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Statistical Compilation

The First Trial of an Integrated One-stop Center for Young People in Japan, SODA: From the Psychiatric Early Intervention toward the Early Consultation and Support in the Community

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Abstract

The social burden caused by mental illnesses has been highlighted worldwide, and the implementation of strategy for prevention of and recovery from them is an urgent problem. At the beginning, the main target of psychiatric early intervention was psychotic disorders, such as schizophrenia. Recently, the scope of intervention has been including not only mental illnesses but mental health problems. Although assessments based on the clinical staging model, which is a framework for understanding illness trajectory from mental health to mental illness, is needed for young people who are help-seeking and are common age for the onset of mental illnesses, it has been examined only in medical facilities in Japan. It is quite difficult for young people to access medical facilities directly, thus many of them do not receive necessary support based on appropriate assessments. As a solution to this situation, the usage of the "integrated one-stop care" has been

proposed by the World Health Organization and some leading countries. Based on these evidences, we started a new trial of an integrated one-stop mental health service for young people in Japan, SODA (Support with One-stop care on Demand for Adolescents and young adults), at Kita-Senju, Tokyo, which is a metropolitan area where many young people concentrate. The SODA is an independent counter from medical facilities and provides early support assessments by a multidisciplinary team on demand for young people. In addition, it aims to achieve the one-stop care in community thorough a construction of comprehensive support systems by the method of clinical case management. In this report, we investigated a data set from SODA. Many of young people who sought help to SODA had mental health problems with multiple psychosocial difficulties, such as social isolation and unemployment. Only about 30% of them had visited medical facilities regularly. After the first consultation at SODA, about 70% of them took a psychosocial support session at SODA. In addition, we cooperated continuously with medical facilities and other organizations to construct of comprehensive support system. Social implementation of early consultation and support systems in the community is a trend in developed countries, and it leads to improving outcomes of mental illnesses and even preventing them. For the development of "the community-based integrated care system adapted for individuals with psychiatric disorders" in Japan, the early consultation system is thought to contribute to lightening the social burden and sustainability of this care system.

Keywords: young people, early intervention, one-stop care, case management, clinical staging

Introduction

The social losses associated with psychiatric disorders are well-recognized worldwide, and the implementation of strategies aimed at improving symptoms and functions, reducing subjective difficulties, and ultimately preventing psychiatric disorders is considered an urgent task for the society[43]. In recent years, amidst growing interest in early interventions in psychiatry, it has been shown that early detection and early treatment of psychotic disorders, which was indicated by the shortness of the duration of untreated psychosis (DUP), improves the prognosis [35]. Furthermore, attention has been

focused on the at-risk mental state for psychosis (ARMS), and operational diagnostic criteria for ARMS have been proposed, leading to the expansion of early support for psychotic disorders towards prevention 46). Initially, ARMS was considered a risk state for psychotic disorders, and attention was focused mainly on the onset of schizophrenia. Subsequent research has shown, however, that false positives for the onset of psychosis account for about 70% of cases, and that schizophrenia is diagnosed in about 60% of those who transition from ARMS to psychosis, with also a variety of other outcomes including mood disorders and anxiety disorders 10)11). Furthermore, many individuals with ARMS already have comorbidities that meet operative diagnostic criteria, and in a Japanese multicenter study, approximately 80% of individuals with ARMS had some non-psychotic comorbidities, with anxiety disorders being the most commonly identified(approximately 30%) 21). In addition, there have been a number of cases in which psychosocial difficulties were severe even when the symptoms were mild 8), as well as several reports of biological changes in brain imaging and decline in cognitive function already present at the stage of ARMS 7)42). In response to these findings, psychiatric early intervention has broadened its scope to encompass not only psychotic disorders, but also the entire spectrum of psychiatric disorders and stages of mental health problems. At the same time, the concept of the clinical staging model, which assumes a gradated dimensional structure of mental illness from "normal to nonspecific mental health problems to risk state to onset to chronic phase", has been proposed 15)23). In particular, mental health problems are assumed to include nonspecific mild anxiety, depression, and reactions to stress, which anyone can experience, and early support from that stage is considered to be important. The concept of the clinical staging model is not only a research indicator aimed at elucidating the pathophysiology of mental illness, but also has a high affinity with practical support and treatment in the community for help-seeking people 36). This is directly related to conducting assessments and support based on the latest evidence for help-seeking persons and may also prevent excessive diagnosis and treatment.

