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Special Feature Article

Revolution of the Japanese Society of Psychiatry and Neurology after the Kanazawa Congress

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Abstract

After the congress in Kanazawa, the board of trustees of psychiatry became managed according to the principles discussed therein. However, many society members did not participate in the general meeting of psychiatry and had not paid the membership fee. The society faced financial difficulty, and management of the society and all psychiatry departments in universities in Japan was democratized. Regarding measures taken for the preservation of public security, the number of criminal psychiatric patients had increased, and pressure from administrators and the community made the government submit a plan of revision of criminal law to the committee. In the Group of Seven Psychiatric Associations (GSPA), including the Japanese Society of Psychiatry and Neurology (JSPN), the plan of revision of criminal law was discussed. JSPN and the Japan Municipal Hospital Association (JMHA) opposed it and only the Japan Psychiatric Hospital Association (JAPH) agreed with it. The Japan Association of Chairs in the Department of Psychiatry (JACDP) as a member of GSPA submitted a modified plan to the government in which they shifted a concept from the prospect of a second offense to the possibility of treatment.

The government adopted the modified plan, and the Medical Treatment and Supervision Act was established in which medical and judicial sides cooperate separately. Concerning medical services of psychiatry, human rights and promotion of

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rehabilitation were demonstrated in the Mental Health and Welfare Act established in 1987. The revolution was carried out by the leadership of the government, but it was insufficient. Regarding the board certified system of psychiatry, steady efforts in the society and pressure from the outside as the start of the postgraduate educational system were required for its establishment. It took 34 years to start the system. After the start of the system, the number of society members markedly increased, and the society communicated smoothly with other psychiatric associations and the government. The society recovered its main position among psychiatry associations. It is important to examine the revolution of the Kanazawa Congress and the following processes, and consider our experiences to address the situation.

Keywords: revolution of the society, measures taken for the preservation of public security, change of the psychiatric services, start of the board certification system of psychiatry

Introduction

In 1964, the Reischauer Affair occurred, and in 1965, the mental health act was revised in association with the Reischauer Affair. The 65th Annual Meeting of the Japanese Society of Psychiatry and Neurology was held in Nagasaki in 1968, amidst an unsettled atmosphere due to moves to abolish the internship system and the beginning of school disputes[7]. At the board of trustees meeting, a proposal regarding the certification system was submitted and passed, but at the meeting, various objections were raised and although the proposal was passed, it was not submitted to the general meeting. One year later, in May 1969, the 66th Annual Meeting of the Japanese Society of Psychiatry and Neurology (Kanazawa Congress) was held, but there were cries of undemocratic management of the society, opposition to the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei), the certified physician system, measures taken for the preservation of public security, reform of psychiatry, etc. The board of trustees meeting continued in confusion, and a resolution was passed to recommend that the board of trustees be discredited and dissolved. In the midst of the uproar, scientific presentations were cancelled. This paper describes how the reform of the Japanese Society of Psychiatry and Neurology (hereafter referred to as "the society") has progressed since the Kanazawa Congress.

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I. Policies of the Board of Directors after the Kanazawa Congress[14)]

(i) Opposition to the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei): Discussions were held at each university, and changes were made:

(ii) Undemocratic management of academic societies: Academic societies are now managed democratically.

(iii) Removal of industry-academia collaboration: The costs of holding academic conferences were covered by participation fees, instead of donations from pharmaceutical companies, which had been collected until then, with the shortfall being covered by the academic societies. This method has continued to the present. This is a visible reform.

(iv) Reform of psychiatry: The conference has conducted investigations of psychiatric hospitals that have experienced problems, such as frequent suspicious deaths and violence, and has urged psychiatric hospitals to reform in order to promote the protection of patients' human rights.

(v) Opposition to measures taken for the preservation of public security: The society argued that it is better to deal with the current system and denied the involvement of the judiciary and police. However, the media reported cases of injury and murder by mentally disabled persons.

(vi) Opposition to the certification system: The reform of psychiatry should come first, and the certification system should not be discussed. The committee argued that the certification system would only strengthen the medical course system.

