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Special Feature Article

Physical Restraint in Psychiatry: Human Rights Considerations

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Abstract

There are many patients in psychiatric hospitals in Japan. Forced hospitalization and lack of human rights are problematic in Japan, and the number of cases of limb restraint to beds is increasing. For example, a one—day survey in 2016 reported that, out of 1,523 persons admitted forcefully (a form of involuntary hospitalization based on two designated psychiatrists' judgment that, if left unattended, the person would harm himself/herself or others), 9% were physically restrained; so were 7% of the 129,593 persons admitted forcefully accompanied by the consent of a family member (another form of involuntary hospitalization for the same concerns but the consent of a family member is obtained).

The issue of physical restraint is growing and some hospitals are also trying to reduce physical restraint. The terms detained and restraint are not regulated by law in Japan. Tribunals and support systems are also insufficient.

Psychiatric restraint must be considered from the viewpoint of human rights. Psychiatric restraint is a human rights violation, and goes against the Japanese constitution such as dignity (article 13), right of movement (article 22 (1)), and due process of law (article 13 or 31). Restraint beyond the minimum must not be enforced because it is a legal problem, being unconstitutional and against criminal and civil law.

I think a "less restrictive alternative" is the minimum. This must be carefully considered

because even if the purpose of restraint can be justified, other less restrictive measures should be taken in such situations because restraint is a serious constitutional human rights violation that should be predicated on evaluation by a third party.

Careful consideration is required not only at the start but also during. Strict regulation of the conditions, timing, and assessment systems is needed, and chances to appeal should be fulfilled.

Keywords : physical restraint, human rights, Mental Health Act, lawyer, constitution

Introduction.

The death of a young New Zealander in a psychiatric hospital in Japan triggered social attention to the issue of physical restraints in psychiatric hospitals, as if it had been like “imported back” into Japan. In Japan, magazines had been published which special features on physical restraints by nurses. ^{*1} And there have been reports on “How to eliminate or reduce restraints” ^{*2}.

Isolation and Physical restraint have been practiced in psychiatric hospitals for a long time, and made efforts to eliminate physical restraint, especially for the elderly.⁴⁾ The abstract notion of “there is a problem of human rights” has also been shared widely. However, the specific analysis of these human rights seems to have not examined sufficiently.

Though it is easy to say “Eliminate or reduce physical restraint”, the author

understands that there is still a great deal of conflict in the field every day. No matter how much idealism is put forward, it is imaginable that there may be situations which isolation and physical restraint are unavoidable in the end, considering the seriousness the inpatient’s condition and the risk of harm to others. It is true that such situations can be envisioned. However, from the standpoint of examining this issue from the perspective of human rights, I would like to stick to the denial of physical restraint. Because I want to reexamine the meaning of “people bind people”.

The first sentence of Article 13 of the Constitution stipulates that “All of the people shall be respected as individuals”.

According to Koichi Sato, “respect for the individuals” or “dignity for the individuals” means that “respect to the fullest extent that each person

(individual),” as a ‘personality’ subject and a ‘rights’ subject who expresses the dignity of freedom and autonomy working in cooperation with others to formulate their irreplaceable life, so to speak, walking their own path as an ‘author of their own life.’¹³⁾ It can be called the principle of “respect for the individual”, “dignity for individual”, or “respect for the personality” in conjunction with Article 14 of the Constitution.¹⁴⁾ In the case of physical restraint due to a “medical condition,” the responsibility is placed on the individual (the datainee). However, it is necessary to be always conscious of the possibility that the concept of respect for the individual, which humans naturally possess by virtue of human being, may be lost in such restraint situations.

The term “physical restraint [SHINTAI-KOUSOKU]” in this paper refers to “physical restraint [SHINTAI-TEKI-KOUSOKU]” based on Act on Mental Health and Welfare for the Mentally Disabled(1950)last version of 2013 (hereinafter, “MHW”) Article 36, Paragraph 1 and Paragraph 3 of the Article 37, Paragraph 1 of the same law (see Ministry of Health and Welfare Notification No.129 and No.130 of April 8, 1988), but for the sake of generality and uniformity of terminology, the term “physical restraint” will be used.

Furthermore, this paper focuses on

physical restraint, we must not forget that isolation as a behavioral restriction in psychiatric hospitals is also a serious human rights restriction, because depriving a person of freedom of an action and leaving them alone in a closed space is an act of confinement under the criminal law, and the psychological oppression it inflicts can be considered comparable to physical restraint.

