

Summary of the report by “Investigation team to inspect the incident that occurred Support Facilities for Persons with Disabilities in Sagamihara and prevents its recurrence” (Issues that came to light from the inspection of the incident and directive measures to prevent recurrence)

*As of December 2016

(1) Efforts towards realizing an Inclusive Society

a. Issues that came to light from the inspection of the incident

- To ensure that such an incident does not happen again, it is necessary to create an inclusive society where all people can live together without discrimination and prejudice. It is also essential to ensure that there is no discrimination or prejudice against the persons with mental disability living in the community. These were presented as tasks in the interim summary.
- After the interim summary, this team conducted hearings from affiliated organizations in which the following points were considered to be important
 - “The prejudiced values from the suspect’s beliefs have been blown out of proportion and reproduced by news reports, etc., which has made many people remain anxious even now”, therefore, the suspect’s wrong remarks should be dispelled.
 - The attitude that is required for realizing an inclusive society should be clearly conveyed
 - The trend of community transition of persons with mental disabilities, which has been on the increase till now, should not be inhibited and prejudice towards the persons with mental disability should not be encouraged
 - To create a system that allows the patients to live peacefully in a community without being isolated after discharge, there should be a functional comprehensive care by the residents and administration, welfare, medical treatment, etc.

b. Directive measures to prevent recurrence

- The Government should use its public relations and each and every opportunity such as the “Regional Forums for eliminating disability discrimination”, “Week of Persons with Disabilities”, etc. to repeatedly show its stance towards the goal of building an inclusive society, on the premise of a diverse way of life regardless of whether a person is disabled or not. There is also the need to disseminate and develop the principle of the Act for Eliminating Discrimination against Persons with Disabilities, which was enforced in April this year.

- Persons with and without disabilities should be able to naturally blend in with the importance of respecting each other's human rights and helping each other along as they grow. To do so, there should be an enhancement of effort towards "Barrier-free mind" in all areas starting from school education.
- The Government is currently reviewing the basic guidelines of the disability welfare plan formulated by the Prefectures and Municipalities based on the act on Comprehensive Support for Daily Social Lives of Persons with Disabilities (2005, Act No.123). Considering the lessons learned from the incident in question, we should advance further with local community support and community transition of persons with disabilities based on this act, through actions such as reflecting the idea of an inclusive society in the disability welfare plan.

(2) Actions required for implementing continued medical treatment and other support after discharge

a. Issues that came to light from the inspection of the incident

- The suspect was involuntarily hospitalized for 13 days based on the Mental Health and Welfare Act; however, after being released from involuntary hospitalization, he did not receive medical treatment and other support from the medical institutions, local governments, etc., apart from two visits to the hospital to which he was involuntarily committed. This fact came to light upon inspection of the incident.
- Specifically, when the Kitasato University East Hospital (hereinafter referred to as "East Hospital") to which the suspect was involuntarily hospitalized, submitted the symptom abatement report to the city of Sagamihara which held the rights for taking measures, the hospital had left the columns of "Opinion regarding visit and guidance" and "Opinion about using disability welfare service, etc." blank.
- To state further, the city of Sagamihara did not validate the same with the hospital. In addition, it was noted from the symptom abatement report that the suspect's residence was Hachioji after discharge. Therefore, the city of Sagamihara decided that the suspect was not eligible for support after discharge and did not consider the necessary post-discharge support when he was involuntarily hospitalized.
- As a result, after hospitalization, the suspect who came back to the city of Sagamihara did not receive medical treatment and other support from either the local government or the medical institution.
- According to a survey conducted in the prefectures and government ordinance designated cities (hereinafter referred to as "Prefectures, etc.")

by the MHLW regarding the post-discharge care of the involuntarily hospitalized persons, it was revealed that only about 10% of Prefectures, etc. have established clearly stipulated rules about post-discharge medical treatment and support. Among them, even a city like Sagamihara that has established clearly stipulated rules was prone to the risk of violating the Personal Information Protection Act wherein the provision of necessary post-discharge care, also information to other local governments was not stipulated. In this case too, the city of Sagamihara did not provide information to the city of Hachioji which was noted as the hometown.