Positive evidence is accumulating regarding the effectiveness and cost-effectiveness of early support and interventions for mental illnesses and mental health problems 1)5). On the other hand, however, there are only a limited number of cases in which these early intervention services are effectively used in the community, and

there are various issues to be addressed in their social implementation and dissemination 2)6). One of these is that existing early intervention services have been mainly led by and implemented within medical institutions. Early intervention services in Japan are no different 28). When symptoms are still mild, as in the case of ARMS, requests for help are not always directly related to psychiatric symptoms, and due to stigma towards mental health problems, people often do not seek help anywhere 4) or seek help from a non-medical institution 16). As a solution to this problem, the World Health Organization (WHO) and other countries that are making pioneering efforts are advocating the establishment of comprehensive support systems through "one-stop/integrated care" in communities 16)44). Considering that 70% of mental illnesses occur before the age of 24 years 18), the main target is young people, and centers specializing in youth have been set up in areas with good access 16)20). For example, there are centers called “headspace” in Australia and “Community Health Assessment Team (CHAT)” in Singapore. These centers accept a wide variety of difficulties including mental health problems in people who have not yet "visited" a medical institution, and thus do not limit their target to "whether or not" the person has a mental illness. It is also necessary to aim for early consultation and support through one-stop care, through collaboration among formal organizations involved in various fields such as medicine, education, public health, and welfare, as well as informal supporters such as family members and local residents (Figure 1). However, when building a comprehensive support system, brokerage-type case management, which focuses on referrals to related organizations, is difficult for young people with stigma who have difficulty in clearly expressing their support needs 38). In contrast, clinical case management is a method in which a specific person becomes a case manager and functions not only as a coordinator of services, but also as a provider of services, that is the case manager himself provides psychosocial support for a certain period of time. (Table) 19)32)33)38). The usefulness of clinical case management has long been reported in the support of the lives of persons with mental illnesses 9)26). Recently, a combination of cognitive behavioral therapy and case management has been reported to be effective for ARMS 14), and clinical case management is considered to be useful for supporting young people with mental health problems in the early stages of their illnesses.

In Japan, consultation services by

public health nurses at public health centers is a representative example 3)13). With the Services and Support for Persons with Disabilities Act enacted in 2013, the role of public health centers as a consultation service for mental health has been increasing year by year 13). The characteristics of consultations of persons with mental illnesses at public health centers are that many of the cases have problems in their daily lives before they can receive a clear diagnosis 31), and the role of public health centers is extremely important from the perspective of early intervention. However, it is reported that many public health nurses have strong difficulties in assessing and dealing with mental illnesses and in cooperating with various related organizations, including medical institutions, and that provision of adequate support 17)27). On the other hand, as for consultation and support from the viewpoint of early intervention other than public health centers, the place of implementation is often within a medical institution, or early consultation is implemented in cooperation between a medical institution and a specific institution (a school, for example) 34)45). Although social implementation of comprehensive consultation services similar to the aforementioned one-stop care has begun in some parts of Japan 40), there has been no permanent consultation service independent of medical institutions that can provide comprehensive assessments from mental health problems to mental illnesses based on the clinical staging model, not only for bridging between public health and medical care, but also building a collaborative support in the community through clinical case management, and target all young people who seek help. Based on this situation, and as a result of the "Mental health and Early Intervention in the Community-based Integrated care System" (principal investigator: Prof. Takahiro Nemoto, co-investigator: Dr. Kuniaki Tanaka) of the Fiscal Year 2019 by Health and Labour Sciences Research Grants24)29)30), a one-stop consultation center called SODA (Support with One-stop care on Demand for Adolescents and young adults) was established in Kitasenju, Adachi-ku, Tokyo 37). SODA is a new initiative in Japan that provides early consultation and support assessment and clinical case management through a multidisciplinary team for the difficulties and concerns of young people, not as a "visit" to a medical institution, but as a "consultation" at a local contact point independent of medical institutions.

In recent years, the Ministry of Health, Labour and Welfare and local governments have been promoting the

construction of "Community-based Integrated Care System for Mental Disorders". This system applies the concept of "providing necessary support comprehensively in the community and supporting independent living in the community", which is discussed in the care of the elderly, to the care of persons with mental disabilities. Specifically, the purpose of this system is to ensure comprehensive medical care, welfare for disabilities, housing, social participation, employment, community cooperation, and education, enabling all individuals to live their own lives as member of a community with peace of mind. This is in line with the philosophy of one-stop care, and, at the same time, is highly compatible with the establishment of a comprehensive support system required for the support of multimorbid and multidimensional early syndromes 12)22) such as ARMS. The purpose of this paper is to present the activities of SODA, organize information on consultations and support interventions received to date, and discuss future issues.

