shortage of nurses and other professionals.

There are 1,765 outpatient facilities and clinics taking care of 700,000 patients. They deliver medical services including case management and counselling 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, although 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 programmes have been gradually developed for psychiatric patients. However, they have not developed enough to become a major site of treatment.

Figure 6

SOCIAL RESOURCES FOR ACTIVITIES

1990

		facilities	clients	N.B.
1.	the sheltered workshop with subsidy	25	500	by mental health law
2.	small scale sheltered workshops	529 *(209)	9,500	not by MHL *subsidized by the local government, etc.
	sub total :	**554**	**10,000**	
3.	day care facilities (in hospitals and clinics)	186	4,000	
4.	day care services community care programme (in public health centre)	20 665	- 21,885	
5.	patient club, etc.	209	-	
	sub total :	**1,080**	**25,885**	
6.	system for foster employers of ex-mental patients	1,438	2,300	by government subsidy for employers
7.	foster employer system (for inpatients and outpatients)	999 (related to 280 mental hospitals)	about 2,000	non-subsidized by hospital, etc.

Social resources for activities in 1990

Sheltered workshops were first introduced 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 554 served mainly those with mental disorders. These sheltered workshops are run by families or voluntary mental health personnel. Only 25 sheltered workshops are officially subsidized. There are 186 approved day care facilities, but only 42% of them are public. Among 852 public health centres, 665 centres have community care programmes.

In 1982 the Ministry of Health and Welfare launched a Rehabilitation Programme for Outpatients in close collaboration with prefectural governments. Central government allocates funds to prefectural governments who make contact with companies designated and registered as "vocational parents". We now have 1,438 companies who are "vocational parents" but they only provide work for 2,300 patients. In Japan there is no protected employment system for mentally disabled persons.

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

Social resources for living in 1990

We have poor community residential facilities in Japan (Figure7). The amended Mental Health Law in 1988 set forth the legal framework for the two types of residential facilities, which may be established and operated by prefectural governments, municipal governments, social welfare juridical persons and others.

As at June 1990 there were only 33 hostels - mental health facilities for social adjustment and 32 care homes. The number of such residential facilities has not grown much in these two years, largely because of problems of finance.

We now have only 95 group homes with room for a total of 916 persons all over Japan. Most of these group homes are established by private hospitals and self-help groups without financial support from the government. We hope that in future the number of group homes will be increased but subsidies from the government will be indispensable.

Figure 7

SOCIAL RESOURCES FOR LIVING

Residential Facilities 1990	facilities	inmates	N.B.
1. hostel mental health facilities for social adjustment	33 ↓ [4,000]	995 ↓ [8,000]	with government subsidy by MHL capacity : 20
2. care home	32 ↓ [500]	320 ↓ [5,000]	subsidized by MHL capacity : 10
3. group home	95 ↓ [2,000]	916 ↓ [9,000]	by private hospital and self-help group
4. independent apartment		[10,000]	
sub total	**160** ↓ [2,900]	**2,231** ↓ [32,000]	under MHL, etc.
5. urgent care institutions	171	15,428 *(6,171)	subsidized by welfare law *40% of them are the mentally disordered
6. institutions for rehabilitations	18	1,768	
7. geriatric nursing home	-	[13,000]	
sub total	**189**	**[20,939]**	under welfare law
Total:	3,000<	50,000<	

Figures in brackets [] represent estimated need.

Urgent care institutions were established in a subsidiary welfare law. According to study reports in 1990, out of a total of 15,500 persons living in the urgent care institutions, 6,000 (38%) were mentally disordered, including epileptics and alcoholics.

Unfortunately, most communities resist the construction of psychiatric facilities and related settlements in their area. It is very difficult to obtain agreement to build a new living facility for mentally disordered persons. The gap between supply and demand is very great.

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 the future, the national government, municipal governments and other parties involved in psychiatric care must work closely and energetically together to develop social rehabilitation strategies based on the new Mental Health Law.

According to a 1983 fact-finding survey on mental health by the Ministry of Health and Welfare, more than 30 per cent of hospitalized patients could leave hospital if only there were enough social support systems in the community. 60 per cent of the patients' families said that they could not look after discharged patients.

In Japan deinstitutionalization has not yet advanced. Psychiatric hospitals in Japan play a rôle which intermediate facilities should play. Therefore, psychiatric hospitals provide hospital functions such as security, emergency services, acute, sub-acute and chronic services, for which the same base charge is applied. Simultaneously, psychiatric hospitals, again for the same base charge, have to serve as nursing homes or sometimes as board and care facilities as well. Mentally ill people living on the street are rarely seen.

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 centres, welfare bureau and child consultation centres, and the ability to provide crisis intervention if necessary; third, and most important, a good working relationship must be developed with public health nurses, who regularly visit homes where there are potential health problems, and they must be helped to remedy those 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, half-way houses, sheltered workshops for vocational opportunities, and other appropriate programmes. 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. Rehabilitation services for the mentally ill should not be at the expense of psychiatric hospitals.

Today Japan needs a community psychiatric 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 financial support from the government 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 has this to say:

"The National, Prefectural and Local Governments shall endeavour to enable mentally disordered persons, etc. to adapt themselves to social life, by expanding and improving the facilities needed for medical care and social rehabilitation."

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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