I. Current Status of Behavioral Restrictions in Psychiatry

1. Increasing trend

The number of reported cases of physical restraint has been increasing year by year. Although it is difficult to make a simple comparison of the number between fiscal years [in the point-in-time survey conducted by the Ministry of Health, Labor and Welfare on June 30 every year (commonly known as the “630 Survey”), the method of counting physical restraint has been based on the number of orders given by designated mental health physicians since 2017], there is no doubt that the overall number is on the rise. Moreover, the percentage of physical restraint has increased in all forms of hospitalization (Table. ¹²⁾.

It is pointed out that the reason for the increase is the increase in the number of hospitalized patients with dementia in the background.

However, this may not be the only reason for the increase, as there has been an upward trend in Not forcefully hospitalization (a form of voluntary hospitalization), which is difficult to assume as a form of hospitalization for patients with dementia.

In addition, the definition of physical restraint is not unambiguous:

“Restriction of behavior by temporarily restraining the patient’s body and restraining the patient’s movement by using clothing or a cotton-field belt, etc.” (Ministry of Health and Welfare Notification No.129, April 8, 1988). In other words, there is a difference in terms of whether the use of mittens and wheelchair belts, as well as restraints, are included in the definition of “physical restraints”, and there is a need to examine the specific on-site judgments. [At Tokyo Metropolitan Matsuzawa Hospital, “they stipulate that the restraint belt (magnetic restraint), wheel chair belt and mittens are physical restraints that must be ordered by a designated physician, regardless of the reason, even if they use it only for a short time”]⁹⁾

While we await further research reports on the details of the reasons for the increase, in all viewpoints it is the common understanding that

whatever the reasons, the increasing trend is clear and must not be allowed to continue. “We need to take seriously the reality that isolation and physical restraints are not decreasing.”²⁴⁾ It is not so controversial that it is suspected the human rights of detainees (inpatient) are unreasonably restricted as the content of the problem.

2. The suspicion of being carried out more than necessary

The view of restraint differs depending on the psychiatric hospital, and there is a large difference in the preparation of restraints, the staff’s experience of using physical restraints, and the formation of motivation and psychological restraints between hospitals that have practiced physical restraints and those that have not. It may lead to on-site judgments such as “I will use restraints because they are available” or “I have used restraints in the past, so I will use this time too.”

Citing points made by Masanobu Kobayashi, (This is a description of isolation) “An important point to keep in mind, which is also common when considering the issue of protection(isolation) rooms, is the characteristic of ‘human nature gravitates toward the easy way out.’” And “When using protection(isolation) rooms, it is essential that an absolute

relationship of mutual trust is established and flows through the undercurrent, rather than simply shutting off the stimulus and leaving it alone in the sense that people are poison.” Accordingly, citing points made by Hideo Hanaoka, “Dependance on a protection(isolation) room is something that happens when a protection(isolation) room exists, (omission) I realized that I had to face the patient properly when a patient broke all the protection rooms in the hospital, making it impossible to isolate the patient and leaving me with no choice but to treat the patient,” Taketomo Minoshima says that “Most of staff members in various professions involved in psychiatric care begin working in psychiatric hospitals without knowing anything about them. There, they are taught that it is normal to have a protection room, to isolate patients in such cases, and to physically restrain them in such cases. From the very beginning, they are educated so that isolation and physical restraint are ingrained as natural options. Against this background, it is probably the best we could do to arrive at such an idea that how to utilize the conceived notions of “isolation and physical restraint” in treatment.”⁸⁾ As with isolation, in a space where physical restraint is a

prerequisite, it may be easy for people to accept physical restraint and to be motivated to depend on this measure.

In addition, it is also concerning the restriction rate increase of the voluntary inpatients. Voluntary hospitalization is a form of hospitalization based on consent (Article 20 of MHW), Basically, the administrator of a psychiatric hospital must approve discharge when the inpatient requests it (Article 21, Paragraph 2 of the Law), but the number and rate of physical restraint at this type of hospitalization are on the upward trend. In order to understand this phenomenon, we have to consider that either those who are not originally in a state of voluntary hospitalization are being treated in the form of voluntary hospitalization (including those with acute symptoms), or that the treatment of those who are hospitalized voluntarily is overly restrictive.

II .The Need to Consider Physical Restraint from a Human Rights Perspective.