I. Methods

On July 1, 2019, SODA was opened in an Adachi Ward's facility in Kitasenju with the cooperation of Adachi Ward and operated by the staff of the Department of Neuropsychiatry, Toho University Faculty of Medicine and the Tokyo Adachi Hospital, as a project of the Ministry of Health, Labour and Welfare. The center is open from 11:00 to 20:00, including Saturdays (closed on Tuesdays, Sundays, and national holidays), and deals with a wide range of difficulties and problems of young people, generally aged from 15 to 35 years (actually also including 11 to 14 year olds). There are no restrictions on the area of residence, and all persons with access to SODA are eligible. There is no cost burden on the client.

The first step in the consultation process is an early consultation and support assessment by a multidisciplinary team consisting of psychiatrists, psychiatric social workers, psychologists, nurses, and public health nurses. A psychiatric evaluation is conducted based on the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), with psychological assessment including assessments of adolescent conflicts, family conflicts, and the degree of need for help-seeking, and social background evaluation including employment, schooling, and other economic status.

Clinical case management is then conducted mainly by psychiatric social workers. In addition to in-person interviews, the program uses telephone, e-mail, home visits, online video chat interviews, and social networking

services (SNS) to flexibly meet the needs of the clients. Interviews are conducted for 60 minutes at the beginning and 30 minutes thereafter. The goal is to build a comprehensive support system by conducting psychosocial support sessions for the various difficulties that young people face, and coordinating cooperation with various related organizations as needed, for a period of approximately six months. Since the opening of SODA, we have visited many organizations related to young people, exchanged opinions on support for young people, and distributed flyers to promote SODA. Specifically, we visited public health centers, child and family support centers, welfare offices, police stations and other administrative agencies, schools, and social welfare corporations and NPOs that provide support for social withdrawal, learning support, employment support, and children's cafeterias, mainly in the northeastern part of Tokyo.

In this study, we retrospectively collected information on basic attributes such as age, gender, and address, history of psychiatric treatment, history of suicide attempts, person consulting, Global Assessment of Functioning (GAF) at initial consultation, content of consultation and support based on consultation records of cases for which 6 months or more had passed since the date of the initial consultation as of July 31, 2020. The subjects were divided into two groups according to their history of psychiatric treatment, and their characteristics were qualitatively examined. This study was conducted on an opt-out basis, with the approval of the Ethics Committee of Toho University Faculty of Medicine (A20010), and the research information was disclosed to the public.

II. Results

1. Characteristics of the subjects at the time of initial consultation

Ninety cases (48 males and 42 females) were included in the analysis. The mean (standard deviation) age was 22.5 (6.7) years, and 49 (54.4%) of the subjects lived in Adachi-ku, 14 (15.6%) in two neighboring wards (Arakawa and Katsushika), 12 (13.3%) in other areas of Tokyo, 7 (7.8%) in Chiba, Saitama, and Ibaraki Prefectures, 1 (1.1%) in others, and the area of residence was unknown for 7 (7.8%) cases. Thirty-two patients (35.6%) were outpatients at the time of the initial consultation, 21 patients (23.3%) had interrupted psychiatric treatment, 34 patients (37.8%) had no history of treatment, and the treatment status in 3 patients (3.3%) was unknown. Seventeen patients (18.9%) had a history of suicide attempts. The mean (standard

deviation) GAF score at the time of the initial consultation was 43.3 (14.5).

The initial consultees were the subjects themselves (21, 23.3%), the subjects' family members (27, 30.0%), and staff members of various related organizations (42, 46.7%). The largest number of staff from related organizations was from child welfare-related facilities, such as child and family support centers and child guidance centers (10, 11.1%), followed by from medical institutions (8, 8.9%), and welfare offices (6, 6.7%). In addition, consultations were received from employees of various other institutions, including public health centers, schools, nonprofit corporations, and social welfare councils.

2. Contents and characteristics of the consultations by the psychiatric treatment status

The most common type of consultation was for mental health problems / psychiatric symptoms (64 cases, 71.1%), followed by that for social isolation / withdrawal (34 cases, 37.8%), and employment difficulties (29 cases, 32.2%), with a mean (standard deviation) of 2.8 (1.1) consultations per case.

Next, we examined the contents of the consultation in 32 cases of the Outpatient group (mean age, 24.0 years; 17 males; mean GAF score at the time of initial consultation, 44.5) and in 55 cases of the Non-outpatient group (mean age, 21.4 years; 31 males; mean GAF score at the time of initial consultation, 42.6) who had had no previous psychiatric treatment or had discontinued their psychiatric treatment. The contents of each consultation are shown in Figure 2. The most frequent consultations in both groups were for mental health problems and psychiatric symptoms. In the Outpatient group, the most frequent consultations were for employment and financial difficulties. On the other hand, in the Non-outpatient group, the most frequent consultations were concerning family relationships, school refusal, physical problems, and game addiction.