The reform of the society proceeded according to the above policy.

II. Difficult Period in the Management of the Society

Although the society was managed according to the policy of the board of directors, as described above, there were no general presentations at the Kanazawa Congress or subsequent Annual Meetings, and only symposiums were held.[13)] In 1978, nine years after the Kanazawa Congress, the 74th Annual Meeting began accepting symposium-related general abstracts, but the number did not increase. As a result, the number of members who did not participate in the annual meetings increased, and many members withdrew from the society. The 1973, 1974, and 1976 annual meetings were cancelled due to lack of attendance, only the general meeting was held with a large number of proxy forms, and only the budget proposal managed to be passed. The number of members decreased and finances of the society became tight.

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III. The Three Most Problematic Issues at the Kanazawa Congress

Besides the undemocratic management of the society and problem of the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei), (i) measures taken for the preservation of public security, (ii) psychiatric reform, and (iii) the certified physician (specialist) system seem to have been the most problematic issues at the Kanazawa Congress. The following is a progress report on these issues:

1. Opposition to measures taken for the preservation of public security

In May 1969, at the 66th Kanazawa Congress, the board of directors was discredited and a new board of directors meeting was held, where a draft opinion on the revision of the Penal Code was adopted. It was decided to "examine the issue with the basic attitude that the problems of the mentally handicapped should be left to psychiatric personnel and that judicial and police powers should not be allowed to intervene."[8] In 1971, a symposium at the General Assembly, "Issues on Measures Taken for the Preservation of Public Security in the Revision of the Penal Code, and Psychiatry," raised objections to the measures taken for the preservation of public security, and a committee against measures taken for the preservation of public security was formed.[6] In 1972, a draft of the revised Penal Code was published, and from 1974 to 1976, the Legislative Council reported a draft of the revised Penal Code. In August 1975, the committee against measures taken for the preservation of public security of the academy submitted a written opinion opposing the establishment of a new system of measures taken for the preservation of public security.[2)3)]

The Shinjuku West Exit bus arson case and Fukagawa Street Homicide case, which occurred from 1980 to 1981, triggered a movement by the government to promote measures taken for the preservation of public security. In June 1981, Minister of Justice Seisuke Okuno made a statement in favor of measures taken for the preservation of public security. In response to this, all directors of the academic society, psychiatry professors of 20 universities, and directors of public hospitals sent a letter to Prime Minister Yoshiyuki Suzuki urging him not to approve the establishment of measures taken for the preservation of public security.[9] At a symposium on "Measures Taken for the Preservation of Public Security" held in 1982, most of the participants were against the idea, but Masaaki Noda[2)3)] stated an opinion that "If the signs are not overlooked and appropriate measures are taken, there is a high possibility of preventing the occurrence of incidents. It is necessary

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to improve emergency psychiatric care and community psychiatric care systems, and to foster clinical psychiatrists with high diagnostic skills and training."

In 1987, the mental health law was enacted, which indicated respect for the human rights of patients and promotion of their reintegration into society. In 1990, the issue of specialized wards for difficult-to-treat patients attracted attention. Based on the results of a nationwide survey of difficult-to-treat cases, Chuzo Michishita[2)3)6)] proposed the idea of establishing intensive care wards in public hospitals throughout Japan, and establishing specialized wards for cases that are still difficult to treat. In 1992, a symposium, entitled: "Medical Environment and the Problem of So-Called Difficult-to-Treat Patients," was held at the annual meeting of the Japanese Society of Psychiatry and Neurology, and the issue of specialized wards for difficult-to-treat patients was discussed. In 1992, a symposium was held and resolution passed calling for a freeze on the establishment of specialized treatment wards. This was followed by the Moriyama-so Hospital incident in 1990, Iwate Prefectural Hokuyo Hospital incident in 1986, and Nishitetsu highway bus hijacking incident in 2000. In the symposium "Contemporary Issues in Forensic Psychiatry" held in 1999, Akira Yamagami[2)3)6)] argued that "preventable cases are occurring as incidents due to the frequent repetition of crimes committed by persons with mental disorders, the increase in the number of mentally ill persons serving long-term prison sentences, the high incidence of violent incidents in mental hospitals, excessive detention in hospitals, delays in research and training due to the lack of specialized treatment facilities, amplified social prejudice, and inadequate facilities for the treatment of criminally insane." In response, there was strong opposition from patient groups that feared a resurgence of the argument for the promotion of measures taken for the preservation of public security, and the audience was confused[2)3)].

