How to implement CRPD in Japan The situation in Japan and my strategy

Mari Yamamoto

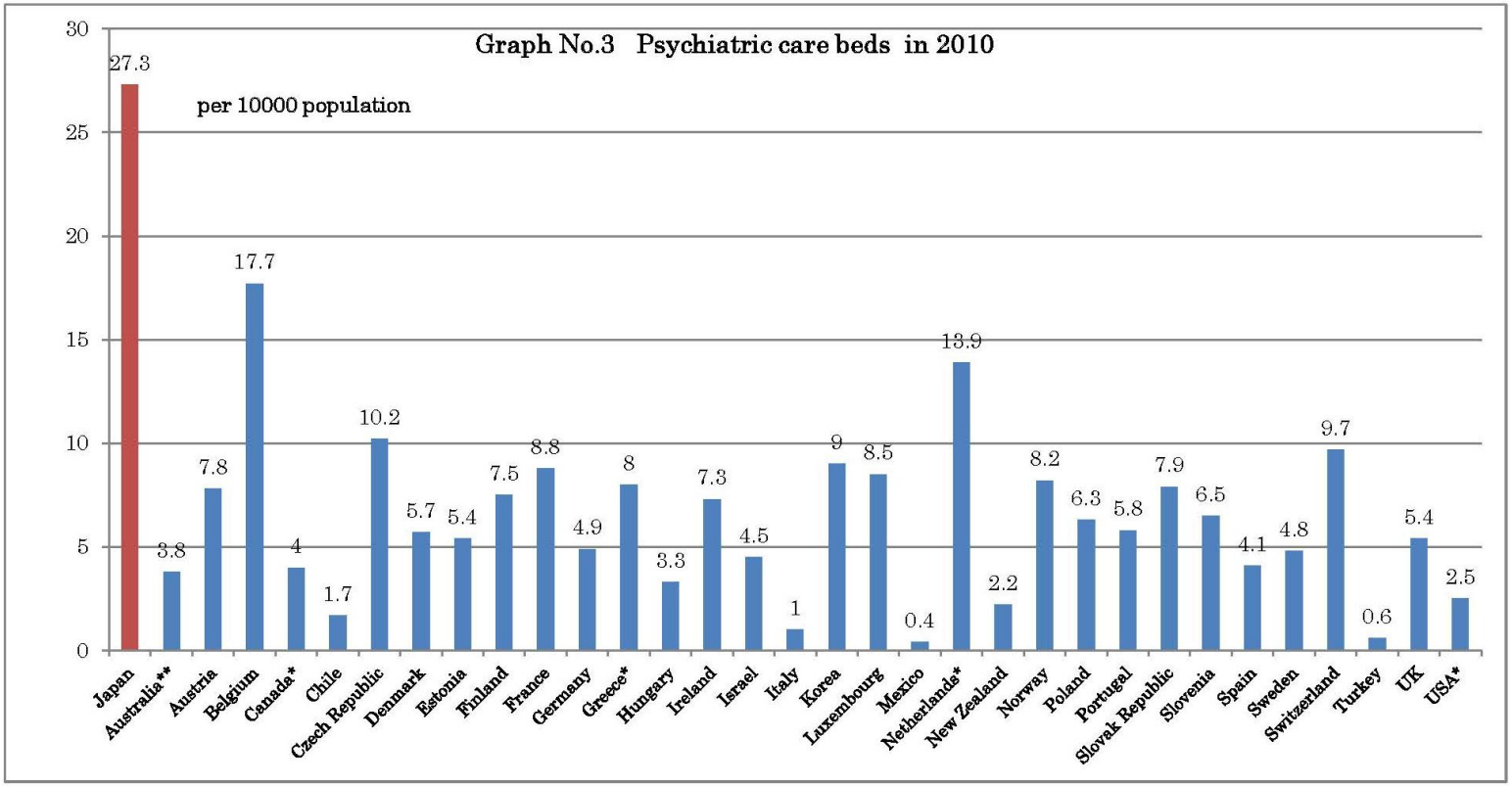
Japan National Group of Mentally Disabled people

Problems in mental health system in Japan

- Institutionalization
- Many long stay inpatients
- Forced hospitalization
- Closed wards, solitary confinement and restraint
- Security measure
- Abuse and ill-treatments in psychiatric hospitals