Among the 38 individuals in the Non-outpatient group, mental health problems below the diagnostic threshold were reported in 15 (39.5%) subjects, suspected F4 neurotic disorder in 10 (26.3%) subjects, suspected F3 mood disorder in 3 (7.9%) subjects, suspected F2 psychotic disorder in 2 (5.3%) subjects, and others in 9 (23.7%) subjects.

3. Support and Cooperation

After the initial consultation with SODA, there were few cases in which the consultation ended with only information about the program, and 63 cases (70.0%) in which it resulted in at least one psychosocial support session after the initial consultation (Figure 3).

As the content of the support, we attempted to organize the needs of the consultees, assess their condition, and establish a supportive relationship with them, regardless of the content of the consultation. Then, various psychosocial support services were provided according to the various contents of the consultations described above (Figure 2). Specifically, the most common mental health problems and psychiatric symptoms were emotional instability and depressed mood due to stress at school, work, or home, as well as social anxiety, interpersonal fear, and panic attacks at the level of neurosis, which were treated with supportive psychotherapeutic interviews and psycho-education on stress reduction and coping behaviors. Social isolation / withdrawal syndrome was characterized by the loss of opportunities for social participation due to maladjustment at school or work. Although they were able to go out for short periods of time for shopping in the neighborhood, their interpersonal interactions were very limited and they were often anguished. While attending to their feelings of loneliness and impatience for the future, we conducted regular interviews, sometimes including online tools, as an opportunity for interpersonal interactions and outings. In regard to employment, various consultations were received, such as difficulties in interpersonal relationships in the workplace, repeated job changes, inability to find new employment, and consultations regarding employment of persons with disabilities, and we provided consultations for actual difficulties, on how to cope with them, and provided advice on job search activities. In addition to these consultations, we provided flexible support according to the needs of the clients, since the contents of the consultations were diverse and the difficulties and problems in multiple areas were often interrelated. In addition, family support was provided as necessary to promote understanding and cooperation not only among the consultees themselves, but also among their families. In parallel, support was provided not only within the purview of SODA, but also in collaboration with external specialized institutions [medical institutions in 31 cases (34.4%) and other related institutions in 58 cases (64.4%)]. When collaborating with outside agencies, in the majority of cases, the collaboration went beyond mere referrals and signposting. A mean (standard deviation) of 10.2 (11.3) sessions of psychosocial support and collaboration with outside agencies was provided over a 6-month period.

III. Discussion

SODA is the first initiative in Japan to implement a community-based early consultation and support center for care of the mental health of young people based on the WHO recommendations and the one-stop care that is being practiced in other countries. The following are discussed based on the characteristics of SODA and consultation services that have been implemented in Japan for young people.

1. The necessity of evidence-based assessment and consideration of accessibility for early consultation among young people

Evidence-based psychiatric assessment is essential in early consultations for mental health in young people, considering the common age of onset of mental illnesses 18). However, attention must be paid to the fact that not all mental health problems progress to mental illness, the variability of mental health problems, the concept of an at-risk state, not to cause excessive medicalization, and concerns about stigma. On the other hand, timely treatment is effective in the early stages of onset of mental illnesses, and in many cases, the psychosocial difficulties associated with mental health problems are already severe 8)10). Therefore, appropriate assessment of the condition is required, considering the needs of the persons seeking help, while being careful that early consultation does not become mere labeling. Furthermore, it is important to be able to connect young people with difficulties and request assistance from a consultation service that can conduct appropriate assessment at an early stage. Until now in Japan, longitudinal assessments from the stage of mental health problems to mental disorders have been conducted mainly within medical institutions, and most of these assessments could not be received without a "medical examination" 25)28). However, it has been repeatedly reported that extremely high barriers exist among young people with mental health problems to "seeing a doctor" at a medical institution 16)44), so that it is difficult to say that appropriate support is being provided, even in Japan. Consideration of accessibility for young people is a key point in the social implementation of early consultation and support services, and the establishment of a consultation service independent of medical institutions is considered as an important solution to this problem. Indeed, in this study, we found that many subjects with mental health problems and psychiatric symptoms, some of which were suspected as being untreated psychotic disorders, consulted SODA, a local consultation service, rather than a medical institution. Furthermore, it is difficult to say that the evaluation

system for the condition of young people based on the clinical staging model is sufficiently widespread in psychiatric care in Japan 41), and simply visiting a medical institution will not necessarily solve the problem. Among the subjects who sought SODA consultation, there were a certain number of cases that had stopped visiting the hospital or had visited a hospital once but did not continue to do so, suggesting that it is also desirable to provide appropriate support based on assessment to young people who have visited a medical institution with difficulties. The largest number of consultations related to mental health problems and psychiatric symptoms and the fact that differences in psychosocial difficulties were observed depending on the psychiatric treatment status in this study may be helpful to consider the content of support.