When the 1999 amendment to the law concerning mental health and welfare of persons with mental disabilities (Act on Mental Health and Welfare for the Mentally Disabled) was passed, a supplementary resolution "calling for consideration of the proper treatment of persons with mental disorders who have committed serious crimes" was passed. In response, a joint study group of the Ministry of Justice and Ministry of Health and Welfare was convened. It was during this period that the Ikeda Elementary School child murder case occurred in 2001. Prime Minister Junichiro Koizumi, government officials,

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and intellectuals continued to speak out about the "problem of criminally insane." In response to this move, the board of directors of the academic society recommended that priority should be given to improvements under the current law, and not to a new system. In November 2001, the Liberal Democratic Party's "project team on criminally insane and psychiatric care for the mentally and physically disabled" submitted a report. The report recommended "new procedures for treatment of criminally insane, the establishment of specialized treatment facilities, and provisions for outpatient treatment under the guidance and supervision of the probation office. This report was approved by the Cabinet in March 2002. The society's committee on psychiatry and the law opposed this proposal, stating that it was the same as the 1981 Criminal Investigation Bureau proposal for treatment dispositions. Meanwhile, the Group of Seven Psychiatric Associations[1], which had been compiling the opinions of psychiatric-related organizations, discussed the proposal. The academic society and Japan Municipal Hospital Association opposed the proposal, and only the Japan Psychiatric Hospital Association supported it. Under these circumstances, a revised proposal was presented by the Council of Psychiatry Chairpersons, a member of the Group of Seven Psychiatric Associations, through the efforts of Masahiko Mikuni and others[4]. They requested that the government's proposal be revised. In other words, they asked for a paradigm shift from "fear of recidivism" to "possibility of treatment," incorporating advances in psychiatry, and if this request was approved, the Council of Psychiatry Chairpersons would agree. The ruling party adopted this proposal, and a revised version was passed by the House of Representatives in December 2002 and by the House of Councilors in June 2003. As a result, in July 2005, the "Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases Under the Condition of Insanity" went into effect.

2. Issues in Psychiatric Treatment

1) Reform of Psychiatric Treatment

In May 1969, the 66th Kanazawa Congress confirmed its stance on psychiatric reform, and in 1972, it submitted a written request for the 1972 survey of mental hospitals, and in 1973, it expressed doubts about the mental health survey.[2)3)] In 1975, it passed a resolution opposing the introduction of occupational therapy points. Issues as reasons for opposition included: (i) psychiatric universal validity, (ii) patient use, and (iii) attribution of patient labor and earnings. In 1979, based on the "interim

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report on social rehabilitation facilities for the mentally disabled," the authors requested a freeze on budgeting. However, there were human rights problems at psychiatric hospitals, such as the Yahagigawa Hospital problem in 1980 and Yamatogawa Hospital investigation report in 1981, and in 1983, a declaration was made regarding psychiatric reform[14]. Under these circumstances, a nationwide survey on mental health was conducted in 1983, and the society complained of unfairness regarding the fact that a mental health survey was conducted involving all members.[6][11] In 1984, the Utsunomiya Hospital case occurred. This case involved the mistreatment of a patient by a nurse, but there were complex background issues. In 1985, the society's resolution on the Utsunomiya Hospital problem was passed. In the same year, there were investigation reports on the Matsuyama Psychiatric Hospital problem, Izumigaoka Hospital incident, Yodonosui Hospital, and Kagawa Prefectural Marugame Hospital, one after another[8]. In 1986, the society issued its opinion on the "revision" of the mental health act, and made a proposal to reform psychiatric treatment by promoting openness and free hospitalization. In 1987, the society invited researchers from abroad and held an international forum on the revision of the mental health act, which was highly evaluated as a meaningful conference by the participants.

