The Impact of COVID-19 in Japan on People with Psychosocial Disabilities

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Topics

- Impact on patients in mental hospitals
- Actions by persons with psychosocial disabilities
- Impact on people in the community
## Infection in Mental Hospitals

<table>
<thead>
<tr>
<th>Mental Hospital</th>
<th>Region (Prefecture)</th>
<th>Date of Occurrence</th>
<th>Number of Positives</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patient</td>
<td>Staff etc.</td>
</tr>
<tr>
<td>Jinkei</td>
<td>Hyogo</td>
<td>7 March</td>
<td>11</td>
<td>2 nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 family</td>
</tr>
<tr>
<td>Okabe</td>
<td>Ishikawa</td>
<td>7 April</td>
<td>3</td>
<td>3 doctors</td>
</tr>
<tr>
<td>Nagano</td>
<td>Hokkaido</td>
<td>13 April</td>
<td>2</td>
<td>1 nurse</td>
</tr>
<tr>
<td>Soushu</td>
<td>Kanagawa</td>
<td>15 April</td>
<td>8</td>
<td>2 nurses</td>
</tr>
<tr>
<td>Shichiyama</td>
<td>Osaka</td>
<td>17 April</td>
<td>2</td>
<td>1 nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 staff</td>
</tr>
<tr>
<td>Ichiyokai</td>
<td>Fukushima</td>
<td>22 April</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Maki</td>
<td>Ehime</td>
<td>12 May</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Musashino Central</td>
<td>Tokyo</td>
<td>21 May</td>
<td>36</td>
<td>10 staffs</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>85</td>
<td>36</td>
</tr>
</tbody>
</table>

(I referred Jokei Ariga’s original version in making this table.)
Structure of Psychiatric Wards

- The structure of psychiatric wards prevents the separation of clean and unclean zones.

- Segregation rooms are used for patients who are infected or are suspected to be infected in mental hospitals. However, the virus can easily invade other areas of the ward.

- Musashino Central Hospital battled nosocomial infections in June after the emergency declaration was cancelled.

Why are COVID-19 patients not transferred to other hospitals for treatment sooner?
Japanese medical beds are classified into five categories as follows:

* for tuberculosis
* for infectious disease
* **for psychiatric care**
* for general care
* for long term care

in the Medical Service Law.

The categories have different standards for the number of medical staff, medical facilities, and so on.

Therefore, patients cannot change beds freely across categories.
Compulsory Hospitalization

Psychiatric care has three forms of admission as follows:

* Voluntary Hospitalization
* Hospitalization for Medical Care and Protection
* Compulsory Hospitalization

Compulsory Hospitalization is an administrative measure taken by the prefectural governor.

Compulsory Hospitalization patients can be admitted only to public or certificated private mental hospitals.
A female patient admitted under Compulsory Hospitalization in Soushu mental hospital in Kanagawa prefecture tested positive for the coronavirus.

However, it took six days to find a hospital to transfer her for treatment.

Subsequently, eight psychiatric patients and two nurses at this mental hospital tested positive for the coronavirus.
Psychiatric Care or Infection Care

◆ The Ministry of Health, Labor and Welfare released a notification on 3 April 2020 that a patient with mental illness who has the coronavirus may be suitable for treatment in a psychiatric institution.

◆ This notification indicates that other medical departments should transfer psychiatric patients to mental hospitals.

◆ Some mental hospitals, however, say that it is too difficult to treat coronavirus patients.

(Ministry of Health, Labor and Welfare 2020)
Special Mental Hospital for COVID-19

*Priority Medical Institutions have been introduced for both COVID-19 and mental illness in Tokyo, Kanagawa, and Ehime prefectures.*

What do groups of persons with psychosocial disabilities demand?
The Japan National Group of Mentally Disabled People called on the Ministry of Health, Labor and Welfare

To introduce consulting service counters to prevent involuntary admissions to mental hospitals.

To introduce consulting service counters to help inpatients evacuate from mental hospitals.

(Japan National Group of Mentally Disabled People 2020)
International Organizations

International organizations of users and survivors of psychiatry and persons with psychosocial disabilities jointly call on national and local governments to

“Drastically reduce the number of people in psychiatric units and institutions, and institute a moratorium on involuntary admissions. Ensure that no one is compelled to remain in such settings against their will, where they are at greater risk of infection, more severe illness, and death.”

(Pan African Network of Persons with Psychosocial Disabilities et al. 2020)
“Social Distancing”

◆ “Social distancing” and “staying home” are considered to be effective ways to prevent infection.

◆ However, self-help group (SHG) meetings are very important for persons with psychosocial disabilities and addiction.

◆ Preventing persons with psychosocial disabilities from such meetings tends to worsen their condition and increases possibility of admission to mental hospitals.
SHG for Alcoholic Addiction

◆ Alcoholics Anonymous meetings help individuals to prevent them from drinking.

◆ Meetings were usually held in public spaces, such as community centers, but it became difficult to rent public spaces.

◆ Although it is possible to rent a pay space, the features of AA, such as anonymity and freedom from hierarchy, do not match the payment.
Visits

◆ There have been quite a lot of violations of human rights in mental hospitals.

◆ In addition, it has been difficult for outsiders to enter mental hospitals and expose such awful situations.

◆ Patients visits are significant opportunities to reveal human rights violations in mental hospitals.

◆ However, most mental hospitals have stopped visitations in order to prevent COVID19.
References


Thank you so much for your kind attention.

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