

My name is Kasumi Ito. I am a graduate student at Ritsumeikan University. I am honored to be one of speakers of this seminar. I would like to express my appreciation to all of hosts and participants. The title of my presentation is “the Impact of COVID-19 in Japan on People with Psychosocial Disabilities”.

First of all, I will introduce three topics of my presentation. First, I will explain impact of COVID-19 on patients in mental hospitals, second introduce actions by organizations of persons with psychosocial disabilities, and finally explain impact on people in the community.

This is a table on infection in mental hospitals until the middle of June. A psychiatric nurse made the original version of this table based on news reports. According to the news, 85 patients and 36 staffs and families tested positive for the coronavirus in total and unfortunately 4 of them were dead. These infection may be result of the mental health system in Japan.

I will explain 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. For example, Musashino Central Hospital battled nosocomial infections, infection within hospital, in June after the emergency declaration was cancelled. Next, I would like to consider why COVID-19 patients are not transferred to other hospitals for treatment sooner.

Japanese medical beds are classified into five categories as follows: beds for tuberculosis, beds for infectious disease, beds for psychiatric care, beds for general care, and beds 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.

Next, I will explain psychiatric hospitalization system in Japan. Psychiatric care has three forms of admission as follows: Voluntary Hospitalization, Hospitalization for Medical Care and Protection, and 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.

I will introduce one example of nosocomial infection related to the Compulsory Hospitalization. A female patient admitted under Compulsory Hospitalization in Soshu 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.

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 the coronavirus patients.

To solve the problem of difficulty of transference, Priority Medical Institutions have been introduced for both COVID-19 and mental illness in Tokyo, Kanagawa, and Ehime prefectures.

So far I talked about situations in mental hospitals and reactions of administrative bodies. Then, I would like to focus on demand of groups of persons with psychosocial disabilities.

The Japan National Group of Mentally Disabled People is a national organization of persons with psychosocial disabilities in Japan. They called on the Ministry of Health, Labor and Welfare, to introduce consulting service counters to prevent involuntary admissions to mental hospitals, and to introduce consulting service counters to help inpatients evacuate from mental hospitals.

International organizations of users and survivors of psychiatry and persons with psychosocial disabilities jointly call on national and local governments for several actions. One of them is to drastically reduce the number of people in psychiatric units and institutions, and institute a moratorium on involuntary admissions, and 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.

Lastly, I would like to talk about some measures to prevent infections. "Social distancing" and "staying home" are considered to be effective ways to prevent infection.

However, self-help group 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.

For example, Alcoholics Anonymous meetings, which are self-help groups for alcoholic addiction, 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 because of COVID-19. Although it is possible to rent a pay space, the features of Alcoholics Anonymous, such as anonymity and freedom from hierarchy, do not match the payment.

There have been quite a lot of violations of human rights in mental hospitals, and very sadly, many inpatients died because of the violations. 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. So, currently, it become difficult again to disclose situations of mental hospitals.

References

My presentation will end here. Thank you so much for your kind attention.