1. What is the problem in terms of human rights?

This section discusses the human rights issues faced by physical restraint. In this paper, the author will consider human rights from the

perspective of “constitutional rights” rather than the abstract concept of “human rights.”¹⁸⁾ In the case of psychiatric treatment, the act of restraining the body “using clothing or a cotton-field belt, etc.” and restraining its movements faces serious constitutional human rights problems.

It is considered that all people are guaranteed freedom of life and body based on Article 13 or Article 31 of the Constitution. Koji Sato¹⁷⁾ and Shigenori Matsui⁷⁾ also state that physical freedom is guaranteed on the basis of Article 13, and it can be said that the freedom is guaranteed as a right (human right) under the Constitution. Physical restraint also threatens the dignity and shame of hospitalized persons (first sentence of Article 13 of the Constitution) and deprives their freedom of movement (Article 22, Paragraph 1). Physical restraint restricts all kinds of physical activities and deprives opportunities for expressive and economic activities (Article 21, Paragraph 1, Article 22, Paragraph 1). Physical restraint violates these constitutional rights as substantive rights.

It is also understood that the right to due process is guaranteed under Article 13 or 31 of the Constitution, and due process is required when the inviolability of life and physical

freedom is threatened.^{15,16)*3}

Thus, physical restraint is a situation that confronts important human rights under the Constitution. The fact that the situation is in a hospital does not mean that it can be explained away as “the necessity of treatment”.

2. The need to minimize physical restraints

Physical restraint is a violation of human rights and it is not permitted in principle. In the first place, forcibly restraining or suppressing the body is a situation that cannot be tolerated except for criminal proceedings.

Restriction of human rights can be justified only when the restriction satisfies necessity and reasonableness and the degree of restriction must be minimal in light of the importance of the human rights faced.²⁰⁾ It is not enough that the illegality of the case be dismissed as long as it meets the formal requirements of being judged by designated physicians (of mental health), substantive judgements are essential for admissibility.

Under the law, physical restraint in psychiatry can be permitted only in exceptional cases “to the extent deemed necessary for the medical care and protection of the said persons” (Article 36, Paragraph 1 of the MHW). Tetsuro Kawamoto referring to International Conventions such as

Paragraph 9 of the Principles for the protection of persons with mental illness and the improvement of mental health care (adopted by the United Nations in 1991), Article 7 and 9 of the International Covenant on Civil and Political Rights (adopted in 1996), Article 14 of the Convention on the Rights of Persons with Disabilities (adopted in 2006, ratified by Japan in 2014), and Article 22-2 (Minimum Necessary Measures) of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (1998), also argues that in the case of psychiatry, even though compulsory medical treatment based on medical necessity is allowed, it must be the minimum necessary.³⁾

The mere existence of the provision of “may restrict” in the MHW is insufficient to support physical restraint.

The “Basic Concept” of the restraint standards set by the government also states that “Physical restraints are restriction on behavior that are unavoidable until alternative methods can be found because of the degree of restriction and the possibility of causing secondary physical disabilities, and that efforts should be made to switch to other methods as soon as possible.” (Ministry of Health and Welfare Notification No.130, April 8, 1988), it

is also a magnification of the principle of the minimum.

In France, where isolation and restraint in psychiatry had become a social problem, the provisions were established in the Public Code (L3222-5-1, Article 72 of Code de la Santé Publique) to regulate isolation and physical restraint in 2016.^{*4} This requires that isolation or restraint is a last resort measure and can only be implemented within a limited period under decision of a psychiatrist when there is an immediate and imminent danger to the inpatient or others. Furthermore, the procedure is closely monitored while the patient is in restraint. In Japan as well, there is a strong need to discipline and strictly supervise this as a last resort, and legislative reform is necessary.

3. Relationship with other laws and regulations

In criminal law, physical restraint corresponds “arrest” (Article 220 of the Penal Code). In the code, the term “arrest” as used refers to the infringement of a person’s freedom of action through direct restraint of the person’s body¹⁰⁾, so physical restraint corresponds to this category.^{11)*5} According to court precedent, a case where a person (child) who had a duty of protection physically restrained a mentally disabled (psychosocial

disability) person (parent) was found to be as "far exceeded her degree necessary from the viewpoint of victim protection", Article 220 of the Penal Code was applied.²¹⁾

In addition, physical restraint may be subject to civil liability. There is the risk of deep vein thrombosis or pulmonary thromboembolism²⁾ and if the restraint is found to be illegal, it means there is tort liability (Civil Code Article 709) or default liability (Civil Code Article 415).