- According to a survey conducted in some prefectures by the MHLW regarding the details in the symptom abatement report, about 20% of all of them had left details regarding both “Opinion regarding visit and guidance” and “Opinion about using disability welfare service, etc.” as blank, in cases of direct and regular visits following discharge after involuntary hospitalization. Even if there were entries, more than half of them were stated as “not necessary”. This survey threw light on the fact that the hospital which prepares the symptom abatement report of the involuntarily hospitalized person does not give proper consideration to post-discharge care method. In talking about these realities, it is noted that the Prefectures and the MHLW have been using the system without being aware of the problems.
- It wouldn't be an exaggeration to say that other local governments and hospitals may respond in similar way that Sagamihara and East Hospital did. The reason could be attributed to non-clarity in considering the support details, role of responsible entities or concerned personnel at the time of support, handling measures when the patient moves out of the local government, etc., related to the post-discharge medical treatment and support of the involuntarily hospitalized person based on the existing Mental Health and Welfare Act.
- It is necessary to improve such a scenario with a mechanism that will help the patient receive continued support with medical treatment, health care, welfare and everyday life from hospitalization to discharge and later and also help the patient to live peacefully in the community without being isolated. It is necessary to establish such a mechanism in every local government, with the cooperation of psychiatric hospitals, psychiatric clinics, disability welfare service offices, etc., which will consequently lead to the prevention of recurrence of such an incident.
- This team conducted hearings of affiliated organizations regarding post-discharge medical treatment and support. The opinion was that the patient

will not be monitored from the perspective of crime prevention but will be assured of appropriate treatment and welfare services.

b. Directive measures to prevent recurrence

- Patients who have been discharged after involuntary hospitalization should receive continued medical treatment and support and live in a community without being isolated. To do so, in each stage from involuntary hospitalization to post-discharge, it is necessary to have a clear focus on the responsible entities and establish a mechanism in which the concerned personnel can progress with post-discharge medical treatment and support.
- The following mechanisms are considered as measures to be taken at the time of involuntary hospitalization and discharge.
 - The Prefectural Governor or the Government Ordinance City Mayor (hereinafter referred to as “Prefectural Governor, etc.”) who took the action should prepare “Post Discharge Care Plan” for the involuntarily hospitalized person
 - The Prefectural Governor, etc. should conduct a meeting for considering the support details, concerned personnel, etc. for drafting the plan
 - The hospital to which the patient was involuntarily committed should select a Living Environment Counselor after Discharge and provide support for discharging the patient
 - The hospital to which the patient was involuntarily committed should assess the post-discharge medical treatment and support needs of the patient and communicate the result to Prefectural Governor, etc.
- As measures to be taken after discharge from involuntary hospitalization, the hometown prefecture and city in which the health center is located (hereinafter referred to as “Local Government of the health center”) should take over the post-discharge care plan and assure the patient of continued and required medical care, by coordinating with the concerned personnel about the same.

(3) Improvement of Medical Treatment Details during Involuntary Hospitalization

a. Issues that came to light from the inspection of the incident

- In the hospital to which the suspect was involuntarily committed, his psychiatric symptoms at that time were diagnosed as “Unsuppressed due to the use of cannabis”. At the same time, psychiatric emergency situations are mainly medical systems that are based on the assumption of schizophrenia or mood disorders; therefore, it is often the case that there is lack of coping measures for mental disorder due to drug use. Further, when a mental disorder related to drug use is diagnosed, there could be an

inadequate examination for the possibility of mental disorder for reasons other than drug use; listening to life history and involvement in psycho-educational purposes become tenuous.