On the other hand, a solution to the problem of accessibility for young people has also been sought in Japan through the establishment of a cooperative system between medical institutions and various institutions at which young people first sought help. There are examples of early intervention teams from medical institutions conducting early consultations in the form of outreach, but they face issues such as not being permanent contact points and targeting only those who belong to specific institutions, such as specific schools 34)45). The most common characteristics of the initial consultees at SODA were staff members of various local agencies, which means that staff members of the agencies consulted SODA about difficulties, including mental health problems in young people, without directly consulting medical institutions. Furthermore, public health centers, which are the administrative contact points for mental health problems in the community, are said to have difficulties in cooperating with medical institutions 17)27), and the fact that a certain number of consultations to SODA were also received from these centers is suggestive. When SODA receives an initial consultation from a staff member of a related organization, it first provides a brief assessment of the subject and advice on how to establish a cooperative support system. Then, SODA organizes the subject's difficulties and worries, and informs the subject that it is possible to coordinate cooperation with medical institutions, if necessary. This is thought to indicate that there is a high need among the staffs of related organizations, each of which has its own area of expertise for specialized assessment and case management in the early stages of mental health problems and psychiatric symptoms young people.

In addition, the following specific considerations for early consultation serviceshave been mentioned 16)44). One is not to separate the target population into categories such as "children" or "adults". In other words, the counseling service should not only be available for those under 18 years of age or minors, but should include adolescents and young adults, who represent the peak age of onset of mental illnesses. Practices from other countries emphasize the continuum, especially for subjects aged 12-25 years 44). In addition, it is desirable for the opening days and times to include evenings, nights, and Saturdays/ Sundays so as to avoid interference with school and work, which are the main places for social participation and reintegration. The most effective locations for the center are downtown areas where young people tend to congregate. This is a problem related to one of the issues that many existing public contact points face, which is limitation of use due to their being in residential areas. There are many cases in which people prefer to consult at places far away from their homes due to the stigma they face, or they prefer to be closer to their schools or workplaces where they live and work, so that their neighborhoods are not always the most desirable locations for the consultation centers. Adachi-ku, located in the northeastern part of Tokyo, has been redeveloped since 2000, and its population has been increasing each year. Within the ward, Kita-Senju Station is a major transportation hub not only to Tokyo, but also to neighboring prefectures, and there are several universities and a downtown area with large commercial facilities within walking distance from the station, which has recently seen a significant concentration of young people. Therefore, Kita-Senju is a useful place to examine these factors, and SODA generally operates in accordance with these recommendations. About half of the consultation subjects are residents of Adachi-ku, but the fact that consultations are received not only from other wards of Tokyo, but also from neighboring prefectures, shows the usefulness of these recommendations.

On the other hand, although it was observed that a certain number of young people voluntarily seek initial consultations at SODA, the results of this study indicate that the situation is not yet satisfactory. The mean GAF score at the time of the initial consultation suggested that the subjects already had relatively severe psychiatric symptoms or functional decline. The function of an early consultation center should be to provide a place where young people can "immediately consult on their own"

when they are in a milder state, that is, even when they experience some kind of mild difficulty 16). In order to achieve this, it is necessary to give further consideration to the psychological and physical accessibility of young people, and to consider methods that would enable direct approach by young people themselves by actively utilizing highly user-friendly tools, such as social networking services. In particular, online interviews via video chat and SNS may be effective tools for supporting young people, in line with the social needs associated with the recent spread of COVID-19. According to the aforementioned practices in other countries and the WHO recommendations, early consultation centers for young people should be located on the first floor facing the street, should have art and recreational activities, and young people should participate through peer support. SODA will continue to promote practices based on these recommendations.