4. The need of the check from outside

As stated above, physical restraint is a situation in which a serious constitutional right is threatened. However, the MHW Law contains only the words "may restrict" and "treatment", and these words do not clarify the specific requirements of physical restraint. As for due process, the legal framework is also seriously flawed.

For example, when a person is detained in criminal proceedings, the law requires approval by the judicial authority at multiple stage, including the issuance of arrest warrants and decisions on detention (Articles 199 and 207 of the Criminal Procedure Code). The right to have the assistance of competent counsel (attorney) and the term of custody are also restricted by the law and be adhered strictly. [Article 205 and 208

of the Code of Criminal Procedure, and once in custody, there is a guarantee of a court -appointed attorney, regardless of the charge (Article 37-2 and 37-4 of the Criminal Procedure Code)]. The penal institutions are also investigated by the Penal Institution Inspection Committee (Article 9 of the Act on penal Detention Facilities and Treatment of Inmates and Detainees).

In comparison, the MHW law has no ceiling at all. The length of detention is not specified by law, and there is no external review of when physical restraint begins. The monitoring mechanism is also inadequate.

Although the inpatient can request the psychiatric review board to release from physical restraints as a request for improvement of treatment, the board meets only once a month and cannot function effectively in the case of restraints that involve direct physical assault.

Even if the practitioner is aware that he or she is doing the minimum necessary in consideration of human rights, it must be kept in mind that behavioral restraint in a locked ward always has the risk of going too far by its nature. Therefore, there is a strong need to make the duration of restraint statutory and to establish a system for third-party investigation of physical restraint.

5. Framework for judging the admissibility of human rights restrictions

The author will examine the framework for determining when human rights restrictions are permissible and how and by whom they should be determined.

As above, the interest in not being subjected to physical restraint (the interest in not having one's body unjustly invaded) is a serious constitutional right (human right). In order for human rights restrictions to be allowed, it is necessary to rigorously examine whether their grounds (law and application) are constitutional. As Shigenori Matsui considers physical freedom from the perspective of "an essential right for political participation", restrictions require rigorous examination.⁶⁾

With regard to the criteria for constitutional, Japanese courts have adopted a double standard framework based on American precedents. This means that the criteria are differentiated depending on whether the subject of the regulation is spiritual freedom (such as freedom of speech, press and all other forms of expression) or economic freedom (rights to choose his /her occupation), with the former being subject to strict review and the latter being subject to relatively not so strict (Judgment

criteria differ depending on the purpose and means of regulation.).

According to this approach, freedom of expression is the foundation of democracy, and once violated, it is difficult to recover, so the regulations on it are subject to strict examination, while the regulation on economic freedom should be examined relatively not so strict due to the limitations of judicial review capacity. In the case of restrictions on freedom of expression, in principle, "Since it is presumed unconstitutional, it is necessary to strictly examine whether the purpose of the restriction is rightful and whether the means, method, and degree of restriction are the minimum necessary to achieve that purpose."¹⁹⁾

Physical restraint is a scene that directly infringes on the body, and its restrictions are directly linked to freedom of expression. Therefore, strict review should be considered appropriate. Specifically, at a minimum, the LRA standard (less restrictive alternative), which is a framework for judging whether a restriction is impermissible when the objective can be achieved by other alternative means that are less restrictive, should be used.^{5)22) *6}

It is necessary to specifically consider the theory of comparative equilibrium in which conflicting

interests are weighed. When the lost benefits of physical restraint are weighed against the benefits of requiring physical restraint, physical restraint has the significant negative effect of depriving individuals of all freedom of action and threatening their dignity. It must be the minimum necessary means to solve the situation that we are currently facing (is there really no other less restrictive means that can be taken?). The judgement should be based on the current situation, not on abstract risks such as “I would be troubled if something happened” or “This person has committed violent acts in the past.” This consideration is necessary not only at the beginning of physical restraint, but also in ongoing situations.

Furthermore, it is also important who and how makes those judgements. The judgement should be from the perspective of an objective third-party, not on the subjective view of the person who performed the act, and must be made from the perspective of whether the act can be evaluated by a third-party (i.e., whether it can worthy a judiciary inspection).