- On a general note, it is difficult to comprehend that the psychiatric symptoms of the suspect at the time he was involuntarily hospitalized could only be attributed to his state of “Unsuppressed due to the use of cannabis”. Even in this case, there was a possibility of building a support system according to the personality traits of the person in question, by listening to the opinion of a doctor from an external institution who has sufficient diagnostic experience about mental disorders due to drug use and considering different diagnoses and treatment policies by measures such as psychological examination with a detailed understanding of the life history of the person.
- In addition, in many cases of mental disorders due to drug use, it is important not just to support the person in question, but the family also. To do so, measures such as helping the family undergo appropriate psychological education in advance and multi-occupational or multi-facility collaboration that facilitates family support is being considered from the hospitalization stage. It is believed that such measures were not taken in this case.
- As mentioned above, it has come to light that the knowledge about treatment policy, etc. which are commonplace to physicians, with sufficient diagnostic experience about mental disorders due to drug use, has not been promulgated to a general psychiatric emergency. With such a background, it can be cited that the matters that should be considered in diagnosis and treatment details during involuntary hospitalization are not clarified in the first place.
- Further, considering the medical education of a doctor that starts from training and spans across his lifetime, inadequate details related to post-discharge medical treatment, support and lack of details related to mental disorders due to drug use could be considered as circumstances.

b. Directive measures to prevent recurrence

① Actions such as preparation of guidelines for diagnosis and treatment during involuntary hospitalization

- To ensure proper diagnosis and medical treatment for the patients who are involuntarily hospitalized and to provide medical treatment and other support after discharge, the MHLW has the responsibility of preparing the guidelines for diagnosis and medical treatment details as given below during involuntary hospitalization.
 - Determination of treatment policy by in-hospital multi-occupational meetings and provision of programs such as treatment program for social rehabilitation, incorporating the concept of cognitive behavioral therapy,
 - Examination of post-discharge medical treatment policy by psychological

- examination and post-discharge care needs assessment,
 - Measures for patients suspected of mental disorders due to drug use
- For the hospital, to which the person is involuntarily committed, to extensively carry out diagnosis and treatment according to the said guidelines, it is necessary to consider the measures according to the training and medical fee for disseminating the guideline and strengthening the system structure.
- Further, for cases involving illegal use of drugs or when assuming problems like personality disorder that calls for action according to personality, it is conceivable to positively utilize medical institutions with high expertise such as public hospitals that can provide adequate support for the involuntarily hospitalized persons. This will ensure a system that can provide a cordial medical care to its involuntarily hospitalized patients.

② Training of doctors with expert knowledge

- To provide high-quality medical treatment to involuntarily hospitalized patients, it is necessary to improve the quality of the doctors who diagnose and treat the involuntarily hospitalized patients by enhancing the medical education that starts from the training stage of a doctor and spans across his lifetime.
- Therefore, the MHLW should improve the expertise of the designated doctor by adding details pertaining to “Plan for continued support for medical treatment after returning to town” and “Mental disorder related to drug use” to the training details of the designated doctor training, the attendance to which is required at the time of obtaining or renewing the designated doctor appointment. In addition, the MHLW should promote further training on the treatment for drug addiction, which is presently being conducted for psychiatrists, etc.
- Efforts such as revision of “Medical educational model/Core/Curriculum” which will be the guideline for medical education before graduation should be taken with the collaboration of MEXT and MHLW. In doing so, necessary actions should be taken to enhance the education pertaining to “Plan for continued support for medical treatment after returning to town” and “Mental disorder related to drug use”.

(4) Promoting collaboration of related organizations

a. Issues that came to light from the inspection of the incident

- The police took the suspect under custody based on Article 3 of the Police Duties Execution Act (1948, Act No.136), from the behavior of the suspect, after obtaining information about the letter that was allegedly brought to the residence of the Speaker of The House of Representatives. The city of Sagami-hara was also notified based on Article 23 of Mental Health and Welfare Act. Upon notification, the city of Sagami-hara consulted the designated doctor and took hospitalization measures and involuntarily hospitalized the suspect. It was difficult to arrest the suspect under the penal law from the letter contents and the series of measures were also in

accordance with statute.