In the same year, 1987, a special resolution was passed by the board of trustees of the society opposing the system of designated mental health physicians[9].

However, the mental health law was passed in the same year. This was a landmark act that stated the guarantee of patients' human rights and promotion of social rehabilitation facilities[4]. In 1988, the society's board of trustees issued its: "Opinion on the mental health law"; the mental health law was revised in 1993; and in 1995, the society issued a request for an administrative organization for mental health, medicine, and welfare. In 1995, the Act on Mental Health and Welfare for the Mentally Disabled was revised, and in 1997, the views for a fundamental review of the "Government Action Plan for Persons with Disabilities" were issued. Also in 1998, a request was made to revise the Act on Mental Health and Welfare for the Mentally Disabled. In 1999, the Act on Mental Health and Welfare for the Mentally Disabled was revised, and the academic societies issued a request on the state of mental health care and that on the state of mental hospital beds in 2000. The revision of the mental health welfare law is considered to have played an important role in the reform of

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psychiatric treatment, and its flow is described below:

2) Flow of Revision of the Mental Health Act[10)]

1950: Mental health act enacted

(i) Mandates the establishment of psychiatric hospitals by prefectural governments, (ii) abolishes home confinement, and (iii) allocates mental health examiners.

1965: Mental health act revised.

(i) Improvement of mental health centers, (ii) Establishment of local mental health councils, (iii) Introduction of a public expenditure system for outpatient medical expenses, (iv) Mental health services at public health centers, (v) Admission for measures upon notification by facility directors, (vi) Emergency admission for measures, (vii) Mandatory notification of unauthorized release of patients for admission for measures, and (viii) Stricter procedures for termination of measures.

1987: Enactment of the mental health law.

(i) Guarantee of the human rights of hospitalized patients (psychiatric examination board, obligation to notify at the time of admission, request for discharge, request for improvement of treatment, standards of treatment, examination of periodic medical condition investigation), (ii) Promotion of social rehabilitation (establishment of a system of social rehabilitation facilities for the mentally disabled).

1993: Mental health law (revised).

1995: Act on Mental Health and Welfare for the Mentally Disabled (revised).

1999: Act on Mental Health and Welfare for the Mentally Disabled (revised).

2013: Act on Mental Health and Welfare for the Mentally Disabled (revised).

(i) Establishment of guidelines to ensure provision of medical care for persons with mental disorders, (ii) Abolition of the guardianship system in psychiatric care, (iii) Review of hospitalization for medical care, (iv) Review regarding mental health care review boards, Guidelines to ensure provision of good and appropriate medical care for persons with mental disorders.

The reforms in 1950 and 1965 were to improve and strengthen the inpatient management system for the mentally disabled, reflecting the social situation. The 1987 reform was the first to guarantee the human rights of persons with mental disabilities and promote their reintegration into society, and the 2013 reform followed suit.

3. Certified Medical Doctor and Specialist System

At the Nagasaki Congress in 1968, the

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board of trustees raised various objections to the proposal of the board of directors regarding the system of certified medical doctors, and the proposal was passed but not submitted to the General Assembly. In 1969, the Kanazawa Congress was canceled due to the disregard for the human rights of patients at psychiatric hospitals, problem of the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei) at universities, and problem of certified physicians. During the period from 1969 to 1987, various academic societies established systems of certified and specialist physicians. All departments except psychiatry implemented the system. Although it had been taboo to mention certified physicians and specialists in academic societies, a committee on psychiatric education was formed in 1987 to discuss post-graduate education issues[2)3)]. Since then, annual symposiums on this issue have been held. In 1994, Dr. Toshio Yamauchi, chairman of the subcommittee on post-graduate education and the medical certification system of the Japanese Society of Psychiatry and Neurology, presented a report on the system of medical certification by the society. This was called the "Yamauchi Report", and it was a hypothetical report on the possibility of establishing a system of board-certified physicians[13)]. In 1996, the subcommittee for the realistic examination of the medical certification system of the society was formed in relation to this report, and an interim report was issued on what practical problems would exist if the medical certification system were to be implemented. In parallel with this, the subcommittee for promotion of post-graduate training (chaired by Yasuhiko Murakami) started its activities and submitted a draft implementation plan for post-graduate training in psychiatry in 1996. This plan was to create a democratic and open training system, separate from the certified physician system, by establishing post-graduate education committees under the leadership of the board of trustees in each region of the society, conducting educational courses, and encouraging related organizations[12)]. The two movements continued for a while: the movement to realize a system of certified physicians, and the post-graduate training plan for psychiatry unique to the association. Subsequently, the surrounding circumstances changed.

