Japanese psychiatry

Mounting pressure for reform

Tokyo

JAPAN's mental health system is once more under fire. Representatives of the International Commission of Jurists (ICJ) and the newly formed International Commission of Health Professionals (ICHP) who came to Japan on a fact-finding mission in May published their first report last week. It makes disturbing reading.

The present "structure and function of the Japanese mental health service" is summed up as "conducive to inappropriate forms of care and serious human rights violations on a significant scale". As examples, the report lists "unacceptable conditions of overcrowding and poor nutrition which may lead to physical deterioration of patients and high rates of mortality; physical abuse of patients; exploitation of patient labour; unjustifiable detention; the inability of hospitalized patients to communicate with friends and family members outside the hospital or to receive visits under reasonable conditions".

That description may seem more fitting to a prison camp than a place of care for the sick but there is, regrettably, evidence that such conditions have existed in Japan. The report does not, however, mention specific cases; its avowed aim is to comment on the "overall system" rather than on individual occurrences.

Had specific cases been taken up, there is no doubt that the Utsunomiya hospital would have been first on the list. The hospital became the subject of major national scandal last year. It seems that violence and confinement were regularly used to subdue patients, mail was censored, meetings with outsiders prevented, patients forced into labour, unqualified staff employed, money embezzled and patients admitted and detained illegally.

Such at least were the more minor allegations made against the hospital staff; the serious allegation was that two patients were beaten to death, one for trying to escape. The hospital superintendent is now in prison but the case is far from cleared up. Independent psychiatric examinations after the scandal resulted in 40 per cent of the hospital patients being discharged; but there are accusations that a significant number of patients are still being unnecessarily detained.

Within the past few weeks, similar accusations have been made at another hospital, the Otaki hospital in Chiba prefecture. Once again there are allegations that a patient has been beaten to death by hospital staff. And two patients hospitalized after family quarrels and kept for long periods in locked wards have been judged sane by independent psychiatrists.

Despite the publicity given to these incidents, it would be quite wrong to think of

them as typical; most doctors and hospital staff are conscientious and see these abuses as "isolated exceptions". But what the ICJ/ICHP report makes clear is that the present Japanese legal system makes it all too easy for abuses to occur, however conscientious the average doctor may be — without reform there will continue to be "isolated exceptions". The major driv-

ing force behind the hospital abuses is undoubtedly greed. More than 80 per cent of psychiatric beds are in private mental hospitals and huge profits can be made. The temptation to cut patient care and hospital costs is great, especially as government supervision is minimal.

The report makes a number of specific recommendations for reform. Most notably, it is suggested that all cases of "involuntary hospitalization" be subject to independent review. As a recent government survey has shown, 93 per cent of inpatients are confined against their will (against just 5 per cent in the United Kingdom) and 80 per cent are confined under Article 33 of the Mental Health Act. This article allows the superintendent of a mental hospital to commit a patient indefinitely without the patient's consent and without the opinion of an independent psychiatrist provided the person responsible for the patient gives consent.

Clearly, as hospital profits require full beds, it is all too easy for a hospital superintendent to be tempted to misuse his powers. Stories have even been circulated of hospitals rounding up tramps from the streets of Tokyo in order to fill their wards; although such stories have never been substantiated, the fact that serious newspapers publish them at all suggests that public confidence in mental institutions is not high.

The report further suggests that an independent review tribunal be established, mental hospitals be regularly inspected and patients have right of access to the tribunal. At present, Article 38 of the Mental Health Act provides that "the administrator of the hospital may set necessary limits to the action of any in-

mate...". This extraordinarily wide power given to the hospital administrator has allowed censoring of mail, and refusal of visits and independent psychiatric assessment. Some patients have virtually been turned into prisoners without rights.

The report sees the general thrust of reform as towards the "community care" style of psychiatric treatment now espoused (if not adequately supported) in the West: that means short periods of hospitalization, provision of out-clinics attached to health centres, sheltered "half-way" houses, home visits by health workers, patient clubs, help in finding employment and so on. Such measures contrast starkly with the present Japanese system of large hospitals located in remote regions where land is cheap and long hospitalization periods. And while mental hospital populations are declining in the United States and Britain, those in Japan are increasing.

The report does not seek, however, to impose external standards of care on Japan and repeatedly stresses that changes need to be adapted "to meet the needs of Japanese society". Nor does the report paint a universally black picture. Recognition is given to psychiatrists, health officials and concerned citizens who are already actively trying to bring about change, and mention is made of innovative mental health programmes already in existence.

Given the clear aim of the report to be constructive, the response of the Japanese government has been very disappointing, to say the least. All the government has done is to question whether the report was truly the unanimous opinion of ICJ and to dispute the view, presented in the ICJ/ICHP report, that a previous critical report from the World Health Organization had not led to any changes in Japan's mental health policy. The first question was based purely on rumour and was quickly dismissed by ICJ. The second appears to be mere nitpicking. Not one of the major recommendations of the WHO report has been implemented. Given that it was published in 1968, astonishingly little progress has been made.

Hopes for change in the future are not bright. Considerable stigma is still attached to the mentally ill and it is unlikely that public support for reform will grow rapidly. A number of hospitals have introduced reforms but few of them are in the private sector, and without government backing, change will be slow. The major impetus for reform seems to come from foreign critics. The problems of Japan's hospitals are, at least, becoming internationally known. One of Japan's foremost campaigners for reform of the Mental Health Act, lawyer Etsuro Totsuka, spoke for the first time at a meeting of the British reform group MIND a few weeks ago. The ICJ/ICHP report will be submitted to the UN Subcommittee on Human Rights in the near future. **Alun Anderson**