

## Community Mental Health in Japan



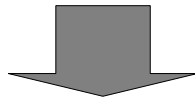
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## Mental Health Services in Japan

- Medical
  - Mental Hospitals (80% private)
  - Out patient clinics (private practice)
  - Home visit by nurse
  - Daycare center
  - Pt. and Family Psychoeducation/Social Skills Training/Occupational therapy...
- Social Welfare
  - Rehabilitation facilities
  - Group Home
  - Home help
  - Vocational rehabilitation
  - Care management

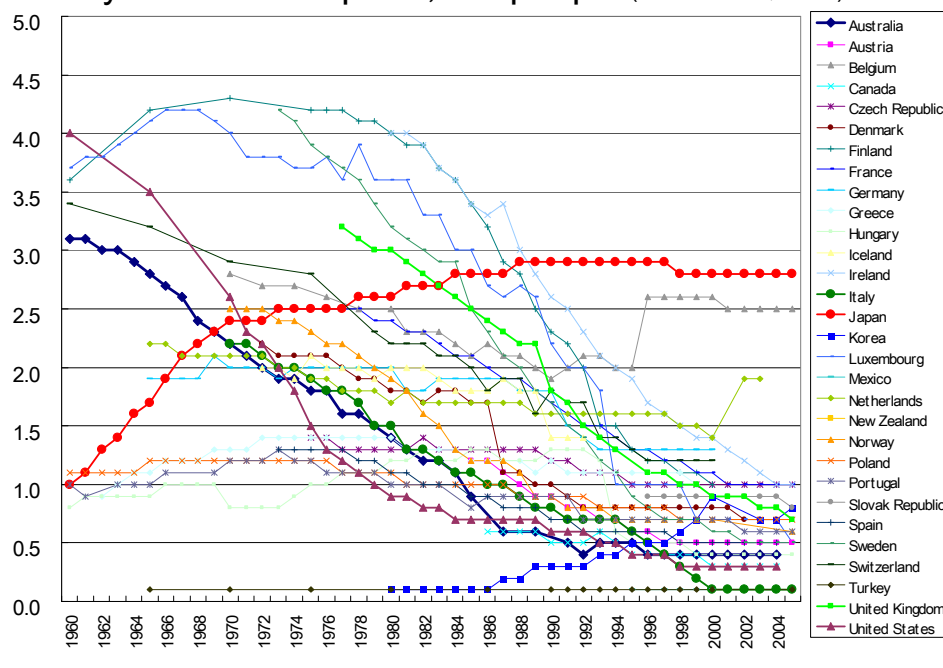
## Current Situation of Mental Health Services

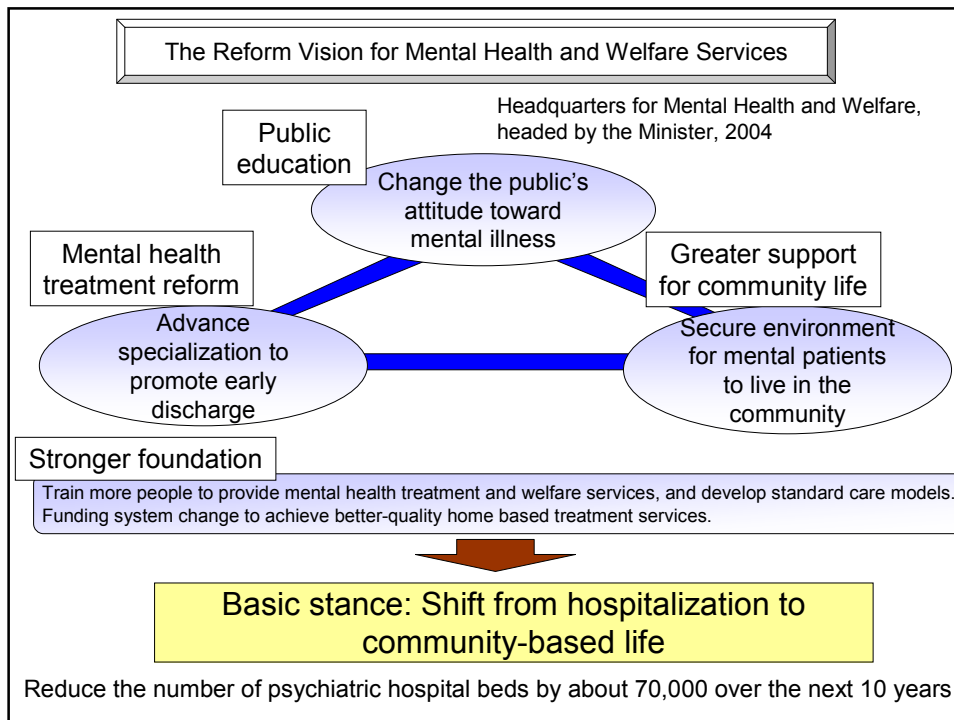
- Too many psychiatric beds/ lack of community support services. Inpatients due to the lack of support in the community = 70,000
- Lack of vocational rehabilitation.
- Disconnected services. No network, No care management.
- Difference of service quantity and quality between areas.
- High stigma and lack of understanding of mental health among the community.