2. Methods for building a comprehensive support system based on the concept of one-stop care

In order to respond to the diverse difficulties of young people, it is necessary to establish a comprehensive support system in the community based on appropriate assessments 16). In order to achieve this, clinical case management for young people with difficulties is useful, and the role of psychiatric social workers is extremely significant. Recently, the role of psychiatric social workers has been expanding regardless of the field, and their importance is also increasing in the field of psychiatric care 39). Originally, clinical case management was an effective method for supporting the community life of persons with psychiatric disorders 9)32)33). In psychiatric treatment settings, psychiatric social workers not only play a role as intermediaries of support through being familiar with formal and informal social resources that exist in the community, but also by providing flexible psychosocial support for various difficulties in community life while building collaborative support relationships with the subjects, and often function effectively in the community by practicing clinical case management. SODA adds the functions of early consultation and support assessment based on the clinical staging model over and above these clinical backgrounds. We conduct a psychiatric evaluation based on ICD-10 to determine whether a patient might have a mental illness, which is important for planning support. Mental health problems under the diagnostic threshold are often mild anxiety or depression, and supportive

psychotherapeutic interviews and psycho-education on stress reduction and coping behaviors are provided in SODA. When psychiatric symptoms that meet the diagnostic criteria are suspected, in addition to this support, we suggest that the person seek medical care according to his/her wishes. The main roles of the psychiatrist in the multidisciplinary team include psychiatric evaluation of mental health problems and psychiatric symptoms, provision of general advice on the effects and side effects of medications, and provision of information on medical institutions. The psychiatrist provides this advice in collaboration with a psychiatric social worker who serves as a case manager and, if necessary, conducts a direct interview with the consultee. In addition, regarding health and preventive support for psychological conflicts and nonspecific psychosocial health issues faced by young people, psychologists and public health nurses join the team to review the support contents and add their expertise. A case review meeting is held once a week to share information on the consultee's situation with the multidisciplinary team, and the support plannings are discussed. The introduction of clinical case management in the early support of young people is a unique feature of SODA and a world-leading advantage, as it has not been fully implemented even in leading countries that have implemented a national early consultation service for young people. SODA utilizes evidence of early psychiatric intervention, which has focused on adolescence and young adulthood, a period when brain functions and structures are likely to change significantly and are highly reversible, in early consultation and support in the community by a multidisciplinary team including psychiatrists and psychiatric social workers with expertise and training in this field. Psychiatric social workers, who mainly act as case managers, provide flexible psychosocial support for young people with a wide range of difficulties and serve as intermediaries to various specialized institutions in the community. Furthermore, SODA is unique in that it is a permanent contact point specialized for young people that can respond immediately to their requests, and that takes physical and psychological accessibility into consideration.

SODA's human resources are provided by Tokyo Adachi Hospital, which has been responsible for psychiatric care in the region, but it functions as an independent entity, not as part of the medical institution. Securing skilled human resources is an important issue,

and it is practical to utilize the functions and resources of private institutions while ensuring public interest. It is desirable to develop a policy regarding the economic foundation to support and maintain such services.

Conclusion

In this study, we have attempted social implementation of SODA as a solution to the problems related to mental health consultation and psychiatric treatment in Japan faced by young people with mental health problems. The uniqueness of SODA can be summarized as follows: (1) longitudinal assessment from mental health problems to mental illness based on the concept of clinical staging model; (2) providing clinical case management to build a comprehensive collaborative support system in the community as well as a bridge between healthcare service and medical care; and (3) a permanent consultation service independent of medical institutions for all young people seeking help. Systematizing the theory and practical know-how of early support in SODA and replicating it as needed could lead to the realization of early consultation in the community and strengthen existing community support for young people. The social implementation of early consultation and support in the community is a worldwide trend and is expected to prevent mental illness and improve the prognosis of patients with mental illness. In a "Community-based Integrated Care System for Mental Disorders," enhancement of early consultation services is expected to reduce the severity of mental disorders and social losses, and to contribute to the sustainability of the system. We would like to conduct a more detailed study to evaluate the effectiveness and uniqueness of this system in Japan.