In 1987, the mental health act was revised and mental health law was enacted, and in 1995, Act on Mental Health and Welfare for the Mentally Disabled was revised to protect the human rights of patients and promote the social rehabilitation system, etc. In 2000, it was decided that post-graduate

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clinical training in psychiatry would be compulsory, and this was implemented from 2004; however, the absence of specialists and supervisors became a problem. In addition, a third-party organization for the certification of specialists was established, and there were concerns that psychiatrists who did not have a specialist system would suffer social disadvantages. As a result of the accumulation of discussions within the society regarding the certification system and changes in the surrounding circumstances, it was decided at the Yokohama Congress in 2002 that the society would adopt a certification system for board-certified psychiatrists[14]. At the same time, the society presided over the World Psychiatric Association, and many psychiatrists from Japan and abroad gathered in Yokohama. The fact that the society's horizons had expanded to the point where it could preside over international conferences was also considered to be related to the adoption of the certification system for the society. In 2005, 37 years after the Nagasaki Congress, the board certification system of psychiatry was finally established.

IV. Consideration of Changes After the Kanazawa Congress

1. Administration of the Society and the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei)

At the Kanazawa Congress, there was opposition to the undemocratic management of the society, the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei), and other opposition to the management of the executive board of the society and university that was behind it. Until then, a professor in the Department of Psychiatry at the University of Tokyo often served as the president, and the administrative office was also located within the university. Since the Kanazawa Congress, not only professors of the University of Tokyo but also professors of various other universities have served as chairpersons. The secretariat is also located outside the University of Tokyo, and is no longer strongly associated with a single university. It can be said that the management of the society has become more democratic. Regarding the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei), the management of each university's medical department is decided by consultation among the staff, including professors, and there is a forum for discussion among all members of the department. The atmosphere is no longer the same as it used to be, where the professor decides everything and never listens to the wishes of the staff. In addition, since the new post-graduate training system was established, the

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framework of the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei) itself has been loosened, as people have been moving away from the university system, for example, to directly receive training at city hospitals without being affiliated with a university.

2. Measures Taken for the Preservation of Public Security, Reform of Psychiatry, and the System of Certified Physicians and Specialists

1) Measures taken for the preservation of public security

The opinion of the academic society on the issue of measures taken for the preservation of public security was that "the human rights of the mentally disabled, including criminally insane, should be protected, and since it is difficult to predict recidivism, psychiatric treatment under the current law should be enhanced, and the judiciary and police should not be involved in psychiatric treatment issues." Thereafter, there were repeated cases of murders and other crimes committed by mentally disabled persons, but the society failed to take any measures to prevent such crimes. Meanwhile, the Liberal Democratic Party, under pressure from society and the government, proposed a plan, which was discussed at the Group of Seven Psychiatric Associations. The Group of Seven Psychiatric Associations was established in 1990 by six organizations including academic societies (later joined by the Japanese Society of General Hospital Psychiatry to become seven) because academic societies had strained relations with the Ministry of Health and Welfare and other government agencies, and were unable to deal with issues such as revisions to the Medical Service Act and medical fees. At the Group of Seven Psychiatric Associations, the Japan Psychiatric Hospital Association agreed with the proposal from the standpoint of clinical practice, but the society and National Council of Municipal Hospitals disagreed based on principle, resulting in a split in opinion. Later, the Department of Psychiatry Chairpersons, one of the members, thought that with advances in psychiatry, a paradigm-shift from "fear of recidivism" to "treatability" could be achieved by providing advanced psychiatric care, and proposed an amendment to the government, which was accepted and the Medical Treatment and Supervision Act was enacted. Although the society continued to consistently oppose the law, the Group of Seven Psychiatric Associations and its members, who were actively involved in post-graduate training and other issues at the time, played an important role in the enactment of the law.