- On the other hand, the police officers' reports, based on Article 23 of the Mental Health and Welfare Act, varied with the local governments about resulting in an involuntary medical examination and involuntary hospitalization.
- According to a survey by MHLW, out of 17 local governments that were surveyed at the event of ascertaining the need for involuntary medical examination, only 8 of them were preparing the manual that stipulated consultation with those such as the designated doctor of the mental health welfare center. In addition, the Notification issued by MHLW demands the following: Doctors belonging to the same medical institution will not be selected as designated doctors for medical examination of the involuntarily hospitalized person; also, after the measures are decided, consideration should be given to avoid the affiliated hospital of the designated doctor for hospitalization. 2 of the 11 local governments surveyed were selecting the designated doctors according to this notification.
- The reason behind such variations is considered to be the non-clarity in checkpoints and procedures for ascertaining involuntary medical examination and involuntary hospitalization.
- Further, in this case, the city of Sagami-hara which holds the right for taking the measures did not provide information such as possession of cannabis, which was detected from the urine of the suspect, to related organizations such as the police. Similarly, it is evident that there has been no discussion about the method of smooth sharing of information among related parties, although it is necessary and this is regarding the specific information suspecting an act of crime that was recognized in the process of involuntary hospitalization.
- Furthermore, in the discussion of this team, it was observed that the concerned parties like the Prefectural Governors, etc. and police should have a common understanding about the cases (hereinafter referred to as "gray zone cases") in which it is difficult to ascertain at the time of emergency measures examination and involuntary medical examination, if the mental disability could pose any other risk of harm.
- In addition, the MHLW cancelled the designation of 89 designated doctors on October 26, 2016, based on the results of investigation related to a fraudulent application for qualification for the designated doctor. In the course of the investigation, it became evident that one of the two designated doctors who conducted involuntary medical examination on the suspect had submitted a fraudulent case report when applying for the designated doctor. The designated doctor in question admitted to the fact that he had not stated anything in the medical record. He had already submitted a resignation from the post of designated doctor and lost the eligibility for a designated doctor.

b. Directive measures to prevent recurrence

① Tasks such as preparation of checkpoints about ascertaining medical

examination, etc.

- Involuntary medical examination and examination of emergency measures are legal affairs and deeds related to human rights and restrictions of patients. In view of this fact, it is necessary for the country to guide and support properly, based on the principle of the Mental Health and Welfare Act, so that appropriate judgment can be made in every prefecture, etc. The police should give proper protection and do appropriate reporting based on the laws and ordinances.
- For this reason, when working on the police officer report, it is necessary to proceed with the analysis of the main factor that gave rise to variations in reports that led to an involuntary medical examination and involuntary hospitalization. Checkpoints and necessary procedures in making decisions should be clarified so that they can be referred to by Prefectural Governors, etc. for appropriate judgment.
- In addition, based on the fact that many fraudulent actions have been observed in the application for designated doctor, there is the need for MHLW to analyze the factors and review the designated doctor system to prevent recurrence of similar cases.

② Establishment of Forum for discussion in Prefectures, etc.

- To ensure the proper dealing with involuntary hospitalization, it is necessary to promote the mutual understanding among the concerned authorities such as the Prefectures and Municipalities, police and psychiatric and medical personnel.
- For this reason, it is important to establish a forum in which these concerned authorities can hold their discussions regularly that will help in mutual understanding. The details considered for discussion are those such as the support policy in the region leading up to involuntary medical examination, methods of transfer based on reports, etc., the method of sharing information in the event of knowing concrete criminal information, etc. In addition, the country should provide the support required for holding such discussions. Among the gray zone cases, with regard to the matters that are difficult to be dealt with by medical and welfare support, it is extremely important to be cautious from the perspectives such as human rights protection when it comes to taking measures to prevent other harms.

(5) Support at social welfare facilities, etc.

a. Issues that came to light from the inspection of the incident

- Until now, social welfare facilities, etc. have been operating on the basic policy of being open to the community based on the idea of coexisting with the community. On the other hand, the national and local governments have not demonstrated measures to ensure safety concerning crime prevention

in social welfare facilities, etc. with the exception being child welfare facilities, etc.

