

There are around 1,680,000 beds in Japan. Of these, approximately 340,000 are psychiatric beds, of which roughly 90 percent are in private psychiatric hospitals. Around 80 percent of private psychiatric hospitals are single department hospitals, and most are located in areas isolated from the haunts of men.¹ Notably, it has been pointed out that around 18,000 inpatients have been hospitalized for more than 50 years in psychiatric hospitals.²

Currently, restrictions on visitation and going out have been introduced in these psychiatric institutions in the name of preventive measures against COVID-19. The inpatients are disconnected from the world outside the institutions and from society. These measures slow down the inpatients' transition to the community. Despite these preventive measures, clusters of COVID-19 have frequently occurred in these institutions. According to a survey, both the infection and death rates inside the institutions are four times higher than those outside. Inpatients with psychosocial disabilities are locked up, prevented from escaping, and infected with the virus brought in from the outside.

COVID-19 clusters easily occur in psychiatric institutions, because medical institutions in Japan are not inclusive. Medical systems prevent cooperation between psychiatric and other departments, and isolate people with psychosocial disabilities. It is difficult for psychiatric institutions to treat infectious diseases. General hospitals, however, discriminate against people with psychosocial disabilities, who are infected with COVID-19, reject them from hospitalization, and transfer them to psychiatric institutions.

Therefore, disease clusters endlessly occur in psychiatric institutions. Thus, the clusters frequently occur in the psychiatric institutions. The Japanese government decided to prioritize people with psychosocial disabilities for COVID-19 vaccination. This can be interpreted as that they choose invasion of our body instead of the dissolution of psychiatric institutions as a disease preventive measure.

I believe that dissolution of psychiatric institutions is essential to protect people with psychosocial disabilities from the threat of COVID-19. Inpatients are disempowered by the institutions' lifestyle, and are often reluctant to choose living in the community. Therefore, strategies of deinstitutionalization that depend on the inpatient's choice may not promote deinstitutionalization. Therefore, I believe that it is necessary to dissolve psychiatric institutions by force, as a social choice. We have a 24 hour personal assistant system in Japan called, "Home-visit care for persons with severe disabilities."

[notes]

- 1) It is according from the Statistical Surveys conducted by Ministry of Health, Labour and Welfare.
- 2) It is according from the article on Mainichi Shinbun (Japan Daily News) on 21 August 2018.