Japan Mission Report

In December 1985, the Public Policy Committee referred the matter of international investigations into allegations of brutality in Japanese psychiatric hospitals to the Special Committee on the Political Abuse of Psychiatry. The issue has been of concern to the Special Committee and in due course a report and recommendations will be made to Council. The following press release concerning the International Commission of Jurists' report of a mission to Japan in May 1986, which investigated the mental health system in terms of the human rights of mentally disordered persons and of their treatment, was received at the last meeting of the Special Committee.

Among the conclusions and recommendations of the mission are the following: the Japanese mental health system at the present time must be regarded as being seriously inadequate in terms of the human rights of mentally disordered persons and of their treatment. The major sources of concern are a lack of legal protection for patients during admission procedures and while in hospital, and a system of care characterised by a preponderance of long-term institutional treatment and a general lack of community treatment and rehabilitation. There is a steadily rising number of hospitalised mental patients (over 330,000 in 1984), despite ministerial policy statements since 1965 calling for reversal of this trend. Over 80% of psychiatric beds are in private mental hospitals and therefore not under direct ministerial control. Two thirds of beds are in closed, locked wards. Patients tend to stay for very long periods. Economic factors influencing hospital administrations and patients' families favour prolonged hospitalisation. The present structure and function of the Japanese mental health services create conditions which are conducive to inappropriate forms of care and serious human rights violations on a significant scale, for example: unacceptable conditions of overcrowding and poor nutrition which may lead to physical deterioration of patients and high mortality; physical abuse of patients; exploitation of patient labour; unjustifiable detention; the inability of hospitalised patients to communicate with friends and family members outside the hospital or to receive visits under reasonable conditions.

Our main concern is not with individual or collective cases of abuse but with the overall system, and with opportunities for new approaches to mental health services and new forms of legislative protection in Japan. These approaches could create conditions in which the human rights of mentally ill persons would be fully respected and in which humane and effective care would be provided. Of critical importance, however, is the provision of adequate resources for rehabilitation and community based services as well as for decent levels of care and quality treatment during the necessary periods of hospitalisation. Reform of the Japanese Mental Health law is overdue. As in many other countries, a complete overhaul of legislative provisions taking into account the rights of mentally disordered persons and new techniques of psychiatric treatment should be carried out. The rights set forth in the Japanese Constitution and in the International Covenant on Civil and Political Rights, of which Japan is a State Party, are at present not fully guaranteed to the mentally disordered. This deficiency should be remedied.

Despite the serious problems which we have described, we are aware that there already exist in Japan: psychiatrists and other health workers with the necessary expertise to develop effective and comprehensive forms of mental health care; officials at local and national level who recognise these problems and show a willingness to study alternatives; this has also been reflected by official Japanese statements to international bodies; concerned citizens (for example, lawyers, journalists, social workers, patient and family groups) determined to bring about improvements for the mentally ill.

Their efforts should be encouraged by the government at local and national levels, by professional associations and by international bodies. Some private mental hospitals and government institutions have already developed innovative programmes with the 'open door' approach to treatment, rehabilitation programmes and outpatient clinics. Such developments, which are still on a limited and insufficient scale, are an excellent basis for the further changes which are essential.

The minimal response to the serious problems which exist today in the Japanese mental health systems should provide for: independent review of all cases of involuntary hospitalisation (including 'consent' admission under article 33 of the present law); the creation of an independent tribunal system capable of functioning at prefectoral level. Proceedings should correspond to fundamental concepts of due process; regular inspection of all mental hospitals to check on staffing and treatment standards and to receive and investigate individual complaints; informing all hospitalised patients of their rights as fully as is possible, and giving free access by letter and telephone to the tribunal described above and to the representative of their choice (e.g. family member, friend, independent doctor or lawyer).

The report ends by stating that: 'We believe these changes should be regarded as a national priority. The establishment by the Prime Minister of a provisional council with broad based participation to study mental health legislation and services would be an appropriate mechanism to address this national priority.'

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The members of the mission, which was undertaken on behalf of the International Commission of Jurists and the International Commission of Health Professionals, were: Dr T. W. Harding, Head of the Division of Legal Psychiatry at the University Institute of Legal Medicine, Geneva; the Hon. J. Schneider, Presiding Judge, County Division, Cook County, Chicago; Dr H. M. Visotsky, Professor and Chairman of the Department of Psychiatry and Behavioural Sciences, Northwestern University Medical School, Chicago; and Dr C. L. Graves, Executive Secretary of the International Commission of Health Professionals, who acted as Secretary of the mission.

The Calculation of Manpower Needs—Mental Illness (Adult)

These Manpower Committee Recommendations were put to Council at its meeting on 16 October 1986 when it was agreed that wide discussion should be invited:

1. The College should abandon the use of a 'norm' in future planning of the numbers of Consultants in Mental Illness (Adult) after Districts have achieved one Consultant to 40,000 population (1:22,000 in Teaching Districts).
2. The College should recognise a need to tailor psychiatric medical manpower to local conditions (e.g., morbidity, geography, numbers of other professionals).
3. The College must take part in devising a standard methodology for calculating the psychiatric medical manpower in a District, ensuring that time allocated to particular tasks is adequate for good practice and that the number of patients to be treated is related to epidemiological assessment of need. (The paper by Professor J. P. Watson illustrates how this might be done. See page 334).
4. Differences between Districts in their use of psychiatric medical manpower are likely to increase, and the College must ensure that adequate evaluation of the consequences is carried out.

This radical change in the way that Consultant manpower is determined is necessary because of the very different kinds of services that are developing with shifts to community care and with changes in the training grades. Initiatives at District level are not being driven by a national norm any more but by local professionals, HAS and College visitors highlighting gaps in service and where poor quality of care may be due to excess caseloads. By defining good practice it is suggested that the College can best influence this process. It will lead to the examination of the best use of a Consultant's time and what work can and cannot be delegated. These are the missing ingredients that are needed in the argument about what additional consultant sessions are required to fill gaps in service or provide adequate time for increased caseloads. The formulation may be more complex, but it will be more credible. Every District may not need to go into the kind of detail suggested by Professor Watson's pilot because detailed study in one type of District (without juniors for instance) could be exemplary for similar Districts to copy.

Please note that there is no implication that these recommendations should apply to the calculation of Consultant manpower needs in the specialties of Psychotherapy, Forensic and Child and Adolescent Psychiatry, and the Psychiatry of Mental Handicap. Their numbers have not yet reached minimum levels for most Districts and, therefore, national norms remain a necessity.

PETER F. KENNEDY
Secretary
Manpower Committee

Course in Clinical Neurophysiology

A course in Clinical Neurophysiology is being organised by the EEG Society from 6 until 10 April 1987 at Queen Elizabeth College, Kensington, London, and will cover evoked and cognitive potentials, EEG, EMG and peripheral nerve studies. There will be special lectures on paediatric aspects. The cost will be £345, including accommodation. Further details can be obtained from Dr Ann Harden, EEG Department, Hospital for Sick Children, Great Ormond Street, London WC1N 3JH (telepone 01 405 9200, extension 202).

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