The problems in Japan No.1

- Many psychiatric hospital beds



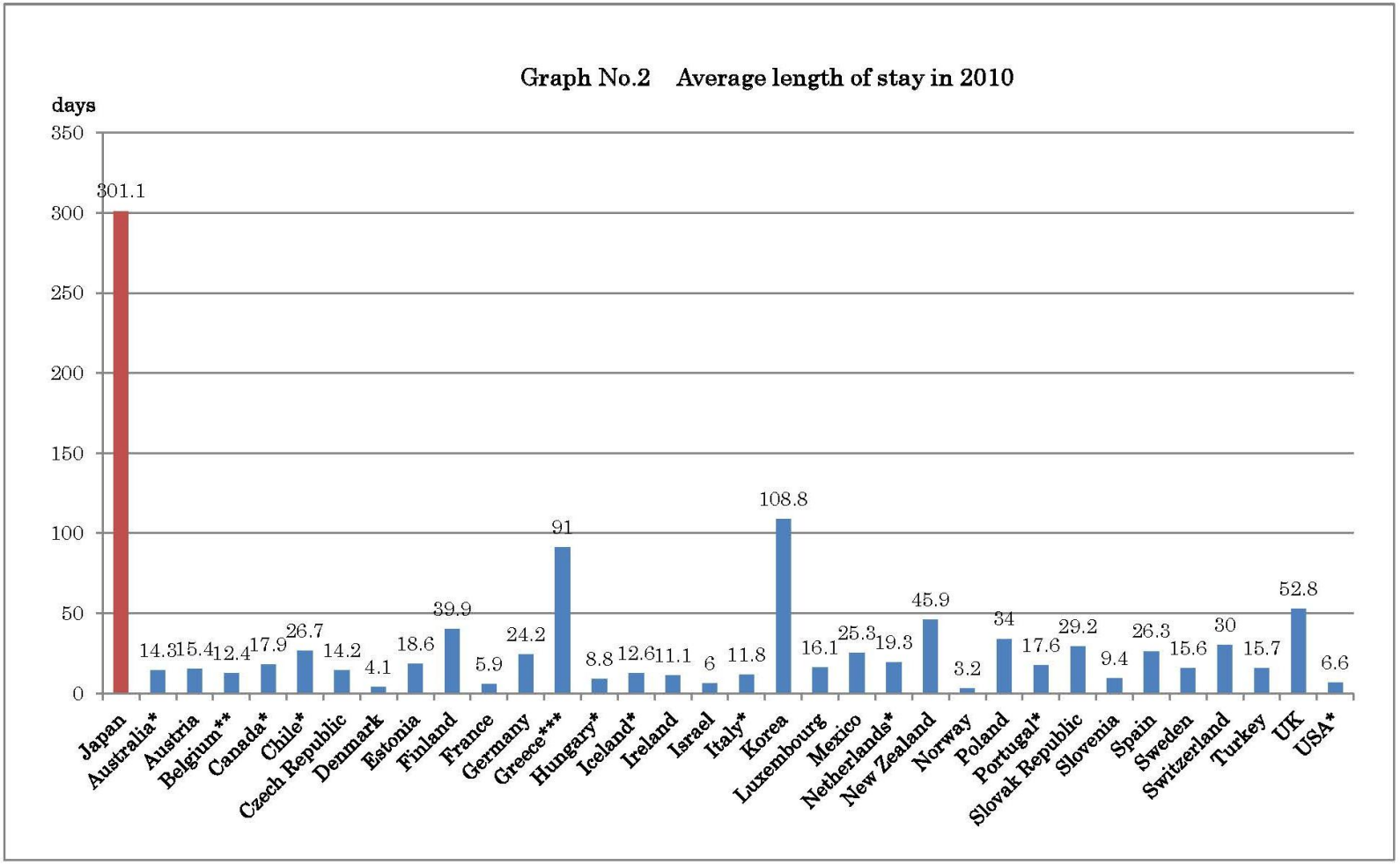
Japan 2010 data from MHLW 2011 hospital report

OECD Health Data: Health care utilisation (OECD Library 2012 Nov)

