

Section 2 Inspection of the Incident that Occurred Support Facilities for Persons with Disabilities in Sagamihara and Prevention of Recurrence

Following the incident, the concerned authorities had to join hands to carry out an investigation that involved a thorough inspection of all facts and to take measures based on the facts to prevent recurrence of the incident. Therefore, the Government set up an investigation team in August 2016 comprising of the concerned local governments of Kanagawa and Sagamihara besides the Cabinet Office, National Police Agency, Ministry of Justice, Ministry of Education, Culture, Sports, Science and Technology, in addition to the 9 members and mainly the Ministry of Health, Labor and Welfare. The investigation team conducted an inspection based on all the facts ascertained at that point in time and listened to the opinions of those such as the affiliated organizations. To prevent the recurrence of such an incident, a total of 8 meetings were held from the perspectives of what kind of a society is to be realized and what new policies and systems are required in addition to the present system associated with mental health and medical welfare. An interim compilation of the inspection results based on all the facts was announced on September 14 of the same year and a report of the measures to prevent recurrence of the incident was announced on December 8. The contents of the report were presented at the Cabinet Meeting that was held on the following day and it was affirmed that the affiliated government agencies would join hands to take concrete efforts towards effective measures for preventing recurrence of the incident.



Cabinet Meeting (December 8, 2016)

Source: Website of the Prime Minister's Office

(http://www.kantei.go.jp/jp/97_abe/actions/201612/09syogaisya.html)

To deal with the tasks that came to light here, a bill was decided upon by the Cabinet on February 28, 2017 and the same was presented to the 193rd session

of the National Diet. The “Bill for partial amendment of the Act concerning mental health and welfare of persons with mental disabilities” stated the necessary measures to be taken to ensure that involuntarily hospitalized patients continue to receive medical care and other support even after their discharge. (Please refer to Fig. 1-1 for an overview of the bill)

■ Fig. 1-1

Overview of the Bill for partial amendment of the Act concerning Mental Health and Welfare of Persons with Mental Disabilities

Purpose of Amendment	Mental Disabilities
<ul style="list-style-type: none"> ○ To clarify the role of medical treatment– The role of medical treatment is to promote treatment and maintain health, therefore, prevention of crime is not a direct role. ○ To enhance medical treatment for patients with mental disorders - Establish a mechanism for the local governments to provide post-discharge care by which hospitalized persons can certainly continue to receive medical treatment and other support even after their discharge, that will lead to their rehabilitation. ○ Prevention of recurrence of fraudulent designation of mental health designated doctor – Review the designation system of designated doctor 	
Overview of Amendment	
<p>The following measures shall be taken based on the purpose of amendment.</p> <p><u>1. Clarification of matters to be considered by National and Local Governments</u></p> <p>It is recognized that the medical treatment for persons with mental disabilities should be aimed at maintaining and improving mental health such as improving their medical condition. It is also necessary to respect the human rights of persons with mental disabilities giving proper consideration to community transition. These should be clearly specified as the duty of national and local governments..</p> <p><u>2. Establishment of mechanism to ensure that involuntarily hospitalized patients continue to receive medical treatment and other support even after their discharge</u></p> <p>Post-discharge care mechanisms like those given below shall be established to help the hospitalized patients receive medical treatment and other support properly and smoothly . This is for the purpose of facilitating their rehabilitation as well as encouraging their independence and participation in socio-economic activities after their discharge.</p> <p>(1) The Prefecture or the Government Ordinance city that did involuntary hospitalization should prepare a post-discharge care plan for the patient following his involuntary hospitalization, after consulting bodies such as the medical institutions of the visiting hospital. (In case of a different local government for the health care center of the patient's hometown, the plan should be created in collaboration with the respective local government)</p> <p>(2) After the patient is discharged, the local government of the health care center at the patient's hometown should consult and guide the patient based on the post-discharge care plan</p> <p>(3) If the person for whom the post-discharge care plan is created moves his residence that belongs to another local government during the planning period, the local government at the location from which the person is moving should intimate the local government at the destination about the details of the post-discharge care plan.</p> <p>(4) After the patient is discharged, the hospital to which the patient was involuntarily hospitalized should appoint a "Living Environment Counsellor after Discharge" upon consultation with the living environment.</p> <p><u>3. Establishment of Regional Support Council for persons with mental disabilities</u></p> <p>The Local Government of the health care center shall establish a Regional Support Council for persons with mental disabilities and ensure that the involuntarily hospitalized patients continue to receive medical treatment and other support after their discharge. The Local Government shall also (1) discuss with related administrative bodies about the support system for persons with mental disabilities, including the role of psychiatric medical care as well as (2) coordinate the communication regarding the preparation and implementation of post-discharge care plan.</p> <p><u>4. Reviewing the system of designating the doctor for mental health</u></p> <p>To prevent recurrence of fraudulent designation of mental health designated doctor and to ensure his qualification, it is mandatory to review the designation and renewal requirement of the designated doctor. There should also be clarity on the role of a supervising doctor for guiding the applicant in practising psychiatric medical care.</p> <p><u>5. Review of hospitalization procedure for medical treatment and protection</u></p> <p>In addition to the cases where there are no family members for the patient, there could be cases in which the family members do not express their intention about giving their consent. In such cases also, the patient should be assured of proper medical treatment such as hospitalization with the consent of the Municipal Mayor.</p>	
Effective Date	
Date stipulated by the Government Ordinance in the period not exceeding 1 year from the date of promulgation (Date of Promulgation for 1.) (planned)	