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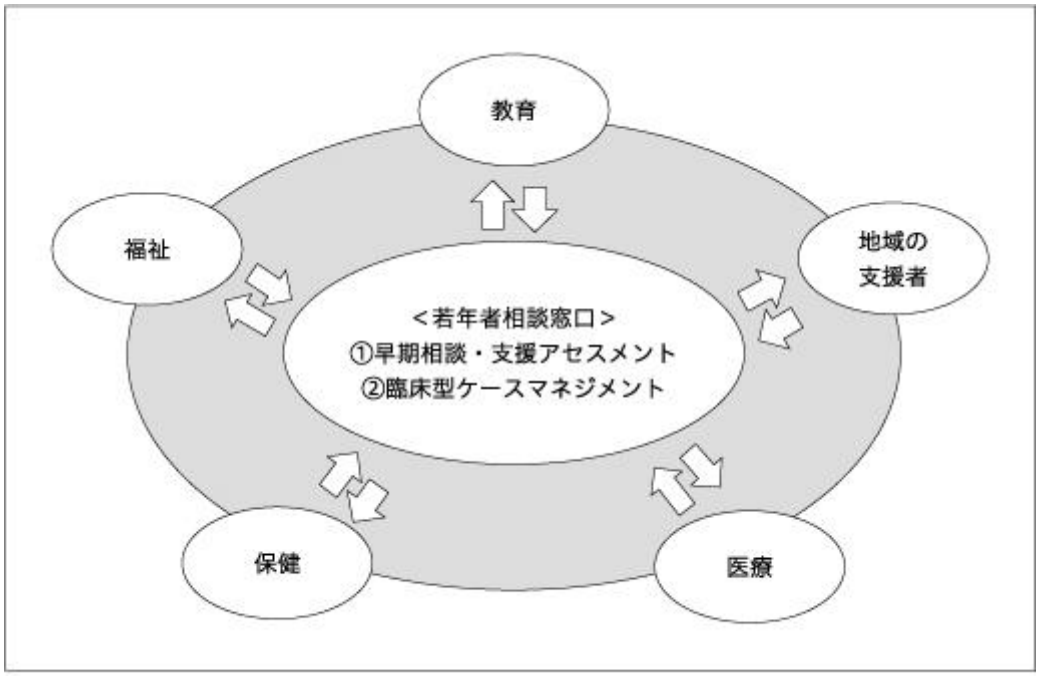

図1　ワンストップ・ケアにおける早期相談窓口の概念

Figure 1. Concept of Early Consultation Service in One-stop Care

表　代表的なケースマネジメントの特徴

モデル	仲介型ケースマネジメント	臨床型ケースマネジメント	ストレングス・モデル	包括型地域生活支援（Assertive Community Treatment：ACT）
タイプ 主な実施国	ブローカリング 日本（介護保険制度）	インテンシブ イギリスなど	インテンシブ アメリカなど	インテンシブ アメリカ，オーストラリアなど
焦点	利用者とサービスの仲介	安定した地域生活	ストレングス・エンパワメント	集中的なサービス提供
サービスの特徴	CM はサービス仲介者であり，原則はサービス提供なし．自身でニーズを明確に表明できる人が有利となる．	多職種チームによる支援．CM はサービス仲介者，かつ提供者/治療者となる．	CM はストレングスに着目した支援の協働者となる．	多職種チームによる支援．CM はサービス提供者/治療者となる．重症の精神障害を主な対象として，頻繁な対応が可能である．
CM 1 人あたりのケース数	50 人以上も可能	20～35 人が目安	15 人以下が望ましい	10 人以下が望ましい

CM：ケースマネージャー

Table Characteristics of Typical Case Management

Model

Type

Main countries

Focus
Characteristics of the service
Number of cases per CM

Brokerage-type Case Management
Brokering
Japan (Long-term care insurance system)
Brokering between users and services
CM is a service intermediary, and in principle does not provide services. Those who can clearly express their needs on their own are at an advantage.
Can be more than 50 cases

Clinical Case Management
Intensive
United Kingdom, and so on
Stable community life
Support by a multidisciplinary team; CM is both a service intermediary and a provider/therapist.
20 to 35 people as a guideline

Strength Models
Intensive
United States, and so on
Strength empowerment
CM is a collaborator in strength-focused support.
Less than 15 people is preferable.

Assertive Community Treatment (ACT)
Intensive
United States, Australia, and so on
Intensive service provision
Support by a multidisciplinary team, with the CM as the service provider/therapist.
Frequent response, primarily for severe mental disorders.
Less than 10 people is preferable.