- In the interim summary in response to this incident, the need for the country to show concrete inspection items to promote the efforts related to crime prevention in social welfare facilities, etc. was presented as a challenge. Moreover, this incident is grave and alarming given that it was caused by a former employee of the facility providing living support for persons with disabilities. It is clear that human resource development of facility staff and securing of the work environment are vital to enable the staff working at the social welfare facilities, etc. to work closely with its users without having a sense of discrimination against the person with disabilities, etc.

b. Directive measures to prevent recurrence

- On September 15, 2016, the MHLW issued “(Notification) on securing safety related to prevention of crime in social welfare facilities, etc.” under the name of the concerned Chief. As a result, specific inspection items were presented to the staff regarding “Emergency Response” such as a communication system to the concerned organizations when there is information on suspicious individuals, a vigilant system in line with the anticipated harm; in addition, training such as “Daily measures related to crime prevention in social welfare facilities, etc.” which focused on crime prevention, etc. were also given. This Notification refers to striving for both an open social welfare facility, etc. that is integrated with the community as well as ensuring safety; it also refers to paying attention to not restricting the freedom of users unfairly or preventing evacuation at the time of disasters.

It should be noted that the National Police Agency also notified the Prefectural Police on the same day about the Notification instructing appropriate support when the social welfare facilities, etc. requested for cooperation.

- Without changing the existing policy of “Facility that is open to the community”, there is the need to strive to strike a balance between a facility with safety assurance and the said basic policy in the future too. Further, crime prevention measures should be considered along with disaster prevention measures such as securing the evacuation routes.
- Going forward, it is necessary for social welfare facilities, etc. to take the safety measures for prevention of crime according to each situation, based on this Notification. The National and Local Governments should provide the necessary support for the facilities to proceed with these efforts.
- It is also important to enhance the training for staff from the viewpoint of protection of rights to enable the people who use social welfare facilities, etc. to live peacefully. In addition, improvement of the work environment should be promoted by measures such as steady improvement in handling the staffs listed in “Nippon 100 Million Total Participation Plan” by ensuring that the staff are not physically and mentally exhausted and isolated due to reasons such as excessive work burden, deepening their understanding

about an inclusive society, and helping them with the ability to work with a sense of worth. These initiatives should help the staffs engaged in the service of persons with disabilities to carry out their duties happily.

■ Fig. 1-2

Report by “Investigation team to inspect the incident that occurred in Support Facilities for Persons with Disabilities in Sagamihara and prevent its recurrence” (Summary)

December 8, 2016

1 Efforts towards realizing an Inclusive Society

Issues that came to light from the inspection

- The background of this incident is the unilateral and selfish prejudice and discrimination towards the disabled
- It is indispensable to eliminate prejudice and discrimination and promote the efforts towards realizing “a symbiotic society that respects each other’s individuality and personality”

Directive measures to prevent recurrence

- Utilize every opportunity such as “**Persons with Disabilities Week**”, **Government Public Relations, etc.**, and create awareness and development of the ideology of **Act for Eliminating Disability Discrimination and the Government’s stance**
- Enhancement of effort towards “**Barrier-free mind**” in all areas starting from school education
- **Support for community living and community transition** of disabled persons

2 Actions required for implementing continued medical treatment and other support after discharge

Issues that came to light from the inspection

- After release, the suspect did not receive medical treatment and other support from the medical institutions, local governments, etc
- A mechanism is required that will help the patient receive continued medical treatment and other support from hospitalization to discharge and later as well as help the patient to live peacefully in the community without being isolated

Directive measures to prevent recurrence

- **Prefectural Governors, etc. shall prepare a post-discharge care plan** from the time of involuntary hospitalization (coordination and meeting of persons concerned with post-discharge care)
- **The hospital to which the patient was involuntarily committed shall do a post-discharge care needs assessment.** Make sure to communicate the results to the Prefectural Governor, etc.
- After discharge, **the Local Government of the health care center shall coordinate the entire post-discharge care** according to the post-discharge care plan (Ensure that it continues even after transition to another Local Government)
- Enhancement of personnel system of health care centers, etc.

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3 Improvement of Medical Treatment Details during Involuntary Hospitalization

Issues that came to light from the inspection

- There are no points to be noted in the diagnosis and treatment details during involuntary hospitalization with insufficient consideration to diagnostic and medical treatment policies
- Inadequate details about mental disorders related to post-discharge care and drug use, considering the medical education of a doctor that starts from training and spans across his lifetime.