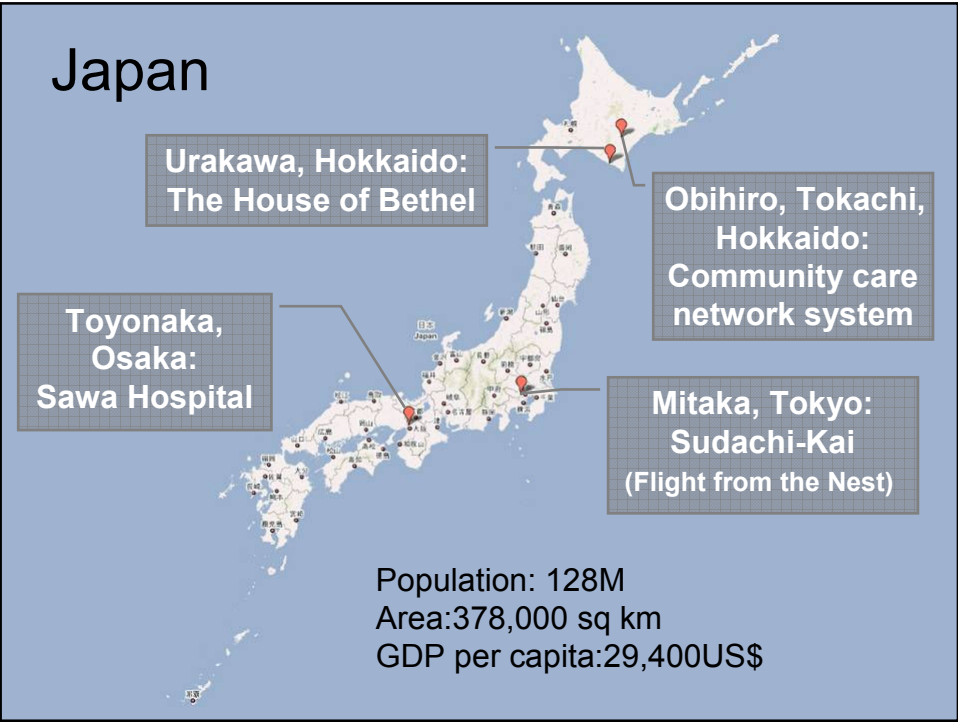
From 2002, many laws and reports have released  
Now in the reform process towards community mental health

Psychiatric beds per 1,000 people ( OECD2002,2007 )





- ## Procedure to choose Best Practices in the community
- The candidates for the best practices in community mental health were gathered by the hearing from the experts in this field and from literature review
  - Divided the candidates from four different point of view; consumer centered, initiated by hospital, initiated by welfare, and balance of medical and welfare.
  - Last decision made by the Ministry of Health, Labour and Welfare



## The house of Bethel

- Very unique consumer centered service
- Problems are discussed and solved by various meetings
- The basic concept is the acceptance of the disorder

Some sayings from Bethel...

Change weakness into bonding

From Hallucination to Mr Hallucination

Disclosure of weakness

Many problems-that's what expected!

Descending life rather than climbing up life

Having more meetings than eating

## The house of Bethel



Morning meeting



Greetings by members



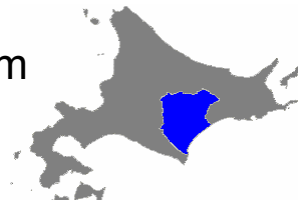
Packing dried kelp



Shop selling goods

## Obihiro-Tokachi care network

- Comprehensive/open system
  - Network/Care management
  - Housing support
- More than 250 beds in the community
- Reduction of psychiatric beds (from 2.7 per 1000 to 1.5)



## Obihiro-Tokachi care network



Care network meeting



Group home



Inside the GH



Vocational facility

## Sawa Hospital

- Private psychiatric hospital with 505 Beds
- Have more than 20 years of developing community services
- Reduced beds while extending community services
- Good model for other private hospitals

## Sawa Hospital



Front of the hospital



Group home



Bread factory



Delivery service

## Sudachi-kai (Flight from the Nest)

- Social welfare corporation who are very active in discharge promotion
- Helped more than 130 long stay patients to discharge from the hospital in 15 years
- Provide lecture done by consumers (ex-patients) at the hospital
- Support them by residential and vocational facilities and 24/7 on call

## Sudachi-kai (Flight from the Nest)



Group home



One of the room



Place to gather in GH



Vocational facility

## Implications from the Best Practices

- Support SMIs in the community is possible
- Believe in the strength of the consumer
- Build community network
- Need of housing and vocational support
- 24/7 support
- Many examples to reduce hospital beds

## Next steps for Japanese reform

- Controlled discharge promotion and reduction of beds with agreement of stakeholders
- Develop more community service
  - Housing support
  - Vocational rehabilitation
  - Outreach type service
- Support consumers to build consumer centered services
- Dissemination of good quality care management
- Build close network in the community

## Conclusion

- Japan is in the reform process toward community mental health
- However there are areas to be considered more, and lessons from these practices and from other countries are valuable