1. Overview:

- In order to clarify why so-called “autism facilities” have been seen as necessary in Japan, I survey and organize relevant data from the past and present and consider what may happen in the future.

2. The present – What are so-called “autism facilities”?*

- At present, autism facilities in Japan can be broadly divided into “child facilities” and “adult facilities.” The first “child facility” in Japan was established in 1964 and the first “adult facility” in 1981, both in Mie Prefecture, a local authority that had engaged in numerous pioneering practices in this field. “Child facilities” have been covered by legislation (1980-2005). “Adult facilities,” on the other hand, have received support for their administration under the Law for the Welfare of People with Intellectual Disabilities (1981~). Today there is no legal stipulation for autism facilities. So-called “autism facilities,” however, continue to exist in Japan, with 75 adult facilities and 7 child facilities being operated throughout the country.

3. The past – The process of formation of autism facilities

- So-called “autism facilities” were first created in the pioneering region of Mie prefecture through cutting-edge practices centered on child psychiatry. This process is presented in Table 1 below as the process of formation of autism facilities. This led to three main branches of practice, ① “Autistic child facilities” (child facilities), ② “Autistic person facilities” (adult facilities), and ③ “Autism comprehensive support centers” (comprehensive centers), and the creation of facilities as local centers, with each of these elements developing independently while influencing and being influenced by the others.

4. The future – Isao Ozawa and related approaches

- ④: Autism facilities have been a child psychiatry initiative, but there are some limitations to control it by mental health care. Consider the view of autism facilities and theories of autism/culture of autism/autism. It is necessary to consider the model of mental health care in Japan and practice regarding the state of mental healthcare in Japan has had an ongoing influence on (non-traditional) practices regarding autism. Ken Takaoka writes, “Learning from treatment of autism up to psychiatrists just costs money without leading to any improvement. Autism facilities began to be established in the latter half of the 1980s, but from the start they were hampered by disability welfare departments.”

- ⑥: Manabu Murase (2019-174) writes, “I think perhaps the time has come to more concretely implement the legacy that came out of Isao Ozawa’s abandonment of the ‘illness’ on ‘medical terminology’”.

- ⑧: What is to be considered necessary in places where people live together? It is essential to carefully consider current practices while learning from the way of thinking found in “Educational and Psychological Reconsiderations of Autism” by Inoue Hiroshi. In the future, I would like to focus on the relationship between the two disciplines of psychiatry and psychology. Going forward, I would also like to focus on the relationship between the two disciplines of psychiatry and psychology. In the future, I would like to continue to deepen and consider the relationship/applicability of approaches to the way of thinking of “Each other” (2006) that implements aspects of Soseki Nanba’s “Living together with everyone” (1973), “Unconditional love and respect” (1991), and “From-wrong to corrective” (2000) from the places of living together with the people in question and practicing support. Because such practices are not secured by legal stipulation, we must not forget that those performing them are doing the work of managing them. In order to support such activities, I think it is important to deepen the perspective of living with local residents.

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