* 2009 data ** 2008 data

The problems in Japan No.2

- Many long stay inpatients

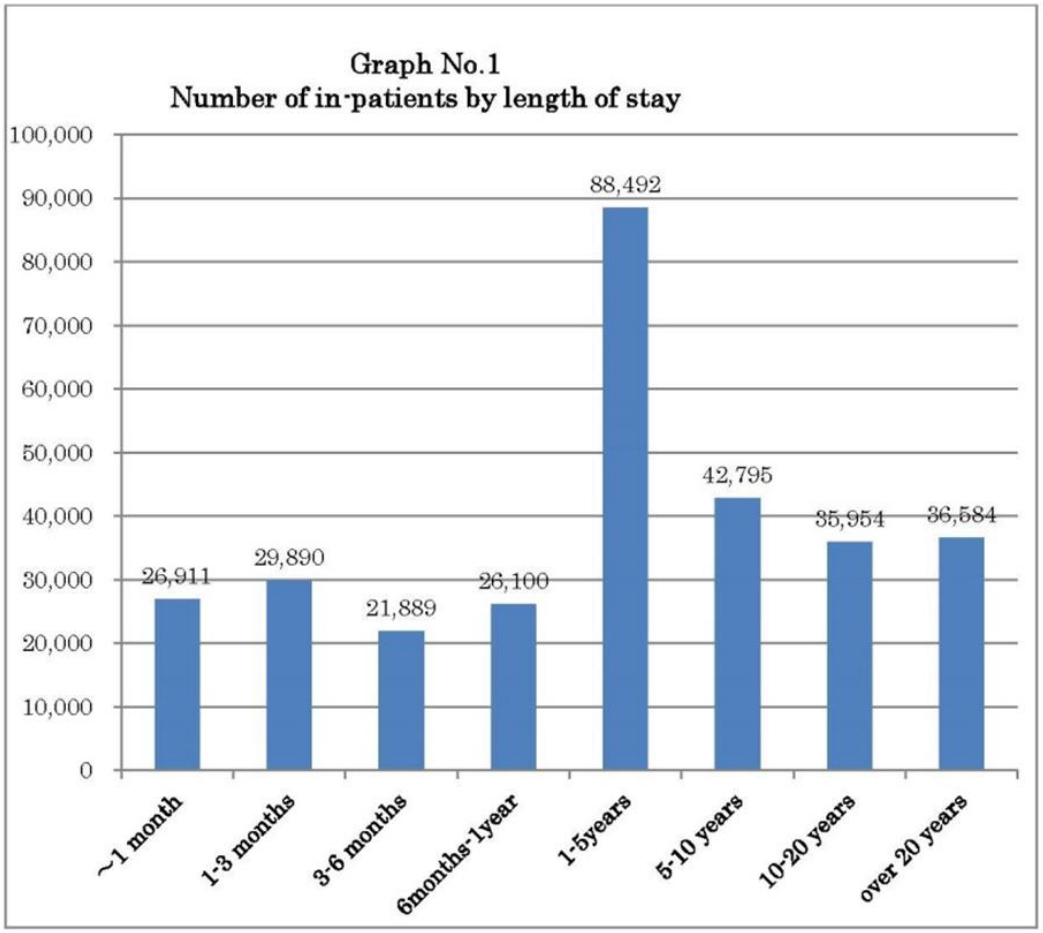


Japan 2010 data from MHLW 2011 hospital report others OECD Health Data: Health care utilisation (OECD Library 2012 Nov)