Finally, the due process of law is also important. Opportunities for notification and hearing, transparency, and SOS route from the

person themselves must be guaranteed. Thorough implementation of due process will ultimately lead to a reduction in the burden on the implementers.

The significance of presenting objective indicators referring to such constitutionality criteria is not only to reduce physical restraints, but also to consider the physical and mental health of inpatients, which is what is required in the original psychiatric treatment. In other words, there is a possible criticism that “the law cannot save the patient (inpatient),” but does “treatment using physical restraint” save the person’s body and mind? Essentially, treatment is supposed to be a scene in which the mental health of the inpatient is also taken care of. In the treatment situations, it is necessary to keep in mind whether it is appropriate to use methods that keep the patient from recovering their true mental health, and to keep thinking about alternative methods other than physical restraint.

It is important to remember that even if the physical restraint is not considered “illegal,” it is still a serious violation of the subject’s constitutional rights (human rights). It is always necessary to be aware of minimizing the restriction of human rights.

III. A consideration of the

Circumstances Requiring Physical Restraint

Some may argue that physical restraint is unavoidable in order to prevent accidents, for example, to prevent suicide. Satoru Iwashita states, “The reality is that there are many cases in which behavioral restrictions such as isolation and physical restraint must be enforced, or should not be hesitated to do enforced, in order to realize the ‘assurance of appropriate psychiatric care.’” in his review based on the accident report, ¹⁾ It is true that the such a reality is “not infrequent,” but when reconsider the benefits that physical restraint deprives us of it, it is not insignificant to refer to the criteria for judging constitutionality.

If an inpatient commits suicide while in a psychiatric hospital, the bereaved family may seek that the hospital did not enforce physical restraints as one of the grounds for prosecuting the case. However, as far as the author has been able to ascertain, there is no judicial precedent in which a hospital has been held liable for damages on the grounds of a causal relationship between non-compliance with physical restraints and suicide.

On the other hand, there is a need to use physical restraint as an unavoidable measure to ensure the health and early discharge of

inpatient with acute symptoms. (e.g., to facilitate intravenous fluids) and to facilitate treatment. However, whether physical restraint is really necessary to shorten the length of hospitalization requires careful consideration. For example, the author has not seen reports that physical restraints are commonly used as a reason for shortening hospital stays in other countries.

The opinion that physical restraint is unavoidable in connection with treatment or therapy and the opinion that physical restraints is a violation of human rights are very different in the way they look at things, and at first glance they seem to be incompatible and opposing. However, it is common knowledge that physical restraint can be tolerated only within a limited range, and thorough due process should be made to ensure is a common requirement in the theory of unavoidable physical restraint.

Conclusion.

In my practice as a lawyer, I sometimes receive consultations from people who are hospitalized in psychiatric hospitals and their families asking to be released from physical restraints as soon as possible. When I visit inpatient after receiving consultations, I sometimes encounter inpatients lying sadly in the protection

room with restraints attached.

Of course, the inpatient does not become agitated or violent in the presence of those who come to listen to them. It is easy to imagine that the situation is quite different from the one when the hospital staff felt the need for restraint. On the other hand, one can imagine the following criticisms:” The situation in the field is miserable on a daily basis due to understaffing and barriers to medical treatment fee, and since inpatients are yelling and acting out, it is necessary to certain behavioral restrictions to protect other inpatients, staff, and themselves, but is this not acceptable?” “If an accident occurs, the family may sue the hospital.” However, it is also necessary to go back to the time before physical restraint was necessary and examine what happened before such problems occurred and whether efforts were made to build relationships with hospitalized patients and staff.

What we are now confronted with is a serious constitutional right of inpatient. Before justifying the use of the phrase “treatment” and” medical condition,” we need to consider the amount of profit lost in doing so, we need to stick to methods that do not hurt the feelings of hospitalized patients. It is also necessary to maintain a common understanding that we are facing a serious human

rights problem and that human rights restrictions must be kept to a minimum. For this purpose, the viewpoint of whether a document can withstand external review by a third-party, that can be a certain criterion for judgement.

Finally, it is also serious issue that isolation and restraint in wards people with severe intellectual and physical disability, at attached national psychiatric hospitals. I hope that the socialization of physical restraint will shed light on people with severe intellectual disabilities who have been living in isolation and physical restraint for decades.