Directive measures to prevent recurrence

- **The country shall prepare the guideline for diagnosis and treatment details during involuntary hospitalization.** Consider measures as for training fee, etc.
- Fostering doctors with expert knowledge by **enhancing graduate/post-graduate education**

4 Promoting collaboration of affiliated organizations

Issues that came to light from the inspection

- The police officers reports about resulting in involuntary hospitalization, etc. varied with the local governments
- There was no discussion of information sharing procedure among the concerned authorities regarding specific criminal information recognized in the involuntary hospitalization process
- The concerned authorities should have a common understanding about the gray zone cases (*)
*Cases in which it is difficult to ascertain if the mental disability could pose any other risk of harm

Directive measures to prevent recurrence

- Preparation of checkpoints for ascertaining involuntary medical examination, etc.
- Setting up of **a forum for discussion of the concerned authorities of a region (Local Government, Police, Psychiatric and medical personnel, etc.) (*)**
* Support policy in the region leading up to involuntary medical examination, method of sharing information in the event of knowing concrete criminal information, etc.
- Among the gray zone cases, with regard to the matters that are difficult to be dealt with by medical and welfare support, it is extremely important to be cautious from the perspectives such as human rights protection when it comes to taking measures to prevent other harms.

5 Support at social welfare facilities, etc.

Issues that came to light from the inspection

- The need to aim for balance between the basic policy which states that the facility shall be open to the community as well as ensuring safety in the process
- The suspect is a former employee of the facility. The need for a workplace environment in which the facility staff can work with a sense of worth without feeling isolated due to physical and mental exhaustion

Directive measures to prevent recurrence

- Support the effort of each facility based on the inspection item notification related to crime prevention that was issued in September
- **Enhance the training for staff** from the viewpoint of protection of rights, **improvement of workplace environment** by improving the handling measures and strengthening mental health management

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Materials : Ministry of Health, Labor and Welfare

■ Fig. 1-3

“Investigation team to inspect the incident that occurred in Support Facilities for Persons with Disabilities in Sagamihara and prevent its recurrence “

1 Constituent Members	
Toshio Iwasaki	Japan National Council of Social Welfare, Vice-president, Council for National Social Welfare Corporation Management
Emiko Kubono	Professor, Tohoku University, Graduate School of Law
Masahiro Tanaka	Vice-president, Union of national parents' associations for persons with intellectual disabilities (Inclusion Japan)
Yumi Nakahara	Japanese Association of Public Health Center Directors, Director, Itoshima Health and Welfare Office in Fukuoka Prefecture
Toyoaki Hirata	Director, Chiba Psychiatric Medical Center
Hiroshi Matsuda	Director, Tachikawa Medical Center
Toshihiko Matsumoto	Director, National Institute of Mental Health, Department of Drug Dependence Research
Masaru Murakami	Director, National Hospital Organization Sakakibara Hospital
© Teruyuki Yamamoto	Professor, Seijo University, Faculty of Law
*Apart from them, there is also participation from the concerned government agencies being the Cabinet Office, National Police Agency, Ministry of Justice, MEXT, MHLW, Kanagawa Prefecture and the city of Sagamihara. (© : Leader)	
2 Investigation History	
August 10	Setting up of an inspection and investigation team
September 14	Release of “Interim summary~focus on the inspection of the incident~”
October 24	Observation of Hyogo Mental Health and Welfare Center
October 31	7 th Inspection and investigation team (hearing from affiliated organizations)
	<ul style="list-style-type: none"> • National Federation of Organisation for the Disabled Persons • Union of national parents' associations for persons with intellectual disabilities (Inclusion Japan) • Japan National Group of Mental Disabled People • The National Federation of Mental Health and Welfare Party in Japan • Japanese Association of Psychiatric Social workers • Council for the Physically Handicapped Facilities • Japanese Association on Intellectual Disability • Japan Psychiatric Hospitals Association • Japan Multifunctional Psychiatric Clinic Institute
November 14	8 th Inspection and investigation team
December 8	Release of report
	-> Study the detailed contents from the MHLW's “Meeting of Experts” (Study meeting pertaining to future mental health care and welfare)

Materials : Ministry of Health, Labor and Welfare