* 2009 data ** 2008 data *** 2007 data

The problems in Japan No.3

- Over 36000 persons stay over 20 years and some stay for a half century



On June 30th in 2010 data from MHWL patients report

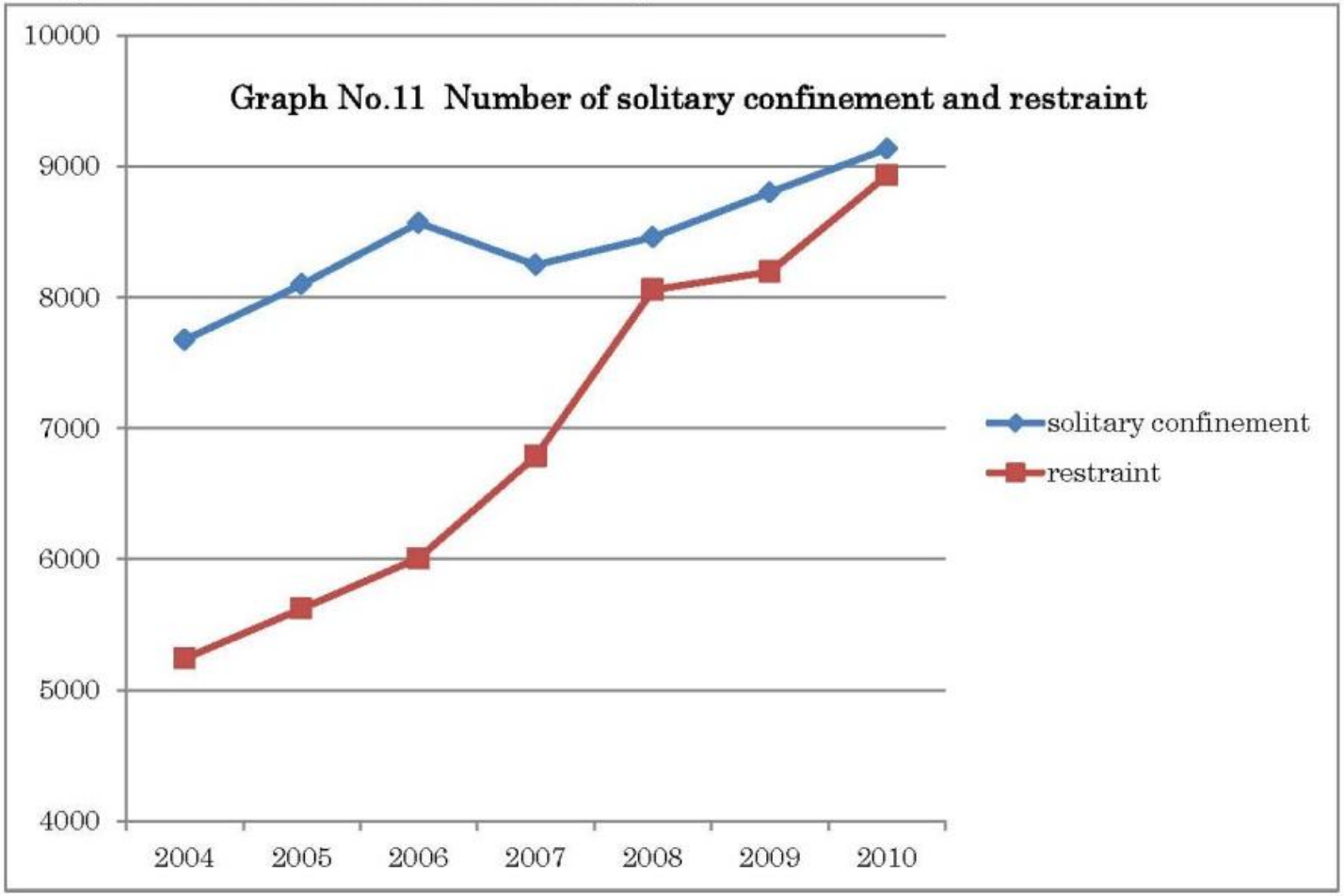
The problems in Japan No.4

- Forced hospitalized inpatients are about 40 % of inpatients
- The number of new forced hospitalization is increasing
- The number of new hospitalizations by reason of dangerous to oneself or others had increased over 3 times from 1987 to 2012
- The number of hospitalizations by reason of necessity of treatments and protection had increased about 2.5 times from 1997 to 2012

The problem in Japan No.5

- Over 60 % in patients in wards locked up for 24 hours a day
- The number of solitary confinement and restraint is increasing
  One day research on 30 in June about 9000 inpatients are solitary confined and 9000 in patients are restrained
  And it is still increasing

The number of solitary confinement and restraint are increasing



on June 30 every year

Date from 2004 to 2010 MHLW　Patients report on June 30

Problem in Japan No.6

- There are many abuses and ill treatments in psychiatric hospitals
- Almost every year physical abuses are reported in mass media, but it is a tip of the iceberg and some case are fatal

Further problems in Japan

- In 2005 the new legislation for so called mental disordered offenders- security measure was enforced and It has now about 800 beds and community treatment order.

One case in 2012

- Two nurses stepped on a patient and broken his cervical spine. The patient was dead after the struggle for two years and 4 months.
- The family members of him reported the offence to the police after the injury, but they did not investigate quickly
- Two nurses were arrested on suspicion of injury resulting death in this summer.