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2) Reform of psychiatric care

Problems of abuse, death, and malpractice in psychiatric hospitals came to light one after another. The academic societies actively investigated and reported on these problems, and promoted the protection of human rights. However, although they expressed opposing views, they did not take concrete actions to reform psychiatry in cooperation with people in other fields. On the other hand, the Ministry of Health, Labour, and Welfare (MHLW) has been active in psychiatric reform since the Utsunomiya Hospital issue, enacting the Mental Health and Welfare Act and subsequent revisions, and implementing government-led psychiatric reform with the goal of protecting the human rights of patients and promoting their reintegration into society. In September 2004, the "Improving Mental Health Service Provision" was presented, and a 10-year plan for reform was implemented. Some wards have been functionally differentiated into emergency, acute, and convalescent wards, and community medical services such as home-visit medical care and home nursing care have been provided. However, the goal of the reform vision, "from a focus on inpatient care to a focus on community life," is still far away. In Japan, where private psychiatric hospitals account for more than 80% of all psychiatric hospitals, any change in psychiatric care will require bold reform involving psychiatric hospitals, and is still a long way off.

3) Certified medical physicians and specialist system

The board of directors of the society insisted that reform of psychiatric treatment should come first, and that the issue of the certified physician system was premature and would lead to the strengthening of the Domineering Chair System of the Faculty of Medicine (Ikyoku Kōzasei). The movement was so severe that it became taboo to publicly discuss the issue of board certification within the society. In 1987, members of the society, who wanted to create the certification system of physicians and specialists, established the board of education, which steadily discussed the issue of post-graduate education, and the issue was taken up at annual symposiums, leading to the Yamauchi Report in 1994. However, the movement within the society was divided into opposition, caution, and approval, and it took eight years until the board certification system of psychiatry was adopted in 2002. During that time, the surrounding circumstances had changed: the Mental Health and Welfare Act was passed in 1987, and a new post-graduate training system was implemented in 2005, but the problem of supervisors was pointed out because

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there was no certification system of physicians. The establishment of a national system for the accreditation of medical specialists was proposed, and the last remaining Department of Psychiatry urgently needed to institutionalize the training of certified physicians. The International Congress of Psychiatry was scheduled to be held in Japan, and these developments led to the adoption of the psychiatric certification system in 2002, 34 years after the Nagasaki Congress. It can be said that steady efforts within the society and external pressure were necessary. After adoption of the system, the entire society began preparations and steadily implemented the necessary matters. As a result, the number of people acquiring medical specialties increased, academic presentations were enhanced, and the number of members increased rapidly. The number of members was 11,552 in April 2006 when the system of medical specialists was established, and it reached 18,276 in July 2019, an increase of 6,700. As of July 2019, there were 11,376 specialists and 7,705 supervisors. The foundation of the society has been laid with the establishment of the medical specialist system.

Conclusion

It is necessary to protect the human rights of the mentally disabled and improve the quality of mental health, medical care, and welfare so that they can lead fulfilling lives. In order to achieve these goals, we need to be able to freely exchange opinions within the society and cooperate and collaborate with people outside the society. It is also necessary to make full use of international exchange and knowledge, and it is most important to maintain a broad perspective.

It is also essential to manage the society while taking into account societal demands and the wishes of society members.

It is of the utmost importance to make full use of what we have learned from the major changes that took place at the Kanazawa Congress and its aftermath.

Editor's note: This special issue is based on the content of the Symposium of the 115th Annual Meeting of the Japanese Society of Psychiatry and Neurology in 2019, which will mark the "50th year since the Kanazawa Congress. "

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