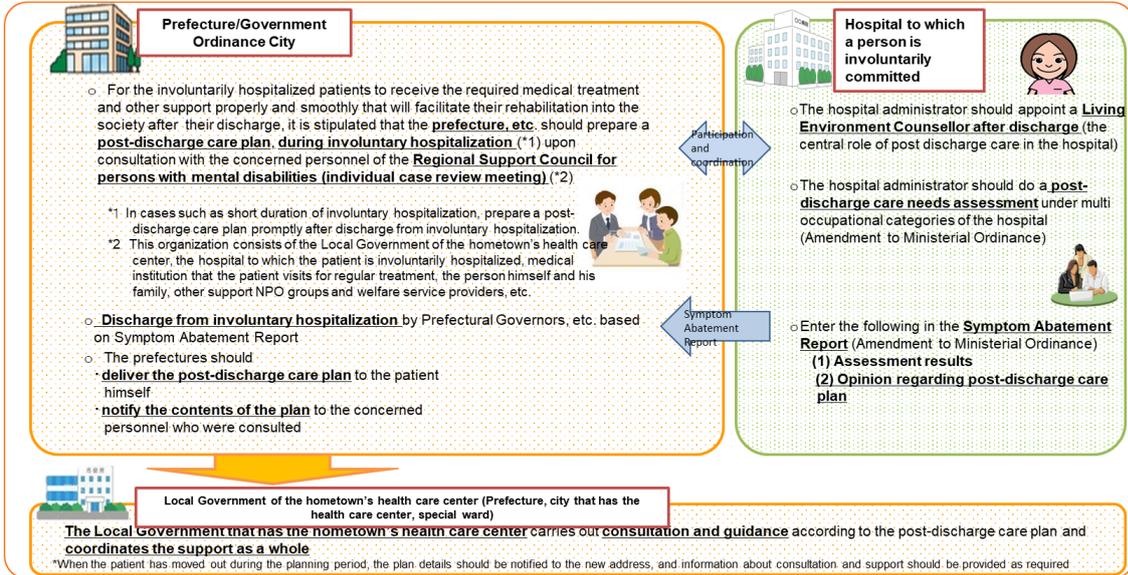
1. Clarification of matters to be Considered by National and Local Governments

Need to clarify the role of medical treatment for persons with mental disabilities



It is recognized that the medical treatment for persons with mental disabilities should be aimed at maintaining and improving mental health such as improving their medical condition. It is also necessary to respect the human rights of persons with mental disabilities giving proper consideration to community transition. These should be clearly specified as the duty of national and local governments.

2. Establishment of mechanism to ensure that involuntarily hospitalized patients continue to receive medical treatment and other support even after their discharge



3. Establishment of Regional Support Council for persons with mental disabilities

- The Local Government of the health care center shall **establish a Regional Support Council for persons with mental disabilities** and ensure that the involuntarily hospitalized patients continue to receive medical treatment and other support after their discharge. The Local Government shall also
 - discuss with related administrative bodies about the support system for persons with mental disabilities**, including the role of psychiatric medical care (meeting of representatives) as well as
 - coordinate the communication regarding the preparation and implementation of post-discharge care plan** (individual case review meeting)

Role and structure of Regional Support Council for persons with mental disabilities

Meeting of Representatives

Held for the purpose of setting up a support system for mentally disabled persons in a region.