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Service and support system for PWD

History

From last 60’s to early 70’s people with severe physical disability went out of institutions at risk to their life and started independent living in the community with unpaid volunteer supporters.

Gradually they had gotten money from the government for supports and made the support system. But it was only for people with physical disability.

Service and support system for PWD

These support systems had been enlarged to people with intellectual disability, but until 2005 people with psychosocial disability was excluded from these systems.

In Japan some people with severe disabilities-for instance, people with ALS using ventilators got 24 hours a day support from the system and it is rare but even people with severe intellectual disability can live independently in the community.

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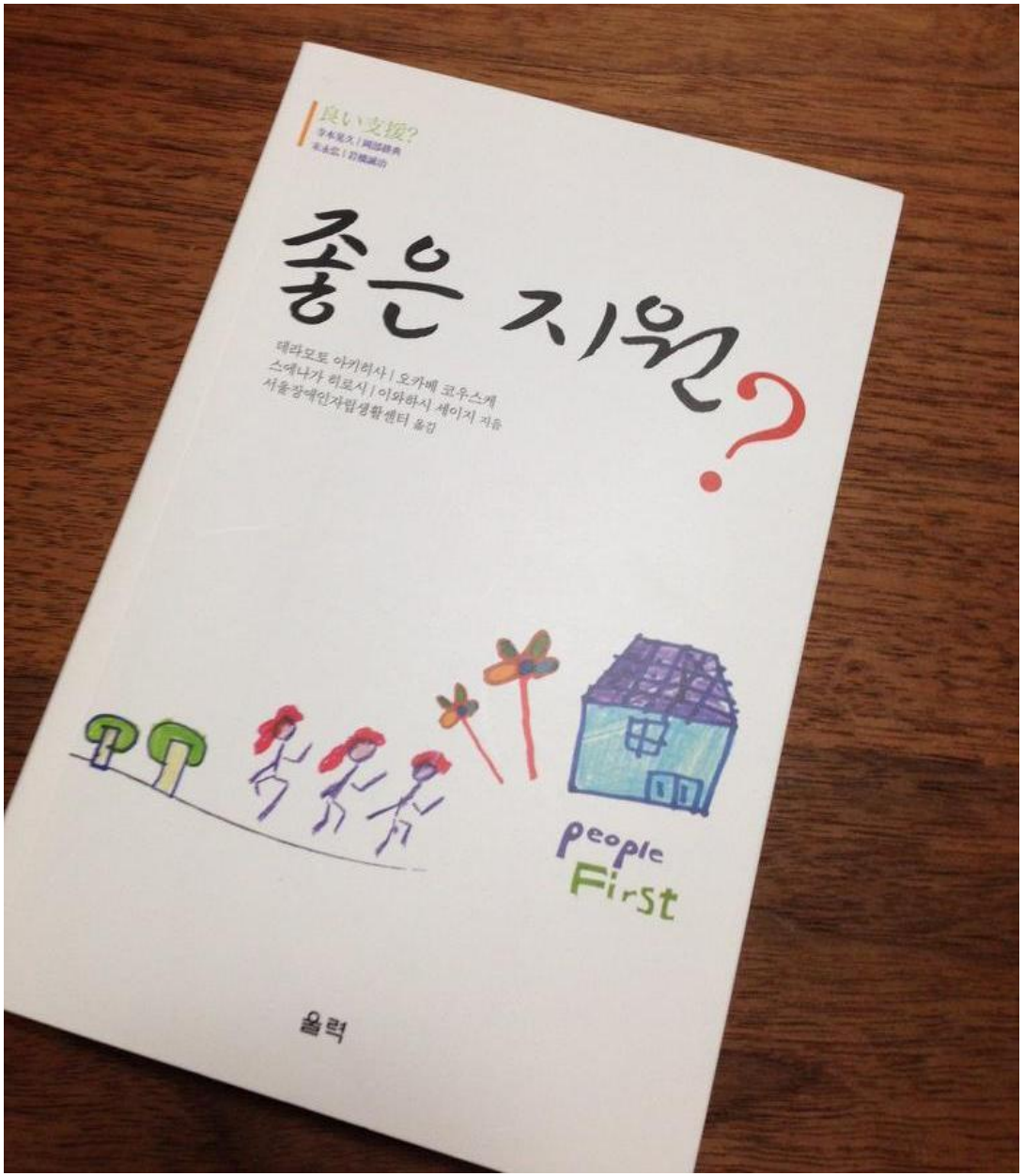


Service and support system for PWD

“Comprehensive welfare services law for persons with disabilities” is the current legislation of support in the community and also institutions.