CM: Case Manager

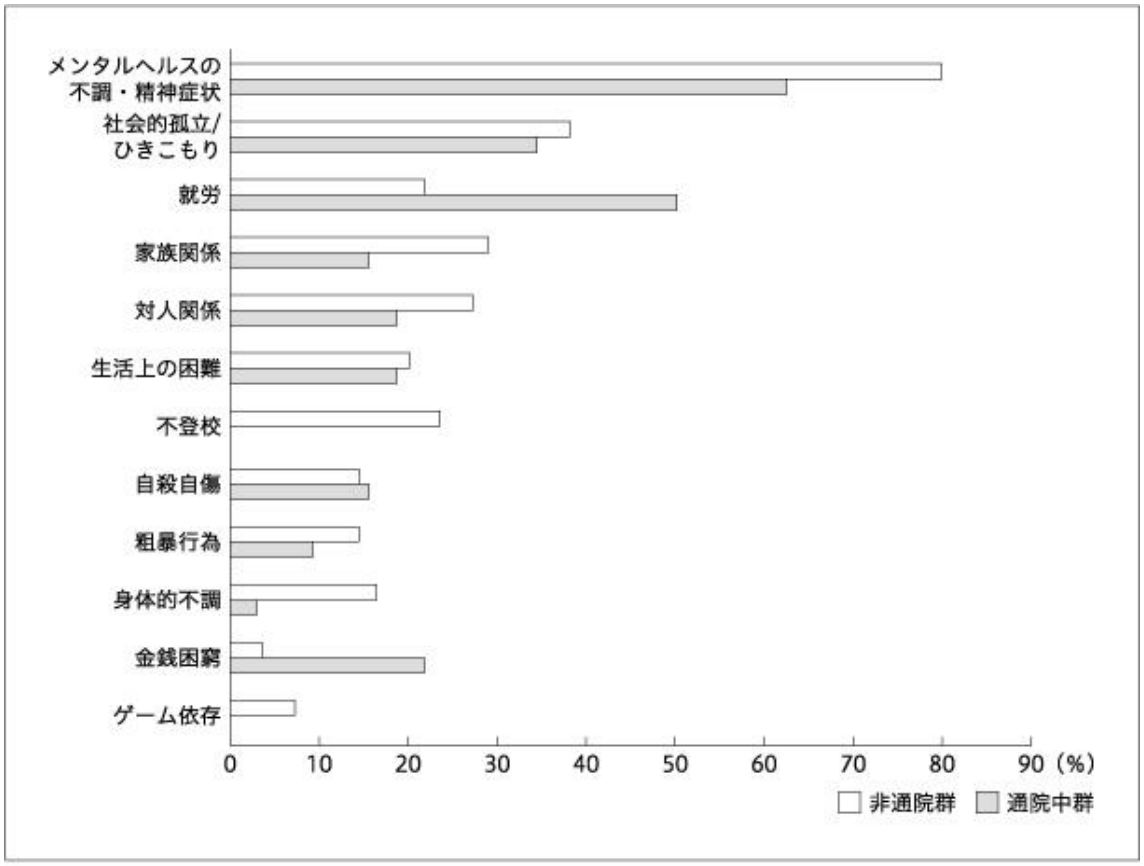

図 2　精神科通院状況別相談内容割合

Figure 2: Percentage of Consultations by Psychiatric Treatment Status

Mental health problems/psychiatric symptoms
Social isolation/withdrawal
Being hired
Family relationships
Interpersonal relationships
Other difficulties in daily life
School refusal
Suicide and self-injury
Violent behavior
Physical dissonance
Financial difficulties
Addiction to games

☐Non-outpatient group　☐ Outpatient Group

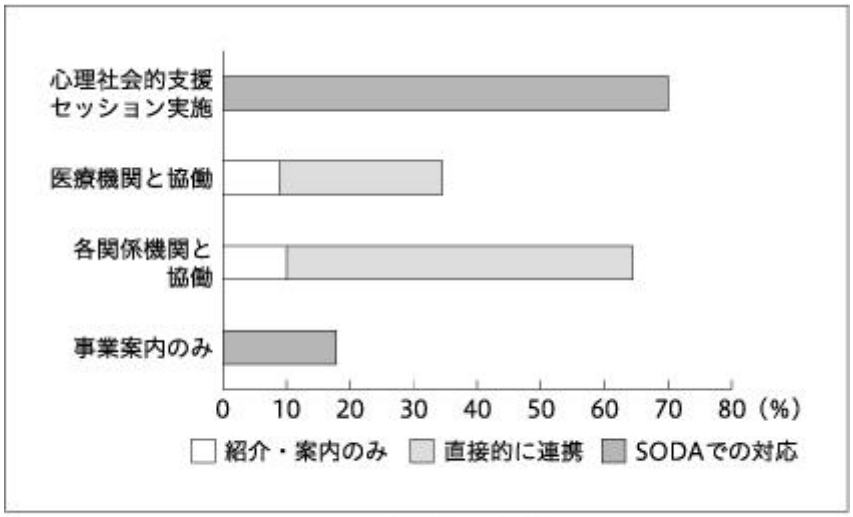

図 3　支援概要割合

Figure 3: Percentage of Support Summary

Conduct psychosocial support sessions
Working with medical institutions
Working with various related organizations
Business guide only

☐Referrals and guide only　☐Directly linked　☐Response by SODA