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- Annotation

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*3 This issue concerns the relationship between Article 13 and Article 31 of the Constitution. On this point, Sato argues that Article 13 of the Constitution, together with the principle of "equality of personality" stipulated in Article 14 of the Constitution, makes it clear that the Constitution is based on the principle of "personality", and that Article 13 guarantees due process. The principle

of "dignity of personality" naturally implies "equality of personality", however "dignity of personality" indicates the state or inner structure of "personality" itself, with its relationship to other personalities in parentheses. The principle of "dignity of personality" requires, first, that public judgments give proper consideration to the personality of the individual, and, second, that proper procedures be established to ensure such proper public judgments. Therefore, it is not permissible to inadvertently generalize or abstract the circumstances of each individual to their detriment. There are various theories on the issue of the suitability of administrative realities and procedures, but basically it is understood that this is exactly what is required by this letter 14),16).

*4 Interviews with Cécile Castaing and Velpry Livia in France (June 2019 visit) Article L3222-5-1

Created by LAW n°2016-41 of January 26, 2016-art. 72

L'isolement et la contention sont des pratiques de dernier recours. Il ne peut y être procédé que pour prévenir un dommage immédiat ou imminent pour le Leur mise en œuvre doit faire l'objet d'une surveillance stricte confiée Leur mise en œuvre doit faire l'objet d'une surveillance stricte confiée par l'établissement à des professionnels de

santé désignés à cette fin [Seclusion and restraint are measures of last resort. Seclusion and restraint can be tolerated for a limited period of time, with the aim of preventing immediate or imminent harm to the person or a third party, as determined by the psychiatrist. The implementation must be closely monitored by a medical professional body designated for this purpose (author's translation)]. Paragraph 2 of the article stipulates the obligation to enter the information in the registry, and paragraph 3 stipulates the obligation to submit a report. The text of the law can be

downloaded from the French Government Legal Services (<https://www.legifrance.gouv.fr/affichCodeArticle.do?idArticle=LEGIARTI000031918948&cidTexte=LEGITEXT000006072665&dateTexte=20160128>) (reference 2019-08-28).

*5 However, “these acts may also be illegal if they exceed the original intent of the law”.

*6 This paper is about the criteria for judging the constitutionality of the compulsory hospitalization system, which is also common to physical restraint.

percentage of patients in physical restraint of the survey on June 30 in every year													
hospitalization type year	"Sochi Nyuin"			"Iryohogo Nyuin"			"Nini Nyuin"			"Other"			restraint (total)
	restraint	total patients (hospitalized)	rate	restraint	total patients (hospitalized)	rate	restraint	total patients (hospitalized)	rate	restraint	total patients (hospitalized)	rate	
2004		2,414			115,297			206,209			2,205		5,242
2005		2,276			118,069			202,231			1,759		5,623
2006		2,061			119,138			197,212			1,897		6,008
2007	73	1,849	3.95%	5,529	121,868	4.54%	1,170	190,435	0.61%	14	1,957	0.72%	6,786
2008	130	1,803	7.21%	6,639	124,920	5.31%	1,224	184,573	0.66%	64	1,975	3.24%	8,057
2009	83	1,741	4.77%	6,871	127,757	5.38%	1,216	179,290	0.68%	23	1,950	1.18%	8,193
2010	124	1,503	8.25%	7,636	131,924	5.79%	1,162	155,122	0.75%	8	1,857	0.43%	8,930
2011	124	1,501	8.26%	7,685	133,096	5.77%	1,408	167,968	0.84%	37	1,829	2.02%	9,254
2012	112	1,666	6.72%	8,093	135,740	5.96%	1,479	162,808	0.91%	11	1,942	0.57%	9,695
2013	143	1,663	8.60%	8,677	136,680	6.35%	1,387	157,178	0.88%	22	1,915	1.15%	10,229
2014	205	1,503	13.64%	8,995	131,924	6.82%	1,445	155,122	0.93%	28	1,857	1.51%	10,673
2015	132	1,515	8.71%	8,680	127,599	6.80%	1,478	153,833	0.96%	8	1,859	0.43%	10,298
2016	141	1,523	9.26%	9,202	129,593	7.10%	1,562	153,512	1.02%	28	1,778	1.57%	10,933

Table. Percentage of patients who undergo physical restraint

[Hospitalization type]

Sochi Nyuin: Involuntary Hospitalization by the Prefectural Governor

Iryohogo Nyuin: involuntary hospitalization based on the consent of family members, etc.

Nini Nyuin: voluntary admission

Other: other type

(prepared by the author from reference 12)