It has many problems and DPOs including us are struggling against it, but at least we - people with psychosocial disability was included and we can use supports in the community.

My strategy in Japan

To abolish MHA we need to make the inclusive community without needs to hospitalization especially forced hospitalization

We need alternatives for us on our own

My strategy in Japan

Our national group -“Japan National Group of Mentally Disabled People” established in 1974 and we cooperated with people with physical disability who were against institutions and lived independently in the community.

We have exchanged our experience with them and learned from them much for how we could change the situation in Japan

My strategy in Japan

Amendment of Comprehensive welfare services law for persons with disabilities

More inclusive for all PWD

More adequate support service in the community for people with psychosocial disability

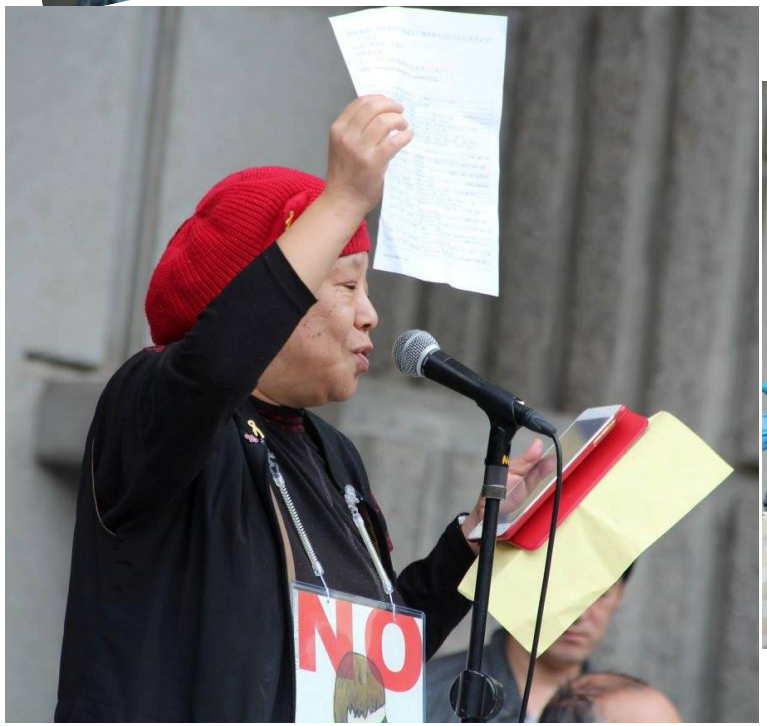
For instance peer run respite centers

More money should be spent in the community not be spent to psychiatric hospitals and institution

My strategy in Japan

It is a very difficult situation in Japan. The government policy is austerity.
So we cross disability DPOs and older people who depend on social benefit now cooperate against it and it is a hopeful sign for us all

Furthermore the medical cost has been and will cut and cut so we can say our own community service is cheaper than psychiatric hospital



Photos by Z. Sekine

My strategy in Japan

The basic law of medicine, including protection of patients' rights

Amendment of prevention of abuse of PWD legislation to make the independent monitoring body to visit institutions and psychiatric hospitals, etc., and include hospitals and school to the obligation to report when one find abuses or ill-treatment

Mainstreaming all disability especially psychosocial disability in all policies and legislations is most important

CAT and Human rights committee COs

CAT concluding observation (May in 2013)

(h) Independent monitoring bodies conduct regular visits to all psychiatric institutions.

Human rights committee concluding observation (July in 2014)

(c) Ensure an effective and independent monitoring and reporting system for mental institutions, aimed at effectively investigating and sanctioning abuses and providing compensation to victims and their families.

My strategy in Japan

Establish Human Rights Institution

Ratify optional protocols of human rights treaties, especially Convention against torture (CAT) and CRPD

My expectation to TCI-A

I joined TCI-A workshop last year for the first time and deeply moved our sisters and brothers' activities in low or middle income countries

There are not many institutions or hospitals and they deliver services on their own. It is a good example for us Japanese.
I am now very eager to learn their activities and try to get more information and to have the grass root activists exchange meeting between Asian countries