(1) Details of Discussion

- Role sharing and coordination of psychiatric medical institutions of a region
- Method of sharing information among the affiliated organizations
- Proper operational method of involuntary hospitalization

Dealing with the so-called "Gray-zone cases"

- > Discussion about collaboration between the administration, medical treatment and police
 - Dealing with those who plan a crime with a firm conviction
 - System of communication in case use of drugs is observed after hospitalization
- => If applicable, collaborate separately to take measures

(2) Participants

- Concerned organizations such as the Municipality, police, etc
- Personnel for psychiatric medical care
- Welfare service provider for disabled persons
- Disabled persons associations, family associations, etc.

Individual Case Review Meeting (Coordination Meeting)

Held for the purpose of communication and coordination of the preparation and implementation of post-discharge care plan for the involuntarily hospitalized patients.

(1) Details of discussion

Communication and coordination related to the preparation and implementation of post-discharge care plan

(2) Participants

- Staff of Prefecture and Government Ordinance city (when preparing the plan)
- Hospital to which the person is involuntarily committed
- Staff of the Local Government in the home town of the involuntarily hospitalized person that has the health care center
- Municipal staff of the hometown of the involuntarily hospitalized person
- Medical institutions for visit after discharge
- The actual person and his family
- Other support NPO groups, disabled persons welfare service provider, etc.

4. Reviewing the system of designating the doctor for mental health

The following amendments shall be made to prevent recurrence of fraudulent designation of mental health designated doctor and to ensure qualification.

(1) Prevention of fraudulent designation [Notice amendment]

Do a practical confirmation of the experience in diagnosis and medical treatment, which is required for designating the doctor, by oral examination and not just the case report.

(2) Ensuring the qualification of the designated doctor

For renewal of designation (5 years), the requirement conditions for designated doctors should include those such as examination of measures and participation in mental health examination committee and not just participation in just training courses. As for the training details at the time of designation and renewal, it is further required to enhance participatory-type training using group work.

(3) Clarification on the designation of Supervisor

The supervising doctor is a designated doctor meeting certain requirements. The work experience when applying for the designation should clearly stipulate the tasks to be done under the guidance of a Supervisor.

(4) Dealing with those against whom action is to be taken

- Introduce a retraining system for those whose duties as a designated doctor were suspended or revoked
- Clarify that the person who turns down the designated doctor following hearing notice for administrative action cannot be re-designated for 5 years. This is similar to the case of a person whose duties as a designated doctor was revoked

5. Review of hospitalization procedure for medical treatment and protection

The Mental Health and Welfare Act was amended in 2013 and 3 years after its enforcement, the following amendments shall be done based on the provision of reviewing the Act.

(1) Review of procedure concerning hospitalization for medical treatment and protection

The procedure concerning hospitalization for medical treatment and protection states that when the family members of the patient do not express their intention about giving their consent due to reasons such as deteriorating relationship with the patient, the patient can be hospitalized for medical treatment and protection with the consent of the Municipal Mayor, from the perspective of providing appropriate medical treatment and hospitalization for the patient.

(2) Notification of reason for adopting hospitalization measures for involuntarily hospitalized persons and persons hospitalized for medical treatment and protection

When involuntary hospitalization is done by the Prefectural Governor or Government Ordinance City Mayor, the reason for adopting the hospitalization measures shall be added to the notification details to be given to the involuntarily hospitalized patients. A similar notification would be issued to the patient hospitalized for medical treatment and protection in the case of the hospital administrator taking the action.

*Presently, the purpose of adopting hospitalization measures shall be notified as that related to discharge request and behavior restrictions during hospitalization.

(3) Review by the Mental Health Examination Committee in case of involuntary hospitalization

When involuntary hospitalization is done by the Prefectural Governor or Government Ordinance City Mayor, the review of the Mental Health Examination Committee (designated doctor, academic experts on the health and welfare of persons with mental disabilities, tripartite structure by jurists) should be sought regarding the need for involuntary hospitalization.

Materials : Ministry of Health, Labor and Welfare